

Reproductive Care Center

Donor Egg IVF & Frozen Embryo Transfer Financial Policy

Each couple needs to meet with the office manager or billing staff to discuss fees and payment dates. The Pre-Donor Egg IVF workup and the ART checklist needs to be completed before the medications for the treatment cycle can begin for either the donor or the recipient. Payment is expected before the cycle medications begin. **Medications are not included;** patients can purchase them through the pharmacy of their choice. Medications for the donor will be billed to the recipient directly through The Apothecary Shops, IVPCare, Freedom Drug or a similar national infertility pharmacy.

Basic Pre Donor Egg IVF Tests

Wife (if <45 years old)

CBC/HCT
HIV-1&2 Ab
Hepatitis BsAg
Hepatitis C Ab
RPR
Chlamydia and Gonorrhea (PCR)
Blood type & Rh
Rubella Ab IgG immunity screen
Varicella Ab IgG immunity screen
Hysterosonogram (3D saline sonogram) - This test should be done at RCC

Husband

Semen analysis with Kruger strict Morphology (at RCC)
HIV-1&2 Ab
Hepatitis BsAg
Hepatitis C Ab
RPR
Chlamydia and Gonorrhea (PCR)

We require that pre-IVF lab work be less than 1 year old at the time of embryo transfer. After a pregnancy or significant occurrence, some pre-IVF tests may need to be repeated on a more frequent basis. Additional tests may be requested by your physician based on your individual circumstances.

The total pre-paid package price for the Pre Donor Egg IVF tests listed above for men and women <45 years old that includes a 3D saline sonogram and semen analysis performed at RCC is \$1,809 and is due prior to testing.

If patient desires to bill insurance in most circumstances we will provide you with the appropriate lab request forms and ask you to have them drawn at the preferred lab provider suggested by your insurance company (such as Quest, LabCorp or an IHC facility). We apologize for any inconvenience this may cause you but you should be aware that for most lab tests that we draw and send out for testing the insurance company reimburses us less than our costs. If we agree to bill the insurance company, the charges will be itemized at our normal fee for service price. The amount the insurance company does not pay will be the patient's responsibility if we are not a contracted provider. Safeguard prices are usually available for testing if we are not a contracted provider.

Hysterosalpingogram- Evaluates the uterine cavity and fallopian tubes and may be requested instead of a saline sonogram if approved by your physician. We do not do this X-ray test of the uterus and fallopian tubes at our Center. If requested by your physician, we will provide you with orders to have this done by a Radiologist (available at most hospitals). This should be scheduled after menstrual bleeding has finished but before ovulation occurs (usually recommend before day 11 of the cycle. A copy of the report and the x-ray films should be sent to RCC for review.

The recipient couple is required to consult with an approved psychologist or licensed clinical social worker prior to proceeding with treatment. The cost for this is paid by the recipient couple and is not included in the RCC screening package noted above.

Cystic fibrosis mutation screening is recommended for the husband for Caucasian couples but may be declined by signing a consent.

For women over age 44 – In addition to the above, RCC requires a Chem 12, fasting glucose, lipid profile, urinalysis, and recent general physical exam by an internist, family physician or obstetrician. This testing is not included in the package price.

For women over age 49 – In addition to the above, RCC requires a cardiac evaluation (including EKG and treadmill test), mammogram and chest x-ray (CXR). This testing is not included in the package price.

Donor Egg IVF Costs

A **\$510 non-refundable “matching” fee** is assessed at the time that an anonymous egg donor is selected. This initial payment will be applied to any of the options noted below.

