

Northeastern Ohio Fertility Center
An Egg Donation Facilitation Agency
www.drspirto.com

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Egg Donor Application

Donor# _____ (for office use only)

Note: This information is for office and clinic use only and will not be released to the Prospective Parents. Your confidentiality is extremely important to us.

Face Sheet (to be released to Fertility Clinic, but not to Prospective Parents):

Last Name: _____ First Name: _____ M.I.: _____

Maiden name or any other names used: _____

Date of Birth: _____ Social Security Number: _____

Home Address:

Street: _____ City: _____ State: _____ Zip code: _____

Current Mailing Address (if different than above):

Street: _____ City: _____ State: _____ Zip code: _____

Home phone number: _____ Can we leave you messages at this phone number? _____

Cell Phone Number: _____ Can we leave you messages at this phone number? _____

Work Phone number: _____

Can we contact you at work? _____ Can we leave you messages at your work phone number? _____

Email Address: _____

Marital Status (check one – place check to the LEFT of your choice):

____ Single ____ Married ____ Separated ____ Divorced ____ Partner (boyfriend/girlfriend) ____ Widow

Spouse's or Partner's Full Name (if applicable): _____

In case of an emergency, whom should we contact? _____

What is his/her relationship to you? _____

Emergency Contact's Phone Number(s): _____

Egg Donor Profile

Month & Year of Birth: _____

State of Residence: _____

Current Occupation: _____

How long have you been employed in this occupation? _____

Marital Status (check one – place check to the LEFT of your choice):

____ Single ____ Married ____ Separated ____ Divorced ____ Partner (boyfriend/girlfriend) ____ Widow

Do you drive and have a valid driver's license? _____ Do you own a car? _____

Are you willing to travel for an egg donation? _____

Are you willing to fly on an airplane for an egg donation? _____

Do you have medical insurance? _____

What is your religion and are you currently practicing this religion? _____

Are you adopted? _____

If so, do you have information about your biological family? _____

Do you have any legal cases pending against you? If so, please explain.

Have you ever filed bankruptcy? _____

Have you been convicted of a crime? If so, please explain.

Do you prefer to do an anonymous donation? Do you prefer, or are you willing, to talk to or meet the Prospective Parents? Please elaborate:

Are you willing to donate to gay Prospective Parents? _____

Are you willing to donate to international Prospective Parents? _____

Are you willing to donate to a single Prospective Parent? _____

Are there any types of Prospective Parents who you will not donate to? If so, please elaborate:

If you are an experienced Egg Donor, please complete the following section:

Date	Clinic/Doctor	# Eggs Retrieved	# Embryos	Pregnancy?	Type of Pregnancy (single, twins, etc.)

Have you told your family and friends about your decision to donate? If so, who have you told and are they supportive of your decision? _____

Do you currently smoke? _____

Have you ever smoked in the past? If so, list approximately dates during which you smoked and how frequently you smoked (e.g. number of cigarettes or packs per day or week): _____

Have you had and/or been treated for a substance/alcohol abuse/addiction problem?

Do you use illegal drugs? _____

Are you currently taking birth control pills? _____ If so, what type? _____

Other than birth control pills, are you currently taking any prescription medication? _____

If so, please elaborate (name of medication, dosage, duration of use, purpose, etc.):

Do you take any herbal remedies or supplemental vitamins on a continual basis? If so, please describe.

Please list any surgeries or hospitalizations and dates they occurred?

Have you ever been under the treatment of a psychiatrist or psychologist for a psychological disorder? If so, please list approximately dates of treatment, treatment duration and reason(s) for treatment.

