PRS Patient Services

a division of the Genetics & IVF Institute, Inc.

Medical Certification

Recipients of donor sperm who have an IUI procedure at PRS Clinical Services are required to undergo a pre-pregnancy medical assessment to rule out evidence of contraindications to pregnancy. Please perform a pre-conception assessment as you deem appropriate and counsel the patient about any pertinent findings that could cause pregnancy complications.

_____/_____ _____/_____/_____ _____/_____/_____

Patient Last Name First Name DOB Date Of Exam

Required Annual Testing:
HIV, HBsAg, HCV, Syphilis serology, GC/CT *(A copy of lab results **MUST** be forwarded to PRS.)*

Recommended Pre-Conception Testing:
ABO Rh, Rubella IgG[1], Varicella IgG[1], Genetic Carrier Screening based on ethnicity (minimum screening for CF, SMA, Fragile X and hemoglobinopathies is recommended for all patients)

Clinician Certification

I certify that I have performed a pre-pregnancy assessment of the above-named patient as I have deemed appropriate. I find no evidence of significant contraindications to pregnancy. ***Please release to her the desired number of sperm specimens for the donor of her choice.***

I am a: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse Midwife ☐ Physician Assistant

_____

_____ / _____ / _____ / _____

Signature Print Name License # State

_____

Address/City/State/Zip

_____ _____

Phone Specialty

PRS requires renewal of medical certification every 12 months

Please return this certification and lab results to Pasadena office 626-432-6869 (fax)

[1]Patient required to sign PRS waiver if not tested or immune
[2]Patient required to sign PRS waiver if testing declined