An **IVF Donor Egg Money Back Guarantee Package Plan** is available to patients that qualify. The basic fee charge is \$34,570. **plus** any premiums that are determined to apply **plus** additional charges for the egg donor expenses. Options for paying the additional egg donor expenses include a refundable, multiple cycle egg donor cycle fee of \$12,992 for up to four fresh sole (1 recipient is matched with 1 egg donor for each cycle) match donor egg cycles. A nonrefundable, donor egg single cycle fee option is also available for a sole match (\$4,331/cycle), or known or anonymous donors provided by the recipient or a donor egg agency not affiliated with RC may participate for a nonrefundable fee of \$2,170/cycle. This plan includes up to 4 fresh IVF cycles with all the associated frozen embryo transfer cycles. Two additional fresh donor egg IVF treatment cycles (6 total) can be included for an additional premium. There are exclusions for medication and anesthesia charges. Please request a detailed handout about this program if interested. Billing office staff can review this option with you and determine the total charge including any applicable premiums **after** your physician has completed a “Donor Egg IVF Money Back Guarantee Plan Criteria Form”. In some circumstances, additional Pre Donor Egg IVF testing may be required to determine eligibility.

Patients may choose either the single cycle **“Global Single Cycle Donor Egg Fresh IVF Fee”**, **“Insurance”** or the **“Safeguard”** option for each treatment cycle.

The **“Insurance”** option will have all charges itemized and billed to insurance for the services rendered. A fee of \$7,133 is required prior to starting the treatment cycle, or if we are a preferred provider, a \$4,076 fee is required in advance. Any itemized amount not covered by insurance will be the responsibility of the patient to pay. ***This can often be more expensive for the patient if they do not have good Donor Egg IVF insurance coverage.*** Blue Cross Blue Shield (BCBS) patients need to work with billers regarding their particular situation because BCBS pays the patient directly.

Safeguard Payment Plan for Non-Contracted Commercial Health Insurance Carriers*

Reproductive Care Center (RCC) recognizes that patient co-pays and deductibles are an increasing part of your health care dollar. In addition, because the rules of managed care plans often vary depending on the status of the health services provider, such as whether they are in “in network” or “out of network,” we know that it is often difficult for patients to understand how much they will ultimately be asked to pay. We developed the Safeguard Payment Plan so it would be clear—upfront—the maximum amount that you would be financially responsible for.

If we are not contracted with your insurance company as a preferred provider and if we determine that you should be eligible for out of network infertility treatment benefits that cover the anticipated costs associated with a donor egg IVF treatment cycle you may select the Safeguard Payment Plan. You pay 50% of the total expected insurance charges of your treatment upfront. This is the amount we have calculated as the patient payment average including all balance bills, co-pays, and deductibles. If you pay that amount, RCC will not hold you responsible for any additional cost. RCC will work with your insurance company to obtain payment for the insurer’s share. If we receive more than 100% of our usual and customary fees from the combination of the safeguard payment plan and the reimbursement from the insurance company, we will refund you the difference.

Examples

Cost of usual & customary Fees	\$22,418	Cost of usual & customary Fees	\$22,418	Cost of usual & customary Fees	\$22,418
Your Safeguard payment	\$11,209	Your Safeguard payment	\$11,209	Your Safeguard payment	\$11,209
Insurer pays	\$21,000	Insurer pays	\$9,000	Insurer pays	\$0
Refund to patient	9,791	Refund to patient	\$0	Refund to patient	\$0
Net cost to patient	\$1,418	Net cost to patient	\$11,209	Net cost to patient	\$11,209

If we collect nothing from your insurer, you are only responsible for the Safeguard Payment amount—guaranteed. You do not have to select the Safeguard Payment Plan. If you do not, RCC will bill your insurance

company for our usual and customary fee, and you will be held responsible for the difference between the amount paid by insurance and our fee.