Personal and Family Demographics

Ethnicity (*please be as specific as possible*): _____ Race: _____

Blood type & RH Factor (*if unknown, please consult with your primary care physician to obtain this information or plan to obtain a blood type test, as it is important to some prospective parents*):

Height: _____ Weight: _____

Natural hair color: _____ Eye color: _____

Hair texture (check one – place check to the LEFT of your choice):

straight curly thick thin

Skin tone (check one – place check to the LEFT of your choice):

fair medium dark olive other

How would you describe your ability to tan? (*tan easily, tend to sunburn, etc*) _____

Build (check one – place check to the LEFT of your choice): petite medium large

Have you ever worn braces? If so, during what age(s)? _____

Shoe Size: _____

Dimensions (Bust Measurements/Waist/Hips): _____

Biological Mother

Ethnicity (*please be as specific as possible*): _____ Race: _____

Age: _____ Height: _____ Weight: _____

Eye Color: _____ Natural Hair Color: _____

Hair texture (check one – place check to the LEFT of your choice):

straight curly thick thin

Skin Tone (check one - place check to the LEFT of your choice)

fair medium olive dark other

How would you describe her ability to tan? (*tan easily, tend to sunburn, etc*) _____

Health Condition: _____

Personality Description: _____

Occupation: _____

College Degrees (if any): _____

Talents/Hobbies: _____

Number of Brothers: _____

Number of Sisters: _____

Biological Father

Ethnicity (*please be as specific as possible*): _____ Race: _____

Age: _____ Height: _____ Weight: _____

Eye Color: _____ Natural Hair Color: _____

Hair texture (check one – place check to the LEFT of your choice):

straight curly thick thin

Skin Tone (check one - place check to the LEFT of your choice)

fair medium olive dark other

How would you describe his ability to tan? (*tan easily, tend to sunburn, etc*) _____

Health Condition: _____

Personality Description: _____

Occupation: _____

College Degrees (if any): _____

Talents/Hobbies: _____

Number of Brothers: _____

Number of Sisters: _____

Biological Sibling of Donor

Gender: _____ Age: _____ Height: _____ Weight: _____

Eye Color: _____ Natural Hair Color: _____

Hair texture (check one – place check to the LEFT of your choice):

____straight ____curly ____thick ____thin

Skin Tone (check one - place check to the LEFT of your choice)

____fair ____medium ____olive ____dark ____other

How would you describe his/her ability to tan? (*tan easily, tend to sunburn, etc*) _____

Health Condition: _____

Personality Description: _____

Occupation: _____

College Degrees (if any): _____

Talents/Hobbies: _____

Age and sex of children, if any: _____

Biological Sibling of Donor

Gender: _____ Age: _____ Height: _____ Weight: _____

Eye Color: _____ Natural Hair Color: _____

Hair texture (check one – place check to the LEFT of your choice):

____straight ____curly ____thick ____thin

Skin Tone (check one - place check to the LEFT of your choice)

___ fair ___ medium ___ olive ___ dark ___ other

How would you describe his/her ability to tan? (*tan easily, tend to sunburn, etc*) _____

Health Condition: _____

Personality Description: _____

Occupation: _____

College Degrees (if any): _____

Talents/Hobbies: _____

Age and sex of children, if any: _____

Biological Grandparents of Donor

Please complete the following chart with the requested information regarding your biological grandparents:

	Hair Color	Eye Color	Age	Deceased?
Maternal Grandmother				
Maternal Grandfather				
Paternal Grandmother				
Paternal Grandfather				

Academic Information:

What degree(s) do you currently hold (e.g., high school diploma, Bachelor's, Master's, Ph.D., M.D., J.D., R.N., etc.):

High School GPA: _____

Year of high school graduation: _____

Did you receive any awards, honors, scholarships, etc. while in high school? If so, please elaborate:

Where you involved in any extra-curricular activities in high school? If so, please elaborate.

Which subjects did you enjoy most in high school?

IQ Score (if known): _____

Name and dates of undergraduate college(s) attended (if any): _____

Undergraduate G.P.A.: _____

Major Area(s) of Study: _____

What year did you graduate or what year do you expect to graduate from your undergraduate program? If you started the program, but did not and will not complete it, please be sure to indicate this.

Did you receive any awards, honors, scholarships, etc. in your undergraduate program? If so, please elaborate:

Where you involved in any extra-curricular activities in your undergraduate program? If so, please elaborate.

