# 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} (As per Aadhaar, Enclosed)

3. Contact Information:

* · Address: {address} (As per Aadhaar, Enclosed)
* · 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: {hiv\_results}
* · Hepatitis B virus (HBV): {hbv\_results}
* · Hepatitis C virus (HCV): {hcv\_results}
* · Treponema pallidum (syphilis) through VDRL: {vdrl\_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}