

## PREREQUISITE LABORATORY CHECKLIST FOR RECIPIENTS

### **Female Partner Infectious Disease (ID) Blood**

#### **Work:**

- \*HIV I & II
- \*Hepatitis B Surface Antigen
- \*Hepatitis C Antibody
- \*VDRL/ RPR

#### **Annual tests:**

- Prolactin
- Thyroid Function
- CBC with Differential

#### **One-time tests:**

- Blood Type/ Rh
- Rubella Titer
- Varicella Titer

#### **Cervical Cultures:**

- \*Chlamydia
- \*Gonorrhea
- Pap Smear

#### **Uterine Evaluations:**

##### **\*cervical cultures must be current (within 12m)**

- Annual tests: Saline Infusion Sonogram (SIS) or  
Mid-cycle ultrasound or  
HSG

- One-time test: Sounding/Trial Transfer  
(must be done at Cornell)

#### **Additional Testing:**

- Mammogram (for age 40 and above)

### **Male Partner Infectious Disease (ID) Blood Work:**

- \*HIV I & II
- \*Hepatitis B Surface Antigen
- \*Hepatitis C Antibody
- \*VDRL/ RPR

#### **Genetic Testing- SEMA4 Expanded Carrier Screen (281 diseases)**

- Additional testing for CBC and Hemoglobin  
Electrophoresis will also be included

#### **Semen Analysis (SA)**

##### **\*ID bloodwork must be current (within 12m)**

\*- done initially as requirement prior to  
procedures and repeated at the time of  
match

These testing can be done at CRM or an outside facility and be current within the year unless otherwise noted.

If tests are done at an outside facility, please ask that the reports be sent to you. Please take personal responsibility to fax or mail the results. Results should be faxed to (646) 962-0362.