Which subjects did you enjoy most in college? _____

Name and dates of *graduate* programs(s)/law school/medical school attended (if any):

Graduate Program G.P.A.: _____

Major Area(s) of Study: _____

What year did you graduate or what year do you expect to graduate from your graduate program? If you started the program, but did not and will not complete it, please be sure to indicate this.

Did you receive any awards, honors, scholarships, etc. in your graduate program? If so, please elaborate:

Where you involved in any extra-curricular activities in your graduate program? If so, please elaborate.

IMPORTANT: Please elaborate on any medical conditions endorsed above. For any major medical conditions/illnesses endorsed, list age of onset, treatment required, the extent to which illness has been debilitating, recovery information, etc. Also, for all grandparents, aunts, uncles, and cousins that had/has an illness, list whether they are from the maternal or paternal side of your family:

Are there any other medical conditions in your family not addressed above that your Prospective Parent(s) should be aware of? _____

Have you ever been screened to determine whether you are a carrier of a cystic fibrosis gene mutation?

Are you or any of your family members known carriers of a cystic fibrosis gene mutation?

Have you ever been tested for the Tay-Sachs gene mutation? _____

Are you or any of your family members known carriers of a Tay-Sachs gene mutation? _____

Have you ever been tested to determine whether you a carrier of sickle cell anemia? _____

Are you or any of your family members known carriers of sickle cell anemia? _____

Please list the deaths of any parents, siblings, aunts, uncles, and grandparents. Include the relationship of the individual to you (also specify whether paternal or maternal relative), age of death, and cause of death:

Do you exercise? If so, what type of exercise and how often?

Sexual/Reproductive History:

Describe the typical length of your menstrual cycle (e.g., normal 28 days cycle? Shorter? Longer?): _____

How long does your menstrual cycle flow typically last? _____

Do you experience PMS-related symptoms before or during your period (e.g., cramping, bloated, etc.)? If so, please elaborate: _____

Have you or any of your family members been diagnosed with endometriosis? _____

Have you ever tested positive for a Sexually Transmitted Infection (STI)? If so, when and how was it treated? _____

Have you ever had an abnormal pap smear? If so, when and how was it treated?

Have you ever been pregnant? _____

Do you have children? Please elaborate (children's gender and month/year of birth):

Have you ever experienced any pregnancy complications such as, pre-term labor, gestational diabetes, placenta previa, emergency cesarean section, preclampsia, etc? _____

Have you ever had an abortion? If so, please list dates: _____

Has anyone in your family given birth to fraternal or identical twins? If so, please elaborate:

Personality Questions

Why have you decided to undergo egg donation? _____

Describe your personality as an adult: _____

Describe your personality as an adolescent: _____

Describe your personality as a child: _____

What is your "philosophy of life"? _____

What are your personal goals? Have you achieved any of these goals?

What personal achievement are you most proud of? _____

What is your:

Favorite color? _____

Favorite type of food? _____

Favorite movie? _____

Favorite type of music? _____

Favorite book? _____

What are your special interests/hobbies/talents?

Would you be willing to meet a child conceived as a result of your donation? Please elaborate:

Is there anything else you would like to tell Prospective Parents interested in working with you?

To complete your application submission, Northeastern Ohio Fertility Center must receive a signed hard copy of this form. We cannot accept electronic or faxed copies of this form.

Under penalty of perjury, I attest that all of the information I have provided in my Donor Application is **true, to the best of my knowledge**. I confirm that I have thoroughly read, understand, and agree to the information and Donor responsibilities described in the Egg Donor Application Packet. Further, I confirm that I have had all of my questions pertaining to egg donation answered and feel that I am fully ready to proceed as an Egg Donor. I understand that I will be required to complete a new Egg Donor Application for Northeastern Ohio Fertility Center on an annual basis. As long as I am represented by Northeastern Ohio Fertility Center, I agree to inform its representatives if, at any time, I no longer want to and/or am unable to donate, as well as if I become matched with Prospective Parents for an egg donation via any other means.

Donor's Printed Full Name: _____

Donor Signature: _____

Date: _____

