

AFFORDABLE FERTILITY EGG DONATION PROGRAM

- Send a Picture from recipient and partner
- Send a photocopy of both ID (Trough e-mail or regular mail)
- Consent forms

TESTS REQUIERED

Recipient

Type & Rh Factor	
HIV 1 - 2	Within last 6 months
HBsAg	Within last 6 months
HCV core antibody	Within last 6 months
VDRL	Within last 6 months
Citomegalovirus Ig G and Ig M	Within last 6 months
Rubella IgG	
Pap smear	Within last year
Baseline Ultrasound	Within last year
HSG or Hysteroscopy	Within last 3 years
GC and Chlamydia culture	Within last 6 months

Recipient over 40 years old:

CBC	Within last year
Hepatogram	Within last year
LDL cholesterol – HDL cholesterol – triglycerides	Within last year
Glicemia	Within last year
Electrocardiogram (EKG)	Within last year
Mammography	Within last year

Partner:

Type & Rh Factor	
Sperm análisis	Within last year
HIV 1 - 2	Within last 6 months
HBsAg	Within last 6 months
HCV core antibody	Within last 6 months
VDRL	Within last 6 months