

ADVANCED FERTILITY SERVICES, P. C.

1625 Third Avenue, New York, NY 10128

Tel: 212-369-8700

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NYSDOH PFI: 5006

Labcode: 7093A670

CLIA ID No.: 33D0697586

ANDROLOGY LABORATORY

Ordering Semen Specimens From Outside Cryobanks

TO ORDER DONOR SPERM:

1. *Donor semen is ordered from New York State Department of Health licensed cryobanks. Specimens from foreign cryobanks can not be accepted due to Federal and State Guidelines.*
2. You may order donor semen specimens on your own or our laboratory can arrange for the purchase and delivery of your chosen donor. If you choose to order on your own, you will have to set up an account with the cryobank. Advanced Fertility Services, P. C. provides a listing of cryobanks that we currently order from, you may choose any of them to obtain your specimens. If you choose to go outside this list of cryobanks, we ask that you notify the laboratory prior to purchasing your specimens. Please remember that we can not accept any specimens from cryobanks that are not licensed by the New York State Department of Health or any specimens that have been collected or harvested in a foreign country.
3. The information needed to order donor semen for a patient consists of the phenotypic characteristics of both husband and wife for the best donor match. Such phenotypic characteristics that should be considered are:
 - Hair Color & Texture
 - Eye color
 - Height
 - Weight
 - Complexion
 - Blood type
 - Ethnic background
 - Race

The patient can choose their own semen donor, the donor will be chosen from the donor list provided by the bank. The sperm is then ordered by the selection of the donor code number.

4. When placing the order, indicate the donor code number, the number of ampules/straws* desired, and the date the specimen is required.
5. To ensure prompt delivery, please order donor sperm at least 5 days in advance.
6. The sperm is shipped by Federal Express Overnight or any other shipper (UPS, DHL, etc.) in a dry biological shipper.
7. All patients purchasing donor semen must sign the "Agreement to Store Donor Cryopreserved Semen" form (attached), as required by the New York State Department of Health.

PLEASE NOTE: If donor sperm is needed on a Monday or a weekend, please order by or before noon on Wednesday of the previous week.

* **Ampule/straw** - a small container (sealed sterile container) used to hold semen which is then placed in liquid nitrogen tank.

***** Please be advised that payment is required prior to ordering your donor semen specimen(s)*****

If you have any questions regarding your order you may call us at 212.369.8700 Extension 3004

PATIENT INFORMATION REGARDING DONOR SEMEN

CRYOBANK PROGRAM FOR SCREENING AND TESTING OF PROSPECTIVE DONORS FOR ARTIFICIAL INSEMINATION

Organisms transmitted by donor semen pose risks to the recipient woman and child similar to that posed by an infected partner. In order to reduce these risks to a minimum, it is essential that the donor and donor semen be screened and tested regularly for various diseases and organisms. In accordance with Federal and State guidelines ALL donors must be tested for the following:

THE MOST IMPORTANT VIRUSES AND BACTERIA EVALUATED INCLUDE:

1. HIV (AIDS Antibody Blood Test) Serum test.
2. Hepatitis B Virus Serum test.
3. Hepatitis C Virus Serum test.
4. SGOT Serum (Surrogate marker) for non-A, non-B hepatitis and HIV.
5. Syphilis Serum test (RPR).
6. Cytomegalovirus (IgG + IgM) Serum test. If positive, test semen or exclude.
7. *Neisseria gonorrhoea* Semen culture and/or gram stain; urethral swab.
8. Chlamydia trachomatis urethral swab.

ALSO INCLUDED IN THE INITIAL SCREENING ARE:

1. Karyotype Serum test; complete chromosome analysis.
2. ABO/Rh Typing Serum test; blood type.

POSITIVE RESULTS OF ONE OR MORE OF THE ABOVE INDICATES BASIS FOR EXCLUSION FROM THE PROGRAM.

ADDITIONAL BASES FOR EXCLUSION:

1. Homosexual preference.
2. Blood transfusion (within 1 year).
3. Abundant number of sexual partners.
4. History of congenital hereditary diseases.
5. History of sexually transmitted disease, including herpes simplex

REPETITION OF TESTS:

1. HIV every 3 months.
2. Other tests at 6-month intervals.

Listing of Licensed Cryobanks

Please note that Advanced Fertility Services, P. C. is NOT affiliated with any of these banks. If you order on your own and have any problems with your specimens and/or delivery you *MUST* address the problem to the cryobank.

1. California Cryobank

11915 La Grange Avenue
Los Angeles, CA 90025
310.443.5244
800.231.231.3373

Website: www.cryobank.com

2. Fairfax Cryobank

3015 Williams Dr. Suite 110
Fairfax, VA 22031
703.698.3976
800.338.8407

Website: www.fairfaxcryobank.com

3. Xytex Corporation

1100 Emmett Street
Augusta, GA 30904
706.733.0130
800.277.3210

Website: www.xytex.com

4. Cryobiology

4830-D Knightsbridge Blvd.
Columbus, Ohio 43214
614.457.4375
800.359.4375

Website: www.cryobio.com

5. Biogenetics Corporation

1130 Route 22
West Mountainside, NJ 07092
908.654.8836
800.637.7776

Website: www.sperm1.com

6. Cryogenic Laboratories, Inc.

1944 Lexington Avenue North
Roseville, MN 55113
651.489.8000
800.466.2796

Website: www.cryolab.com

7. The Sperm Bank of California Reproductive Technologies, Inc.

2115 Milvia St., 2nd Fl.
Berkeley, CA 94704
Phone (510) 841-1858

Website: www.thespermbankofca.org

8. Scandinavian Cryobank

305 Broadway, 9th floor
New York, NY 10007
212-822-1414
866-366-6777 (toll free)

Website: www.scandinaviancryobank.com

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**AGREEMENT TO STORE DONOR
CRYOPRESERVED SEMEN**

I, _____, and my spouse/partner,
(Print full name)

_____ agree to have my/our donor semen
(Print full name – if applicable)

purchased by me/us from _____ stored at
(Print cryobank name)

Advanced Fertility Services, P. C. (AFS), as a back up for Assisted Reproductive procedures. It is understood by us that this semen can only be stored at Advanced Fertility Services for a short period, not to exceed six (6) months under any circumstances. Advanced Fertility Services is not a sperm bank for long term storage of semen; therefore, any unused semen will be discarded at the end of the six (6) month period unless I (we) take possession of it before that time.

Husband/Partner Signature

Date

Wife/Partner Signature

Date

Witnessed By

Date