# Medical History and Screening Report for Semen Donor

ART Bank Name: Cryoconserve  
Donor ID: {donor\_id}  
Date: {date}

## Section A: Donor Identification and Registration

1. Full Name: {full\_name}

2. Date of Birth: {date\_of\_birth}

3. Contact Information:

- Address: {address}

- Phone Number: {contact\_number}

- Email: {email\_address}

- Aadhaar Number: {aadhaar\_number}

## Section B: Medical and Genetic Screening

1. Date of last comprehensive medical examination: {last\_medical\_exam}

2. Results of recent blood tests:

- Human immunodeficiency virus (HIV), types 1 and 2: {blood\_test\_results}

- Hepatitis B virus (HBV): {blood\_test\_results}

- Hepatitis C virus (HCV): {blood\_test\_results}

- Treponema pallidum (syphilis) through VDRL: {blood\_test\_results}

3. Detailed family medical history, including any genetic conditions: {family\_history}

4. Record of any serious illnesses or surgeries: {serious\_illness}

5. Current medications and known allergies: {current\_medications}, {allergies}

## Section C: Consent for Cryopreservation and Use

1. Consent for cryopreservation of sperm: {consent\_cryopreservation}

2. Consent for the use of sperm by ART Bank: {consent\_art\_bank}

## Section D: National Registry Update Consent

1. Consent to update donor information in the National Registry: {consent\_registry}

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: {date}