**Commercial Health Insurance includes most PPO and traditional indemnity insurance programs. Commercial Health Insurance does not include Medicaid, Medicare, and Champus insurance plans. Commercial Health Insurance also excludes Exclusive Provider Organizations (EPO's.) Call our Patient Billing Advocate to see if your Commercial Health Insurance qualifies you to participate in the Safeguard Payment Plan. Patients without Commercial Health Insurance are not eligible for the Safeguard Payment Plan.*

Global Fee Options:

Global Sole Match Single Cycle Donor Egg Fresh IVF option: The fee for the sole match (couple receives all of the eggs retrieved) “global” option is **\$18,342** and is required before IVF medications begin. A nonrefundable \$510 deposit is included in the fee and will be collected at the time a potential recipient is matched with an anonymous donor. There is no discount off the global fee if a patient has lab work or other tests completed elsewhere, as it requires extra time and effort for our staff to obtain and review the results. The patient will be responsible to pay for all services performed at any outside facility. If a **known donor** is used the cost is **\$15,795** but the charges for screening the donor (estimate \$1,500-\$2,500) will be charged directly to the recipient and the recipient will be responsible for any payments to the donor for participation. Cycle bills are generated at the time of matching and are due and payable on receipt. If covered by insurance, the appropriate deposit will be required. If there is no insurance coverage, payment in full is expected within seven days of receipt of donor match.

Global Split Donor Single Cycle Donor Egg Fresh IVF option: The fee for the **split donor** “global” option is **\$12,738**. The eggs retrieved from a single egg donor are divided between two recipient women and their husbands. At the start of the cycle, one recipient is identified as the primary recipient and one recipient as the secondary recipient. The egg donor must have a minimum of 8 mature eggs for both the primary and secondary recipient to participate in the split egg donor program. A fee of **\$12,738** will be **billed to each recipient**; A nonrefundable \$510 deposit is included in the fee and will be collected at the time a potential recipient is matched with an anonymous donor. The primary recipient will pay the entire cost of the anesthetist fee. If the secondary egg donor recipient does not receive any eggs (this should happen infrequently) then the amount of money spent on medications and monitoring will be applied to the next treatment cycle and the recipient will automatically become the primary recipient.

Additional charges per cycle that are not included in the global fee

Intravenous sedation by Nurse Anesthetist is \$275 to be paid to the anesthetist prior to the day of egg retrieval. Payment needs to be with cash, cashier's check, or money order. Personal checks may be used if paid prior to the day of the procedure. Credit cards are not accepted.

Intracytoplasmic sperm injection (ICSI) if needed is \$1,200

Extended Embryo Culture (day 4-7 in attempt to grow blastocysts) if desired is \$204 (same price for up to 4 days of culture).

Testicular or epididymal sperm aspiration (TESE) is \$1,131 for first procedure and \$566 if two procedures are required for the same treatment cycle.

Open testicular biopsy to obtain sperm is \$1,630.

Back-up sperm cryopreservation is \$336. This is recommended if the husband has difficulty producing a semen sample or will be unavailable on the day of egg retrieval. If unable to produce a semen sample on the day of egg retrieval and a back-up sample is not available, testicular aspiration of sperm and ICSI can be performed (\$2,331 plus \$275 anesthetist fee).

Cryopreservation of excess embryos is \$650 for freezing the embryos in groups and \$976 for freezing the embryos individually. The fee is the same regardless of the number of embryos frozen, if they are frozen on the same day. If embryos are frozen on separate days (such as day 3 cleavage cell embryos and day 5 or day 6 blastocysts), then **an additional cryopreservation fee will be assessed for each day those embryos are frozen.**

Embryo storage is \$430 a year and will be billed on a calendar year basis. It will be prorated for the first calendar year (when embryos are frozen) and for the year in which the frozen embryo transfer cycle is completed.

Assisted Hatching is \$300. It should be considered in cases of an abnormal zona pellucida (thick shell), 2 prior failed cycles, in women 38 or older, after thawing frozen embryos or as recommended by the physician.

Additional ultrasounds during pregnancy if needed are at least \$275 with additional charges for multiple sacs, physician consult or blood work.

