# **MEDICAL HISTORY AND SCREENING REPORT FOR SEMEN DONOR**

**ART Bank Name:** Cryoconserve

Donor ID: fghgfhfg

Date: 17/07/ %2025

## Section A: Donor Identification and Registration

1. Full Name: shae

2. Date of Birth: 2025-07-09 (As per Aadhaar, Enclosed)

3. Contact Information:

· Address: uydy (As per Aadhaar, Enclosed)

· Phone Number: 7896541230

· Email: s@hm.com

· Aadhaar Number: 123456789012

## Section B: Medical and Genetic Screening

1. Date of last comprehensive medical examination: 2025-07-01

2. Results of recent blood tests:

· Human immunodeficiency virus (HIV), types 1 and 2: Negative

· Hepatitis B virus (HBV): Positive

· Hepatitis C virus (HCV): Positive

· Treponema pallidum (syphilis) through VDRL: Positive

3. Detailed family medical history, including any genetic conditions:  
kvkj

4. Record of any serious illnesses or surgeries:  
kjvjvj

5. Current medications and known allergies:  
kgiob, oihoi

## Section C: Consent for Cryopreservation and Use

1. Consent for cryopreservation of sperm: Yes

2. Consent for the use of sperm by ART Bank: Yes

## Section D: National Registry Update Consent

1. Consent to update donor information in the National Registry: Yes

Declaration and Consent

I hereby declare that the information provided above is true and complete to the best of my knowledge and I consent to the screening, collection, registration, and cryopreservation of my sperm as per the ART Regulation Act, 2021. I also consent to the maintenance of my records and the regular update of the National Registry as required by the Act. Furthermore, I declare I have never donated my semen to any ART clinic or bank, nor through any other means, and I will not donate my semen in the future.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 17/07/ %2025