

EMBRYO DONATION CHECK LIST

Recipient Name

Embryo Recipient

	<u>Date</u>	<u>Normal/Completed</u>
Normal Uterine Cavity (HSG, H/S)	_____	_____
RPR	_____	_____
HIV	_____	_____
HBs Ag	_____	_____
Hep C Ab.	_____	_____
Hep B Core Ab.	_____	_____
Consent signed, Husband	_____	_____
Consent signed, Wife	_____	_____
Donor # _____		

Embryo Donor

Donor # _____		
Normal Medical History	_____	_____
Normal Genetic History	_____	_____
Retested, HIV	_____	_____
Retested, HBs Ag	_____	_____
Retested, Hep C Ab	_____	_____
Retested, Hep B Core Ab	_____	_____
Retested, RPR	_____	_____
Consent signed, Husband	_____	_____
Consent signed, Wife	_____	_____

Comments: _____