

Columbia University Fertility Center 5 Columbus Circle PH Floor New York NY 10019

TRANSPORT QUESTIONNAIRE (to be completed by releasing facility)

Retrieval Date(s):	Patient Name:	DOB:	
Donor (anonymous or directed) Client Depositor #vials/ straws to be transported	Partner Name:	DOB:	
PLEASE PROVIDE ALL NOTES AND TESTING OOCYTE/EMBRYO TRANSPORT Phone: 212-314-8809 Fax: 8801 Email: fertility-lab@cumc.columbia.edu Retrieval Date(s):	SPERM TRANSPORT Phone: 212-314-8825 Fax: 8801 Email: fertility-lab@cumc.columbia.edu		
Retrieval Date(s): #retrieved: Insemination ICSI BOTH Cryo Date(s): Free Free Free Free Free Free Free Fr	□Donor (anonymous or directed) □Client Dep	oositor	
Retrieval Date(s):	Name and/or Number donor#:	PLEASE PROVIDE ALL NOTES AND TESTING	
Cryo Date(s): Cryo Devise used: (provide information) Media used: If in- house, commercial alternative: Stage frozen (circle one): oocytes / 2pn / day 2 / day 3 / day 5 / day 6 OTHER? #of straws/ vials (circle one): # of oocytes/ embryos (circle one):	OOCYTE/EMBRYO TRANSPORT Phone: 212-314-8809 Fax: 8801 Email: fertility-lab@cumc.columbia.edu		
Cryo method: vitrification slow freeze other (provide information) Media used: If in- house, commercial alternative: Stage frozen (circle one): occytes / 2pn / day 2 / day 3 / day 5 / day 6 OTHER? # of straws/ vials (circle one): # of oocytes/ embryos (circle one): If PGD/S which embryos will be transported, provide the #'s (send report) Please include the following: Donor eligibility if applicable Infectious disease testing results If PGS/D? Send results and which will be transported Embryology worksheet DOH license and FDA registration certificate. FDA STATUS (check one): EXEMPT - Sexually intimate partner or autologous use only EXEMPT - ELIGIBLE oocyte donor with sperm EXEMPT - ELIGIBLE oocyte donor and ELIGIBLE sperm donor WARNING, REACTIVE FOR: (advise patient of communicable risk) Currently stored: Currently stored: Email: Contact Name: Email: Contact Name: Fax Number: Contact Name: Fax Number: Contact Day of the following: Contact Name: Fax Number: Contact Name: Fax	Retrieval Date(s):#	retrieved: Insemination ICSI BOTH	
Cryo method: vitrification slow freeze other (provide information) Media used: If in- house, commercial alternative: Stage frozen (circle one): occytes / 2pn / day 2 / day 3 / day 5 / day 6 OTHER? # of straws/ vials (circle one): # of oocytes/ embryos (circle one): If PGD/S which embryos will be transported, provide the #'s (send report) Please include the following: Donor eligibility if applicable Infectious disease testing results If PGS/D? Send results and which will be transported Embryology worksheet DOH license and FDA registration certificate. FDA STATUS (check one): EXEMPT - Sexually intimate partner or autologous use only EXEMPT - ELIGIBLE oocyte donor with sperm EXEMPT - ELIGIBLE oocyte donor and ELIGIBLE sperm donor WARNING, REACTIVE FOR: (advise patient of communicable risk) Currently stored: Currently stored: Email: Contact Name: Email: Contact Name: Fax Number: Contact Name: Fax Number: Contact Day of the following: Contact Name: Fax Number: Contact Name: Fax	Cryo Date(s):	Cryo Devise used:	
Stage frozen (circle one): oocytes / 2pn / day 2 / day 3 / day 5 / day 6 OTHER?			
#of straws/ vials (circle one): # of oocytes/ embryos (circle one): If PGD/S which embryos will be transported, provide the #'s (send report) Please include the following: Thaw protocol	Media used: If in	- house, commercial alternative:	
If PGD/S which embryos will be transported, provide the #'s	Stage frozen (circle one): oocytes / 2pn / day 2 / day 3 / day 5 / day 6 OTHER?		
Please include the following: Thaw protocol	#of straws/ vials (circle one):	# of oocytes/ embryos (circle one):	
Thaw protocol	If PGD/S which embryos will be transported, prov	ide the #'s(send report)	
□ Infectious disease testing results □ Embryology worksheet □ DOH license and FDA registration certificate. FDA STATUS (check one): □ EXEMPT — sexually intimate partner or autologous use only □ EXEMPT — ELIGIBLE oocyte donor with sperm □ EXEMPT — ELIGIBLE sperm donor with oocyte □ EXEMPT — ELIGIBLE oocyte donor and ELIGIBLE sperm donor □ WARNING, REACTIVE FOR:	Please include the following:		
□ Embryology worksheet □ DOH license and FDA registration certificate. FDA STATUS (check one): □ EXEMPT - sexually intimate partner or autologous use only □ EXEMPT - ELIGIBLE oocyte donor with sperm □ EXEMPT - ELIGIBLE sperm donor with oocyte □ EXEMPT - ELIGIBLE oocyte donor and ELIGIBLE sperm donor □ WARNING, REACTIVE FOR:	□Thaw protocol	☐ Donor eligibility if applicable	
FDA STATUS (check one): EXEMPT - sexually intimate partner or autologous use only EXEMPT - ELIGIBLE oocyte donor with sperm EXEMPT - ELIGIBLE sperm donor with oocyte EXEMPT - ELIGIBLE oocyte donor and ELIGIBLE sperm donor WARNING, REACTIVE FOR:	_	·	
□ EXEMPT — sexually intimate partner or autologous use only □ EXEMPT — ELIGIBLE oocyte donor with sperm □ EXEMPT — ELIGIBLE sperm donor with oocyte □ EXEMPT — ELIGIBLE oocyte donor and ELIGIBLE sperm donor □ WARNING, REACTIVE FOR:	□ Embryology worksheet	☐ DOH license and FDA registration certificate.	
Currently stored:	□ EXEMPT – ELIGIBLE oocyte donor with sperm □ EXEMPT – ELIGIBLE sperm donor with oocyte □ EXEMPT – ELIGIBLE oocyte donor and ELIGIBLE sperm donor		
Address:Email:Email:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:Enail:	WARNING, REACTIVE FOR:	(advise patient of communicable risk)	
Contact Name: Email: Phone Number: Fax Number: The Laboratory is FDA compliant and is not under disciplinary action at this time.	Currently stored:		
Contact Name: Email: Phone Number: Fax Number: The Laboratory is FDA compliant and is not under disciplinary action at this time.	Address:		
The Laboratory is FDA compliant and is not under disciplinary action at this time.			
	Phone Number:	Fax Number:	
Signature of Responsible representative: Date:	The Laboratory is FDA compliant and is not under disciplinary action at this time.		
	Signature of Responsible representative:	Date:	