Centre universitaire de santé McGill | McGill University Health Centre

# Directed Sperm Donation (DSD)

**RECIPIENT (AND PARTNER) – Visit #1**

**Baseline Investigation for Recipient and Partner(if applicable)**

**RECIPIENT (AND PARTNER) – Visit #2**

**Review results of:**
**(1) Baseline investigation, (2) Psychology Report**

**SPERM DONOR – Visit #1**

**Baseline Investigation for Sperm Donor**

**SPERM DONOR – Visit #2**

**(1)Review of Baseline Investigation, (2) Initial Screening Form & (3)Psychology Report**

**PAYMENT**

***RECIPIENT***
***Preliminary Communication of risk***
*(if applicable only)*

**SPERM DONOR – Visit #3**

**Physical Examination**

**SPERM DONOR**

**Serologies, Pre-Donation/Pre-Transfer Screening Form, Sperm Donation(s)**

**MEDICAL DIRECTOR**

**Summary Document(s) to sign**

**RECIPIENT (AND PARTNER)– Visit # 3**

**Communication of Risk**
**Medical order for Treatment**

**RECIPIENT**

**Calendar planning (if applicable) and Start of Treatment**

December 2, 2025