



**DIRECTED DONOR SPECIMEN OWNERSHIP**

<b>Directed Donor Information</b>		
Name:	Spouse/Partner:	
Current Address:		
City:	State:	Zip Code/Country:
Phone(Day):	Phone(Eve):	Email:
Date of Birth (mm/dd/yyyy):	Social Security#:	
<b>First Recipient of the Directed Donor Semen Specimens</b>		
Name:	Spouse/Partner:	
Current Address:		
City:	State:	Zip Code/Country:
Phone(Day):	Phone(Eve):	Email:
Date of Birth (mm/dd/yyyy):	Social Security#:	
Physician Name:	Physician Phone #:	
Physician Address:		
<b>Second Recipient of the Directed Donor Semen Specimens</b>		
Name:	Spouse/Partner:	
Current Address:		
City:	State:	Zip Code/Country:
Phone(Day):	Phone(Eve):	Email:
Date of Birth (mm/dd/yyyy):	Social Security#:	
Physician Name:	Physician Phone #:	
Physician Address:		
<b>Owner(s) of Directed Donor Semen Specimens</b>		
Name(s):		
<b>Party Responsible for Billing (screening, semen processing, genetic testing, storage, shipping, etc.)</b>		
Name(s):		
All directed donors must be tested to comply with current requirements from the California Department of Health, the US Food and Drug Administration (FDA) and FCC's protocols. Specimens will be quarantined for at least six (6) months and directed donors will be retested for infectious diseases prior to specimen release.		
Signature of Directed Donor:		Date:
Signature of First Recipient:		Date:
Signature of Second Recipient:		Date:
Notary Public:	FCC Officer:	Date: