

## SPECIMEN TRANSFER FORM

Please check one of the following categories:

- Client-Depositor Specimen  
 Directed Donor Specimen  
 Anonymous Donor Specimen

Depositor Name \_\_\_\_\_ SS# \_\_\_\_\_

Name of Person Responsible for Storage (if different from above) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Name and address of Physician/Facility that the semen specimen will be transferred from:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

**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 tested negative for HIV-1/2, HTLV-I/II, Hepatitis B and C, Syphilis, Chlamydia and Gonorrhea and normal ALT value. 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.**

### SPECIMEN TRANSFER AGREEMENT

• I would like my semen specimen(s) transferred from \_\_\_\_\_ to IDANT Laboratories for storage.

• I release IDANT Laboratory, its employees and agents, from any liability due to a problem which may arise due to transportation, handling, use, or destruction of these specimens. Neither IDANT nor I have any idea of the events occurring with the handling of my semen specimens after they have been shipped from IDANT Laboratory.

• I hereby give IDANT Laboratory my authorization to charge my **VISA / MasterCard / AMEX** (PLEASE CIRCLE ONE) for any charges incurred. I understand that a receipt for each transaction will be sent to me.  
Read and Agreed to as above.

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### INSPECTION CHECKLIST

For IDANT Semen Bank 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.*

1. \_\_\_ Arrangements have been made with the client depositor and the receiving facility prior to shipment.
2. \_\_\_ A signed withdraw form and a signed transfer agreement have been received from the client depositor.
3. \_\_\_ All cryocontainers are accounted for, intact, and labeled properly.
4. \_\_\_ Tank inserts, processing records, test results, and handling instructions are present
5. \_\_\_ Exterior of the shipment tank contains the name and address of the receiving facility
6. \_\_\_ Shipment tank is securely packed.

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

revised 6/21/02