



**Medical and Genetic Tests for Client Depositors**

**GENERAL INFORMATION:**

All patients having semen frozen by Fairfax Cryobank (hereafter referred to as “Cryobank”) for fertility procedures are required to have current testing for **HIV-1 and HIV-2 antibody (AIDS), Hepatitis B surface antigen, and Hepatitis C antibody**. If specimens are to be used or banked in the state of California, HTLV I/II and Syphilis testing is also required.

I will provide Cryobank a copy of the lab report and test results for the above mentioned required tests (**HIV-1 and HIV-2 antibody (AIDS), Hepatitis B surface antigen, and Hepatitis C antibody, plus HTLV I/II and syphilis if my specimens are banked and/or are to be used in California**) within 15 days. I understand that these tests must have been performed in the last 30 days. I am responsible for any charges incurred by the outside testing source. Failure to comply will result in my samples being placed into quarantine until the test results have been received. While the samples are in quarantine, I understand that I will be charged the current monthly quarantine storage fee.

I understand that Cryobank or its personnel are in no way responsible for the results of any subsequent fertility procedures performed with the semen specimens I have requested to be screened and cryopreserved.

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Cryobank Staff (Signature): \_\_\_\_\_ Date \_\_\_\_\_

Account # \_\_\_\_\_