

**Recipient Screening Checklist
IFER - PDF III**

Patient

Type & Rh Factor	
HIV 1 - 2	Within last 6 months
HBsAg	Within last 6 months
HCV core antibody	Within last 6 months
RPR	Within last 6 months
Rubella IgG titers	
Pap smear	Within last year
Baseline Ultrasound	Within last year
HSG or Hysteroscopy	
Mammogram	Within last year

Partner

Type & Rh Factor	
HIV 1 - 2	Within last 6 months
HBsAg	Within last 6 months
HCV core antibody	Within last 6 months
RPR	Within last 6 months
Semen analysis	Within last year

Send a picture of both (patient and partner), if possible