Preimplantation Genetic Diagnosis (PGD) testing for specific gene disorders such as cystic fibrosis using polymerase chain reaction (PCR) technology is available. Various laboratories can be used.

1) Reproductive Genetics Institute (RGI) in Chicago, Illinois. See: www.ReproductiveGenetics.com. A current list of the genetic tests available is on their website. RGI will usually supply the embryologist for ICSI and biopsy. They will bill the patient directly for all associated costs including ICSI, biopsy, biopsy supplies, shipping, and testing as applicable.

2) Testing is also available through Genesis Genetics Institute (Dr. Mark Hughes) in Detroit, Michigan. See: www.GenesisGenetics.org. Genesis Genetics Institute will bill the patient directly for the testing (and development if needed) costs and the physician interpretation fees. Embryo biopsy is not usually included. Reproductive Care Center will bill the patient for the costs of the embryo biopsy, supplies and shipping.

Embryo biopsy (or egg polar body) is \$2,038. If additional biopsies are performed during the same treatment cycle a 50% discount will apply to the 2nd and 3rd biopsy if needed.. This includes the biopsy, biopsy supplies and shipping (unless unusual shipping needs such as on holidays or some weekends are required).

Additional ultrasounds during pregnancy if needed or desired are at least \$280 with additional charges for multiple sacs, physician consult or bloodwork.

Additional ultrasounds and hormone assays. If patients are not adequately suppressed (high estradiol or large ovarian cysts) at their initial baseline ultrasound (after suppression with Lupron or on day 2-3 of the cycle), additional itemized fees for repeat ultrasound and/or blood testing will be required.

Gestational Surrogate – see separate pricing handout.

Cycle fees are due prior to starting any medication for the treatment cycle. Usually this is at least 6 weeks before the target date for egg retrieval. Payment reserves your spot on the schedule. If a cycle is cancelled, charges will be itemized and remaining credit will be refunded to patient or applied to a future cycle.

We accept cash, checks, and most major credit cards.

For patients who choose the insurance option and have a credit balance remaining after the completion of treatment, the credit amount will be refunded to the patient.

Global Cycle Option

The following tests and procedures are **included** in the global cycle if an anonymous donor from RCC is used:

For Egg Donor & Recipient	For Donor Only	For Recipient Only
Education class	Routine medical, infectious disease and psychological screening tests	Endometrial lining monitoring (US and E2 blood tests)
Pre-IVF focused physical exam	Stimulation monitoring (US and E2 blood tests)	Embryo culture
Baseline ultrasound (US) scan if indicated	Egg retrieval	Embryo transfer with ultrasound guidance if needed
Suppression check (US and E2 blood test)	Egg Donor Insurance coverage for complications	One quantitative pregnancy blood test
	Clinical care related to ovarian hyper stimulation syndrome	One pregnancy US 2 weeks after positive HCG
	Fee paid for the donor	Post-cycle review within 6 months

The following are **excluded** in the global cycle fee:

- Initial physician consultation fees
- Pre IVF recipient testing charges including trial transfer
- Hysterosalpingogram (HSG) or 3D saline sonogram
- ICSI (intracytoplasmic sperm injection)
- Cryopreservation of embryos
- Hospitalization for any reason
- Services performed by any third party without exception
- Special testing requests for the egg donor
- Preimplantation Genetic Screening (PGS) or Preimplantation Genetic Diagnosis (PGD) testing
- Embryo or egg biopsy
- Clinical care related to evaluation and treatment of complications of the donor egg IVF for the recipient
- Additional ultrasounds or blood tests necessary to evaluate an abnormal pregnancy
- Treatment for a miscarriage or an ectopic pregnancy
- Clinical care related to pregnancy (other than the initial HCG and 1st ultrasound)
- Treatment for unrelated medical conditions
- Surgeries not related to the Donor Egg IVF cycle
- MicroSort sperm sorting for gender selection (additional non-refundable fee per cycle)
- Frozen embryo transfer cycle fees
- Embryo thawing for frozen embryo transfer cycles
- Collection and shipping charges for blood tests sent to RCC

