

## **TO PATIENTS AND PHYSICIANS:**

Strong Fertility Center requires all client depositors to be tested for the sexually transmitted diseases listed below. The purpose of this requirement is to protect any eventual recipient from acquiring a communicable disease from the use of the frozen semen samples. Your referring physician can order these tests (and have a copy of the results sent to the Andrology Laboratory). If you have had any of these tests performed within six months of your sperm banking, you may forward a copy of the results to us for our records. Due to New York State Department of Health regulations, **failure to have these tests performed *may* prevent your usage of the samples.**

Please do not hesitate to call if there are any questions (585) 487-3378 Ext. 3, our fax number is (585) 334-8164.

Thank you for your cooperation and understanding.

### **REQUIRED TESTING**

**HIV-1 and HIV-2**

**HTLV-1**

**Hepatitis B surface antigen**

**Hepatitis B core antibody**

**Hepatitis C**

**CMV (Ig G and Ig M)**