



North Carolina Center For Reproductive Medicine, P.A

400 Ashville Avenue, Suite 200 Cary, North Carolina 27518 Phone (919)233-1680 Fax (919)233-1685

Request for Gamete Information

Name of Sending Center _____

CLIA# _____ **The Laboratory is FDA compliant and is not under disciplinary action at this time**

Patient Name _____ DOB: _____

Partner Name _____ DOB: _____

Donor Sperm (Bank name,# ,Lot#, HCT/P Eligible) _____

Donor Egg #(or N/A): _____

FDA Status (Circle one):

1. Sexually intimate partners NOT EVALUATED FOR INFECTIOUS SUBSTANCE- FOR AUTOLOGOUS USE ONLY
2. Sexually intimate partners determined to be ELIGIBLE
3. Sexually intimate partners SPERM NOT EVALUATED FOR INFECTIOUS SUBSTANCES WITH EGG DONOR determined to be ELIGIBLE
4. Sexually intimate partners SPERM determined to be ELIGIBLE with EGG DONOR determined to be ELIGIBLE
5. Sexually intimate partners EGG NOT EVALUATED FOR INFECTIOUS SUBSTANCE with SPERM DONOR determined to be ELIGIBLE
6. Sexually intimate partners EGG determined to be ELIGIBLE with SPERM DONOR determined to be eligible
7. SPERM and EGG DONOR both determined to be ELIGIBLE

WARNING: WE ARE UNABLE TO RECEIVE ANY GAMETE WHERE EITHER PARTY OF GAMETE SOURCE HAS TESTED POSITIVE/ REACTIVE TO ANY COMMUNICABLE DISEASE

Number of containers to be shipped : _____ (vials/straws)

Freezing Method (circle one): Slow Freeze/Vitrification/other: _____

Number of embryos to be shipped and stage Frozen: _____

BEFOR SHIPPING GAMETE, PLEASE SEND TO NCCRM-EMBRYOLOGY LAB THE FOLLOWING:

1. Thaw protocol
2. Description of embryos (if applicable)
3. If either gamete is from a donor, ELIGIBILITY DETERMINATION DOCUMENTS MUST BE ATTACHED
4. Any infectious disease testing information must be attached

Signature of responsible representative: _____ DATE: _____