

# ACFS checklist and FDA guidelines required for all egg donors prior to egg recovery

## EGG DONOR CHECKLIST

Name: \_\_\_\_\_ Donor# \_\_\_\_\_

PHYSICIAN:

Medical & Reproductive, Genetic, Medication histories

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

NURSE:

	Date	Initials
Initial Egg Donor Consult	_____	_____
Genetic / Psych Evals	_____	_____
Reviewed Cycle Logistics	_____	_____
Physical Exam	_____	_____
Payment given to Donor	_____	_____
ID verification	_____	_____

CONSENTS:

	Date	Initials
Oocyte Donor Consent	_____	_____
HMG (gonadotropin) Consent	_____	_____
HIV Consent	_____	_____
Cystic Fibrosis Consent	_____	_____
TVA Consent	_____	_____
Donor Payment Agreement	_____	_____
Advanced Directives Consent	_____	_____
Required Driver Acknowledgment	_____	_____
Risk Assessment I	_____	_____
Risk Assessment II	_____	_____
Consent to donate outside guidelines	_____	_____

## LABS: START OF SUPPRESSION

<u>TEST</u>	<u>Date</u>	<u>Result</u>
TYPE/Rh	_____	_____
CF (Cystic Fibrosis)	_____	_____
PROLACTIN	_____	_____
TSH	_____	_____
CBC	_____	_____
HIV I & II	_____	_____
HCAb	_____	_____
HBSAg	_____	_____
HBCAb IgG	_____	_____
HBCAb IgM	_____	_____
RPR	_____	_____
HTLV I & II	_____	_____
CMV IgG	_____	_____
CMV IgM	_____	_____
HIV/HCV NAT	_____	_____

T.Cruzi	_____	_____
WNV NAT	_____	_____
Chlamydia Culture	_____	_____
Gonorrhea Culture	_____	_____

**LABS: DAY 28 OF SUPPRESSION**

<u>TEST</u>	<u>Date</u>	<u>Result</u>
HIV I & II	_____	_____
HCAb	_____	_____
HBSAg	_____	_____
HBCAb IgG	_____	_____
HBCAb IgM	_____	_____
RPR	_____	_____
HTLV I & II	_____	_____
CMV IgG	_____	_____
CMV IgM	_____	_____
HIV/HCV NAT	_____	_____
T.Cruzi	_____	_____
WNV NAT	_____	_____
Chlamydia Culture	_____	_____
Gonorrhea Culture	_____	_____