

Checklist for Accepting Cryopreserved Sperm Specimens

Patient/Partner(s) Name(s)	Date of Birth
Circle Type of Specimen under review: Sexually Intimate Partner (SIP) Sperm Anonymous Donor (AD) Sperm Designated Donor (DD) Sperm	

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 **sexually intimate partner** (SIP) sperm, the following information has been reviewed, confirmed and approved by the IVF laboratory. This information may be provided in an attachment and will need to have come from the laboratory that cryopreserved the sample(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 sample(s) preserved in:

Date of Cryopreservation	Type of Sample	Quality (Post-thaw Total Motile)

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

Test	Partner (nr/-)	Date
HIV 1 & 2 ab		
Hep B ag		
Hep C ab		

5. In order for the female partner, receiving treatment, to legally thaw and use these samples and subsequently transfer any embryos produced from this insemination procedure, 1 of these 3 criteria must be met:
- a. The SIP must be present and sign all relevant consent forms.
- b. She (the patient receiving treatment) must be the account holder/owner of the cryopreserved sample (as designated by the Cryopreservation Facility)
- c. She (the patient receiving treatment) must be in possession of a Power of Attorney (POA) that will allow her to make medical decisions for the SIP (not receiving treatment) that is named on the cryopreserved samples.

6. For cryopreserved donor (anonymous or non-SIP designated donor) sperm, include the following testing for the donor within 7 days of specimen collection, with re-testing after a 6 month quarantine:

Test	Donor's Test Result and Date (7 d)	Donor's Test Result and Date (6 mo)
HIV 1 & 2 ab (nr/-)		
Hep B ag (nr/-)		
Hep C ab (nr/-)		
HTLV 1 & 2 ab (nr)		
CMV IGG (-)		
CMV IGM (+/-)		
	If CMV IGM (+), the clinical staff has been informed to counsel the patient.	
RPR (nr)		
GC/Chlamydia (-)		

7. 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**
8. If they do not, do they prefer a particular Third-Party Shipping Company? Who?

9. 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