- Follow-up consult fees prior to starting
- Any medications needed for the cycle
- Cyst checks with US (recipient)
- TESE (testicular sperm aspiration)
- Embryo storage
- Any test or treatment not done at RCC
- Extended embryo culture (day 4-6)
- Assisted hatching

Intravenous sedation by Nurse Anesthetist is \$275 to be paid to the anesthetist prior to the day of egg retrieval. Payment needs to be with cash, cashier's check, or money order. Personal checks may be used if paid prior to the day of the procedure. Credit cards are not accepted.

Cancellation Fees: Refunds will be based on the Sole Match Donor Egg Cancellation Policy and the Split Donor Egg Cycle Cancellation Policy forms attached.

Frozen embryo transfer cycle (FET)

If the patient has frozen embryos then we recommend a controlled endometrial development (CED) Frozen Embryo Transfer Cycle (FET). The medications for a CED FET cycle generally cost approximately \$450. The Global Single CED FET cycle fee is \$2935. A cancellation fee equal to half the Global Fee charge or the "fee for service" charges for services rendered, whichever is less, will be assessed.

Additional Charges per cycle that are not included in the Global Single Cycle CED FET fee

Extended Embryo Culture (day 4-7 in attempt to grow blastocysts) if desired is \$204 (same price for up to 4 days of culture).

Repeat Cryopreservation of embryos is \$650 for freezing the embryos in groups and \$976 for freezing the embryos individually. The fee is the same regardless of the number of embryos frozen, if they are frozen on the same day. If embryos are frozen on separate days (such as day 3 cleavage cell embryos and day 5 or day 6 blastocysts), then **an additional cryopreservation fee will be assessed for each day that embryos are frozen.**

Continued Embryo storage is \$430 a year and will be billed on a calendar year basis. It will be prorated for the year in which the frozen embryo transfer cycle is completed.

Assisted Hatching is \$300. It should be considered with an abnormal zona pellucida (thick shell), 2 prior failed cycles, after thawing frozen embryos especially if using blastocysts or as recommended by the physician.

Preimplantation Genetic Diagnosis (PGD) testing for specific gene disorders such as cystic fibrosis using polymerase chain reaction (PCR) technology is available. Various laboratories can be used.

1) Reproductive Genetics Institute (RGI) in Chicago, Illinois. See: www.ReproductiveGenetics.com. A current list of the genetic tests available is on their website. RGI will usually supply the embryologist for ICSI and biopsy. They will bill the patient directly for all associated costs including ICSI, biopsy, biopsy supplies, shipping, and testing as applicable.

2) Testing is also available through Genesis Genetics Institute (Dr. Mark Hughes) in Detroit, Michigan. See: www.GenesisGenetics.org. Genesis Genetics Institute will bill the patient directly for the testing (and development if needed) costs and the physician interpretation fees. Embryo biopsy is not usually included. Reproductive Care Center will bill the patient for the costs of the embryo biopsy, supplies and shipping.

Embryo biopsy (or egg polar body) is \$2,038. If additional biopsies are performed during the same treatment cycle a 50% discount will apply to the 2nd and 3rd biopsy if needed.. This includes the biopsy, biopsy supplies and shipping (unless unusual shipping needs such as on holidays or some weekends are required).

Additional ultrasounds during pregnancy if needed or desired are at least \$280 with additional charges for multiple sacs, physician consult or bloodwork.

Additional ultrasounds and hormone assays. If patients are not adequately suppressed (high estradiol or large ovarian cysts) at their initial baseline ultrasound (either after suppression with Lupron or on day 2-3 of the cycle), additional itemized fees for repeat ultrasound and/or blood testing will be required.

