



## PRECONCEPTION AND INFECTIOUS DISEASES PRECYCLE TESTING REQUIREMENTS

Unless indicated below, all requirements listed must be current (within the last year) and completed prior to starting any treatment cycle.

### Female Patient:

#### *Preconception Testing*

- Blood Type, Rh, Ab screen
- Rubella Immunity Titer
- CBC
- Varicella Titer
- TSH
- Vitamin D
- [PAP](#) (current as per your Ob-Gyn)
- [Saline Sonogram](#) (within 1 year)
- [Expanded carrier screening](#) (once only)

#### *Infectious Disease Screening (all required yearly):*

- HIV 1&2
- Hepatitis C Antibody
- Hepatitis B Surface Antigen (not antibody)
- RPR (Syphilis)
- Gonorrhea and Chlamydia (Urine)

### Male Partner or Female Partner (of Female Patient): Infectious Disease Screening (all required yearly):

- HIV 1&2
- Hepatitis C Antibody
- Hepatitis B Surface Antigen (not antibody)
- RPR (Syphilis)
- Gonorrhea and Chlamydia (Urine)
- HTLV 1&2

Note: All of these tests are performed outside of our office. We will send an electronic test requisition for any labs needed to [Labcorp](#) by default. This order will be in the Labcorp central computer system so you will not need a paper order. Simply arrange to have your blood drawn at any [Labcorp](#). The closest location to our office is [1321 S. Eliseo](#) (just 1 block west). Prior to going to the [Labcorp](#), please confirm with your MFC Provider or Coordinator that the labs have been ordered (if it is unclear to you). If you prefer, the order can be sent to [Quest Diagnostics](#) or another lab, please just let us know. For Kaiser patients wishing to try to complete any needed labs through Kaiser, you will need to request an order for these labs directly from your Primary Care or other Kaiser Provider. Please submit your results to: [frontdesk@marinfertility.com](mailto:frontdesk@marinfertility.com).