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Donor Information Form

To set up FDA donor screening you must send UNILAB the **requisition** and **donor information**.

Fill out information below and email it to lab@infertilitylab.com or fax to 954-797-9494.

Office Information:

Account #: _____
Account Name: _____
Person Requesting: _____

Donor Information: (NO P.O. BOX)

Name: _____
Date of Birth: _____
Phone: (_____) _____
Email: _____
Address: _____
City: _____ State _____ Zip _____

Mark which testing kit your donor needs:

- () FDA Male Donor
- () FDA Female Donor
- () AMH
- () Other (specify in notes)

Notes: _____

If you should have any additional questions, please do not hesitate to contact UNILAB at
(877) 522-5678 or email lab@infertilitylab.com for assistance. Thank you!