The following tests and procedures are **included** in the Global Single CED FET Cycle Fee:

Injection training update if needed	Embryo thaw
Single suppression check (US & E2 blood test)	Embryo transfer with ultrasound guidance if needed
Endometrial lining check	One quantitative pregnancy blood test
	One pregnancy US 2 weeks after positive HCG

The following are **excluded** in the global FET cycle fee:

Pre FET testing charges including trial transfer (if needed)	Medications for the FET cycle
Hysterosalpingogram or 3D saline sonogram	Cyst checks with US
Repeat cryopreservation of embryos	Continued Embryo storage
Hospitalization for any reason	Any test or treatment not done at RCC
Services performed by any third party without exception	Embryo culture after thaw
Clinical care related to evaluation and treatment of complications of FET	
Additional ultrasounds or blood tests necessary to evaluate an abnormal pregnancy	
Treatment for a miscarriage or an ectopic pregnancy	
Clinical care related to normal pregnancy (other than the initial HCG and 1 st ultrasound)	
Treatment for unrelated medical conditions or surgeries not related to the FET cycle	

Sole Match Donor Egg Cancellation Policy

A Sole Match Donor Egg cycle has one anonymous Egg donor matched with one recipient woman

Reason for Cancellation	Recipient Fee
Recipient chooses to cancel after the donor starts Lupron	\$2,935
Recipient chooses to cancel after the donor has taken FSH for < 5 days	\$3,889
Recipient chooses to cancel after the donor has taken FSH for \geq 5 days	\$7,557
Medical cancellation occurs due to donor cycle response (ie. Drop in Estrogen >30%, LH surge)	\$3,081
Recipient decides to repeat cycle using same donor after a medical cancellation	\$1,541
Recipient chooses to cancel participation in cycle because donor response is 1-3 follicles equal to or above 15mm prior to HCG	\$4,182*
Recipient chooses to cancel participation in cycle because donor response is 4-6 follicles equal to or above 15mm prior to HCG	\$6,053
No viable eggs are obtained on the day of retrieval.	\$4,182
Cycle is canceled due to inability of donor to initiate a cycle (ie. Donor is pregnant, positive infectious disease screening at start of cycle, donor withdraws)	No charge
Cycle is canceled when the recipient develops a MAJOR medical complication during cycle. (Must be approved by an RCC physician.)	No charge if donor has not started medications OR \$4,182 if donor has initiated FSH

* If the recipient decides to continue the cycle and no pregnancy is established, the recipient will receive a 30% discount on a future fresh donor egg IVF cycle. This discount does not apply to any frozen embryo transfer associated with the discounted donor cycle.

The \$510 matching fee is included in the total "recipient fee" noted above.

If an egg donor has not undergone ovarian stimulation previously and the initial stimulation cycle is cancelled due to low follicular development or medical cancellation and in the opinion of the RCC physicians the egg donor would be expected to stimulate well in the future with a repeat attempt then if the recipient couple is willing to try again with the same egg donor RCC will waive the recipient fee noted above.

The recipient couple is responsible for the cost of any additional medications for future donor egg cycle attempts.

In the event of a cancellation, the balance of the cycle fees paid by the recipient will be refunded.

Split Donor Egg Cycle Cancellation Policy

At the time of cycle match, recipients will approve their participation in the cycle as either the primary or secondary recipient. If either recipient withdraws from the cycle after the cycle is initiated, the remaining recipient will continue in the cycle at the fee structure for the Primary Recipient in a Split Donor Egg Cycle. If either recipient withdraws from the cycle after the match process but prior to the initiation of medications for the cycle, the remaining recipient will be given the opportunity to continue the cycle as a SOLE MATCH donor cycle at the cycle fees designated for that program, or may delay the initiation of the cycle until a second recipient who desires a split donor cycle with the chosen donor is identified.

