



Dear Prospective Parent,

As part of our collaborative process, it is important that we understand and can present to donors information about you and your family-building intentions.

The first step in this process is the Inquiry Form that follows.

This form is divided into 2 parts: Confidential/Internal information which is used by Prospective Families to assist in donor matching and identifying additional resources you may need (attorneys, clinics, etc.); part two is external information for the donor to learn more about you and your hopes in this process.

Should you have questions or need assistance completing the form, please contact us and we'd be happy to assist.

We share your excitement and hope as we embark on this process.

The Prospective Families Team

Part 1: Confidential Information for Internal Use

So that Prospective Families can begin your donor search, please complete the following Recipient Parent Inquiry. We will select and present to you, profiles of prospective donors based on the information that you provide. Please note that this section of the Recipient Parent Inquiry will be relied on for internal use only and any and all identifying information will remain confidential.

Contact Information:

Recipient Mother's Full Name: _____ Age: _____

Recipient Father's Full Name: _____ Age: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Email Address: _____

Home Phone Number: _____

May we identify ourselves on a voice-mail at this number? _____

Recipient Mother's Cell Phone Number: _____

May we identify ourselves on a voice-mail at this number? _____

Recipient Father's Cell Phone Number: _____

May we identify ourselves on a voice-mail at this number? _____

Recipient Mother's Work Phone Number: _____

May we identify ourselves on a voice-mail at this number? _____

Recipient Father's Work Phone Number: _____

May we identify ourselves on a voice-mail at this number? _____

Fertility Clinic Information:

Do you require assistance in identifying a clinic for the egg donation cycle? _____

If not, please tell us at what fertility clinic you intend to cycle: _____

Where is that clinic located: _____

Please tell us who your Reproductive Endocrinologist is: _____

Please provide any other contact information for your fertility clinic:

Name: _____ Position: _____ Tel #: _____

Do you have an anticipated or preferred start-time for the egg donation cycle? _____

Family Building History:

Is this your first attempt to match with an egg donor? _____

If not, what agency did you work with to previously match with an egg donor? _____

Did that match result in a completed egg donation cycle? _____

At what clinic did you complete a previous egg donation cycle?

Name: _____ Tel #: _____

Did the previous egg donation cycle result in a pregnancy? _____

Was a child (children) born from the previous egg donation cycle? _____

If a previous egg donor match did not result in a completed egg donation cycle, please explain what happened:

If a previously completed egg donation cycle did not result in a pregnancy, do you know why?

If a previously completed egg donation cycle resulted in pregnancy but did not go to term, please let us know the circumstances:

Attorney Contact Information:

Do you require assistance in identifying an attorney to represent you in the Egg Donation Agreement?

If not, please tell us what attorney you intend to represent you in the Egg Donation Agreement?

Name: _____ Tel #: _____

Is this attorney experienced in third-party reproduction? _____

Surrogacy/Gestational Carrier:

Are you relying on the services of a surrogate or gestational carrier? _____

If so, have you identified the surrogate or gestational carrier? _____

Is the surrogate or gestational carrier a family member or friend? _____

Was the surrogate or gestational carrier identified through an agency or attorney? _____

If so, please tell us what surrogacy agency or attorney you relied for you surrogate or gestational carrier search:

Name: _____ Tel #: _____

If you are relying on the services of a surrogate or gestational carrier, in what state do you intend for the birth to take place: _____

Sperm Donor:

Are you relying on a sperm donor: _____

If so, is the donor known or anonymous: _____

If anonymous, what sperm bank are you working with:

Name: _____ Tel #: _____

Egg Donor Search:

Please help us to understand what is important to you in the identifying an egg donor:

Does the donor need to be local to your clinic? _____

Are you willing to switch clinics to cycle local to where the donor lives? _____

Please tell us which of the following criteria are important to you in identifying a donor?

Age: _____ Ethnicity: _____ Race: _____ Religion: _____

Hair Coloring: _____ Eye Coloring: _____ Stature: _____

Are there any medical or genetic considerations we should be aware of when identifying potential donors for you:

In your donor search, are you intending to speak with, meet with or otherwise communicate with a potential donor?

Are you intending to share any identifying information about yourself to the donor (first name, e.g.)

Are you hoping to have some identifying information about the donor (first name, e.g.) you:

Are there any other criteria which are important to you in donor selection?

Part 2: Non-Identifying Information for External/Donor Use

So that Prospective Families can provide potential donors information so that she may make an informed decision about cycling with you, please provide the information below. Please keep in mind, that we will present the following information to a potential donor.

What is your status:

Married: _____ Single: _____ Partnered: _____

If married, for how long? _____

If partnered, for how long? _____

If partnered, do you intend to marry? _____

Do you, your spouse and/or your partner have any other children? _____

If so, how many? _____ What age? _____ Do they live with you? _____

What is your highest level of education? _____

What is the highest level of education of your spouse/partner? _____

How old are you? _____ How old is your spouse/partner? _____

What is your ethnicity? _____

What is your race? _____

What is your religion? _____

What is your spouse/partner's ethnicity? _____

What is your spouse/partner's race? _____

What is your spouse/partner's religion? _____

Have you been in infertility treatment? _____

If so, for how long have you been in treatment? _____

Is this your first attempt at egg donation? _____

Why are you pursuing egg donation as opposed to adoption as a family building option?

What do you want to share with a prospective donor about your lifestyle?

What can you tell a prospective donor about your hopes for a family?

Who, if anyone, are you intending to tell that you are pursuing egg donation to build your family?

Are you intending to share with the child/children of this cycle that this was an egg donation conception?

Is there anything else that you would like to share with a potential donor?
