

# *ELIGIBILITY DETERMINATION FORM*

Patient's Names: \_\_\_\_\_

Tissue Number: \_\_\_\_\_ Date of Determination: \_\_\_\_\_

Determination By: ARMS Other \_\_\_\_\_


This tissue has been determined to be:

Exempt from Eligibility Determination

Eligible for Transfer as Donor Tissue

This Tissue Was Not Evaluated (Completely) for Infectious Substances

Warning: Advise recipient of communicable disease risks.

Warning: Reactive Tests Results for \_\_\_\_\_ 

Patient Was Sexually Intimate

## **Tissue Recovery**

Date of Egg Recovery: \_\_\_\_\_ Date of Sperm Recovery: \_\_\_\_\_

Type of Sperm Recovery: Ejaculation TESE/PESA

Source of Eggs: Patient Anonymous Donor Directed Donor

Source of Sperm: Patient Anonymous Donor Directed Donor

Name of Sperm Bank: \_\_\_\_\_ AATB/NYSBH Yes No

## **Disease Screening**

Egg

	Anti-HIV 1	Anti-HIV 2	HebBsAg	Anti-HepB IgG	Anti-HepB IgM	Anti-HepC	Syphilis	Chlamydia	Gonorrhea
Date									
Result									

Sperm

	Anti-HIV 1	Anti-HIV 2	HebBsAg	Anti-HepB IgG	Anti-HepB IgM	Anti-HepC	Syphilis	Chlamydia	Gonorrhea
Date									
Result									

	HTLV I	HTLV II	CMV IgG	CMV IgM	CMV Total
Date					
Result					

The communicable disease testing was performed by a laboratory:

- a. Certified to perform such testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. 263a) and 42 CFR part 493; or
- b. That has met equivalent requirements as determined by the Centers for Medicare and Medicaid Services in accordance with those provisions;

\_\_\_\_\_  
Shipping Clinic Name

\_\_\_\_\_  
Clinic Signature

\_\_\_\_\_  
Date

By signing we attest that the above is true and that the specimens listed have been tested as required by the FDA and noted above.