Reason for Cancellation	Primary Recipient Fee	Secondary Recipient Fee
Recipient chooses to cancel after the donor starts Lupron	\$2,038	\$2,038
Recipient chooses to cancel after the donor has taken FSH for < 5 days	\$2,700	\$2,700
Recipient chooses to cancel after the donor has taken FSH for \geq 5 days	\$5,248	\$5,248
Medical cancellation occurs due to donor cycle response (ie. Drop in Estrogen >30%, LH surge)	\$2,140	\$2,140
Recipient decides to repeat cycle using same donor after a medical cancellation	\$1,070	\$1,070
Recipient chooses to cancel participation in cycle because donor response is 1-3 follicles equal to or above 15mm prior to HCG	\$2,904*	\$0.00 *
Recipient chooses to cancel participation in cycle because donor response is 4-6 follicles equal to or above 15mm prior to HCG	\$4,203*	\$0.00 *
No viable eggs are obtained on the day of retrieval.	\$2,904	\$2,904
Cycle is canceled due to inability of donor to initiate a cycle (ie. Donor is pregnant, positive infectious disease screening at start of cycle, donor withdraws)	No charge**	No charge**
Cycle is canceled when the recipient develops a MAJOR medical complication during cycle. (Must be approved by an RCC physician.)	No charge if donor has not started medications OR \$2,692 if donor has initiated FSH	No charge if donor has not started medications OR \$2,692 if donor has initiated FSH

* If the recipient decides to continue the cycle and no pregnancy is established, the recipient will receive a 30% discount on a future donor cycle. This discount does not apply to the frozen embryo transfer associated with the discounted donor cycle.

The \$510 matching fee is included in the "recipient fee" noted above.

If an egg donor has not undergone ovarian stimulation previously and the initial stimulation cycle is cancelled due to low follicular development or medical cancellation and in the opinion of the RCC physicians the egg donor would be expected to stimulate well in the future with a repeat attempt then if the recipient couple(s) are willing to try again with the same egg donor RCC will waive the recipient fee noted above.

The recipient couples are responsible for the cost of any additional medications for future donor egg cycle attempts.

In the event of a cancellation, the balance of the cycle fees paid by the recipient will be refunded.

RCC Egg Donor Recommended Screening

Initial and then as recommended:

- CBC with platelets
- Blood Type and Rh
- Hemoglobin electrophoresis
- Day 3 estradiol and FSH
- Anti-mullerian hormone (AMH)
- Psychological screening
- Physical exam
- Pap smear
- Chlamydia/Gonorrhea urine PCR or swab based testing*
- Cystic fibrosis (DNA mutation testing for carrier status)

Testing to be repeated before each donation

- HIV-1, 2 & O Ab
- Hepatitis BsAg
- Hepatitis C Ab
- VDRL/RPR
- Nucleic acid testing (NAT) for HIV-1 by PCR
- Nucleic acid testing (NAT) for HCV by PCR
- Nucleic acid testing (NAT) for West Nile Virus by PCR
- GC/CT Urine PCR or Cx Culture

Ethnic specific genetic testing,

- Jewish
 - Tay Sachs
 - Canavan
- Black/African American
 - Sickle cell screening – Hemoglobin electrophoresis
- Mediterranean (Greek or Italian), Chinese and Southeast Asian ancestry
 - Thalassemia screening – Hemoglobin electrophoresis
- Other as indicated

Optional

Additional extensive screening can be completed as an additional cost to the recipient

- Alpha 1 antitrypsin
- Fragile X syndrome
- Karyotype – peripheral blood
- Lipid panel (includes cholesterol)
- HIV 2 by PCR
- HTLV 1 & 2 by PCR
- Renal ultrasound
- Jewish extensive screening
 - Bloom Syndrome
 - Familial Dysautonomia (FD)
 - Fanconi Anemia (type c)
 - Gaucher Disease (type I)
 - Glycogen Storage (type 1a)
 - Maple Syrup Urine Disease
 - Mucopolipidosis (Type IV - ML IV)
 - Niemann-Pick Type A