

Semen Transfer Form



Specimen Category

Client-Depositor Directed Donor Anonymous Donor

Depositor Information

▶	Depositor/Donor Signature	Date
		/ /
	Depositor/Donor Name (please print)	Social Security Number
		- -
Address		
Home Phone Number		Work Phone Number
() -		() -

Physician / Facility Information

Receiving Facility	Contact Person
Address	
Office Phone Number	Office Fax Number
() -	() -
Reason for Transfer	Date of Transfer
	/ /

Authorization (Transfer Agreement)

Please note that according to 52-8.3(a)(2)(iii) of 10 NYCRR, an exemption for receipt of semen from an unlicensed semen bank must be obtained from the New York State Department of Health before the specimen is actually transferred. For directed and anonymous donor specimens, the donors must have a normal ALT value and must have tested negative for HIV-1/2, HTLV-I/II, hepatitis B and C, syphilis, chlamydia, and gonorrhea. All required clinical laboratory testing must have been performed by a laboratory approved by the state's regulating authority, the United States Health Care Financing Administration, or by the New York State Department of Health.

**Authorization
(Transfer
Agreement)
Continued**

I authorize my semen specimen(s) to be transferred to the aforementioned physician/facility for storage.

I release IDANT Laboratories ("IDANT"), its employees and agents, from any liability due to problems that may arise due to transportation, handling, use, or destruction of these specimens. Neither IDANT nor I bear any responsibility for the handling of my semen specimens after they have been shipped from IDANT. Similarly, neither IDANT nor I bear any responsibility for the handling of the specimens before they arrived at IDANT.

I have read and agree to the statements in this agreement.

▶	Client Signature	Date
		/ /
	Client Name (please print)	Social Security Number
		- -
▶	IDANT Representative Signature -or- Notary Public Signature	Date
		/ /
	IDANT Representative Name (please print) -or- Notary Public Stamp/Seal	
		- -

Inspection Checklist

For IDANT Laboratories Use Only

The following items must be verified prior to receipt of semen samples from other facilities for storage. Place a check next to each item as its inspection is completed.

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- | | |
|------------------|---|
| Checklist | <ol style="list-style-type: none">1 <input type="checkbox"/> Arrangements have been made with the client depositor and the receiving facility prior to shipment.2 <input type="checkbox"/> A signed withdrawal form and a signed transfer agreement have been received from the client depositor.3 <input type="checkbox"/> All cryo-containers are accounted for, intact, and labeled properly.4 <input type="checkbox"/> Tank inserts, processing records, test results, and handling instructions are present.5 <input type="checkbox"/> The exterior of the shipment tank contains the name and address of the receiving facility.6 <input type="checkbox"/> The shipment tank is packed securely. |
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Signatures

▶	Reviewer	Date / /
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▶	Supervisor	Date / /
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