

Patient Name:	ID #:	DOB:	Age:
Partner Name:	ID #:	DOB:	Age:

**REQUIRED TESTING FOR GESTATIONAL CARRIERS, RECIPIENTS, AND
INTENDED PARENTS PRIOR TO PRIDE CYCLE**

TESTING NEEDED TO BE COMPLETED WITHIN 12 MONTHS OF STARTING THE CYCLE

- Blood Type and Rh
- Antibody Screen
- CBC
- CMP
- ALT
- Rubella
- TSH
- Saline Infused Sonohysterogram (preferred test)
- Hysterosalpingogram (If hx of blocked tubes, risks for /suspicion of hydrosalpinx)
- Mock cycle
- Complete Physical and signed Clearance form by primary care or cardiologist (> 45 yy or for anyone with a chronic medical condition)
- EKG (> 45yy)
- Pregnancy Clearance Form signed by your OB/GYN (for GC and for all > 45yy)

INFECTIOUS DISEASE TESTING

- HIV-1/HIV-2 Antibody
- RPR
- Hepatitis B Surface Antigen
- Hepatitis B Core Antibody
- Hepatitis C Virus Antibody

ADDITIONAL REQUIREMENTS

- Semen Analysis (for partners/IPs , except for GC partners)
- **Additional FDA testing is required for intended parents using a GC and for designated sperm donors (We will walk you through this)**
- Consider Legal Counsel if using a gestational carrier

Please call our donor office with any questions

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MEDICAL CLEARANCE FOR PREGNANCY

☐ For women who are planning to conceive a pregnancy and are of advanced maternal age (>45yo) or are high risk due to other medical conditions, there are some additional screening recommendations to ensure that you will be medically able to carry/continue a pregnancy.

We require documented medical clearance for pregnancy from your PCP prior to cycling.

In an effort to streamline this process we have outlined what CNY Fertility considers important aspects to be reviewed at the time of this consultation. Please have your Primary Care Provider perform a complete physical exam and sign this letter and return it to your primary coordinator.

- ☐ EKG
- ☐ Mammogram
- ☐ Hemocult blood and colonoscopy if indicated
- ☐ A1C.

- ☐ Patient is cleared for pregnancy from the perspective of her PCP.
- ☐ Patient is NOT cleared for pregnancy.

PCP printed (signature above):

Date

Form must be stamped with physician name & license # or separate note on physician's official letterhead

☐ It is also **recommended** that you meet with and discuss prenatal care/risks with your OB or be referred to MFM. There is known increased risk for pre-eclampsia, diabetes, and fetal demise. Close monitoring would be indicated during the pregnancy. It is typically recommended to have a c-section delivery and not going past 40 weeks term. Again, this management would be up to your OB. If you are age 45 or older this is **required** prior to treatment.

- ☐ Patient is cleared for pregnancy from the perspective of her OB/MFM.
- ☐ Patient is NOT cleared for pregnancy.

OB/MFM printed (signature above):

Date

Form must be stamped with physician name & license # or separate note on physician's official letterhead