

Checklist for Accepting Cryopreserved Embryo Specimens

Patient/Partner(s) Name(s)	Date of Birth
Type of Specimen under review: Embryo(s)	

All of the following must be verified and approved before the patients can ship any cryopreserved specimens to the A.R.T. Institute of Washington, Inc. at Walter Reed National Military Medical Center (ART at WRNMMC). Please complete, or have the cryopreservation/storage facility that is currently holding your specimen(s) complete all relevant sections. Any missing information may delay your approval process. If any information needs investigation the approval process may be further delayed and timing is highly dependent upon contact with the other facility.

1. Specimens are currently stored at and were cryopreserved at an FDA accredited facility. The facility's FDA Establishment Identifier (FEI) information is completed below.

Cryopreservation Facility (and Storage Facility, if different)	FEI #

2. Patient(s) have been **medically** and **financially** cleared, and **enrolled** for an IVF cycle.
 - a. Patient(s) have been charged (already paid or sent a bill) for storage of cryopreserved specimens.

3. For cryopreserved embryos, the following information will have to be reviewed, confirmed and approved by the IVF laboratory. This information may be provided in an attachment (must be legible) and will need to have come from the laboratory that cryopreserved the embryo(s).
 - a. Point of contact (POC) and contact information POC at Cryopreserving Facility and/or Storage Facility:

 - i. Medical Records Release Form (or equivalent) has been completed at cryopreservation/storage facility.
 - b. Cryopreservation and Thaw/Warming protocol used recommended:

 - c. Cryodevice embryo(s) preserved on/in:

 - d. Grading protocol used: _____

Date of Cryopreservation	Day/Stage of Embryo(s)	Embryo Grade

4. Patient(s) have had all necessary infectious disease testing with acceptable results, as indicated below. [(nr) = non-reactive; (-) = negative; (+) = positive]
- a. For cryopreserved autologous embryos, include the following testing for both partners at time of cryopreservation:

Test	Patient (nr/-)	Date	Partner (nr/-)	Date
HIV 1 & 2 ab	yes / no		yes / no	
Hep B ag	yes / no		yes / no	
Hep C ab	yes / no		yes / no	

5. To better help when it comes time to arrange shipment, does the Cryopreservation and/or Storage Facility have their own Shipping Dewar that you can rent for the process? **Yes or No**
6. If they do not, do they prefer a particular Third-Party Shipping Company? Who?

7. Is there a different POC to help arrange shipment? If so, name and information?

The POC at A.R.T. Institute of Washington, Inc. at WRNMMC for cryopreservation or shipping information is Dr. Aidita James, she can be reached through the IVF Lab Information Line at 301-400-2149. Thank you for completing this form so that we can expedite the approval process.

Completed form put in for approval by:

 Other Facility Staff

 Date

 Institute Laboratory Staff Accepting Specimens

 Date