

DIRECTED DONOR SPECIMEN OWNERSHIP

Directed Donor Information		
Name:		Spouse/Partner:
Current Address:		
City:	State:	Zip Code/Country:
Phone (Day):	Phone (Eve):	Email:
Date of Birth (mm/dd/yyyy):		Drivers License:
First Recipient of the Directed Donor Semen Specimens		
Name:		Spouse/Partner:
Current Address:		
City:	State:	Zip Code/Country:
Phone (Day):	Phone (Eve):	Email:
Date of Birth (mm/dd/yyyy):		Drivers License:
Physician Name:		Physician Phone#:
Physician Address:		
Second Recipient of the Directed Donor Semen Specimens		
Name:		Spouse/Partner:
Current Address:		
City:	State:	Zip Code/Country:
Phone (Day):	Phone (Eve):	Email:
Date of Birth (mm/dd/yyyy):		Drivers License:
Physician Name:		Physician Phone#:
Physician Address:		
Owner(s) of Directed Donor Semen Specimens		
Name(s):		
Party Responsible for Billing (screening, semen processing, genetic testing, storage, shipping, etc.)		
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 rested 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:

