



Fertility Alternatives, Inc.

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Egg Donor Application Form:

First Name **Only**: _____ Date of birth: _____ Age _____

Height: _____ Usual/Average weight: _____ Eye Color: _____

City/State of residence: _____

Natural hair color: _____ Hair type: Straight Wavy Curly Very Curly

Hair Texture: Thick hair Average Fine

Skin color: Fair Medium Olive Lt. Brown Dk. Brown Ebony

Freckled Rosy

Body Frame: Small Medium Large

Right Handed Left Handed Ambidextrous

Blood Type: _____ Marital status: _____ Number of children: _____

Ethnic Background. Countries where your ancestors migrated/immigrated from: _____

Are you a member of, or qualify as a member of any federally recognized Native American tribe? _____

Race: _____ Religious background: _____

Are you of Jewish descent? _____ Do you have any documentation showing recent Jewish ancestry/heritage (for special circumstances)? (i.e. family records, Bat Mitzvah certificate, Ketubah, etc.) _____ If yes, what documents do you have? _____

EDUCATIONAL BACKGROUND

Were you in the gifted program in elementary school? _____

Did you graduate from high school? _____ What year did you graduate? _____

Were you taking any advanced courses? _____ If yes, which ones? _____

Favorite subjects: _____

Least favorite subjects: _____

What was your approximate high school GPA? _____

What were your PSAT, SAT or ACT scores? _____
(Please write N/A if you did not take either of these tests.)

Do you have documentation proving your SAT or ACT scores? _____
If you took either of these tests, please provide a copy for you file.

Were you a member of any Honor Societies, or earn any academic distinctions? _____
If yes, which ones? _____

Please note the name of the college or colleges you have attended, the years you attended, and your current educational progress, if any.

Associate of Arts Associate of Sciences Major: _____ Minor: _____

Years attended _____ GPA: _____

Bachelor of Arts Bachelor of Sciences Major: _____ Minor: _____

Years attended _____ GPA: _____

Master of Arts Master of Sciences Major: _____ Minor: _____

Years attended _____ GPA: _____

Ph.D or other Doctorate: Subject: _____

Other training/certificates: _____

What social clubs were you a member of in college?

Do you plan to pursue/now pursuing an advanced degree? _____ If yes, in what subject?

If you have taken any of these other tests, what were your scores? GMAT _____ GRE _____
MAT _____ LSAT _____ MCAT _____

(If you took either of these tests, please provide a copy for your file.)

Do you have any further educational plans / goals? _____ Please explain:

Have you ever taken an I.Q. test? _____ If yes, do you have access to the results? _____
Are you open to taking an I.Q. test? _____

Other than English, what other languages do you or your immediate family, speak and write fluently?

GENERAL QUESTIONS

Have you ever been an Egg Donor before? _____

Where did you learn about egg donation?

Why would you like to be an egg donor?

Do you intend to tell your immediate family about your interest in egg donation? _____

Do you expect to receive support from your immediate family or partner? _____ If not, will this affect your willingness or ability to follow through with your decision to act as an egg donor?

If you have told your family about your opportunity to become an egg donor, what feelings did they express?

Egg Donation requires maturity, a strong commitment independent of family or public opinion, and the ability to follow instructions exactly. How can you reassure the Intended Parents that you will not change your mind about following through with your decision to be their egg donor and that you are committed to the process?

In most cases Donors will be asked to travel twice each time they are matched with an Intended Recipient. Travel for the screening will take about 1-2 days. Travel for the Egg retrieval procedure will be about 7-10 days, if, main clinic is not within a driving distance. Is your school/employment schedule flexible enough to allow for this travel commitment?

If you have partial travel limitations, please explain any expected unavailability for travel.

Do you have a reliable vehicle with insurance? _____

Do you have a valid driver's license? _____

If not, what method of reliable transportation will you use for medical appointments?

Would you be open to meeting the child in the future should the Intended Parents inquire about the opportunity? (There would be no parental obligation on your part.)

Would you be willing to keep your contact and family health history information updated for 18 years if there is a child born from your donations? If not, explain.

Are you open to meeting the Intended Parents if they request it?
(The match can continue to remain anonymous, if you prefer.) _____ If not, explain.

How much future contact with the Intended Parents are you open to, if your match is an open donation? If you prefer an anonymous donation write "N/A".

All matches will be anonymous or semi-anonymous, unless agreed upon by the Parties in advance.

Are you adopted? _____ If yes, do you have complete information regarding the genetic history of your birth parents? _____

Family health history will be necessary to complete this application.

REPRODUCTIVE/HEALTH HISTORY

Pregnancy History	Pregnancy #1	Pregnancy #2	Pregnancy #3	Pregnancy #4	Pregnancy #5
Months to conceive.					
Date of Delivery					
Miscarriage? (How many weeks of pregnancy?)					
Birth Weight					
Meds used?					
Multiple birth?					

If you have a male sexual partner/spouse, does he understand that he may also be required to undergo FDA blood testing for infectious diseases? _____

Have you ever had sexual intercourse? _____

Do you have regular menstrual cycles? _____ If yes, how many days between periods? (Day 1 of menstrual flow to day 1 of your next menstrual flow.) _____

Are you currently breastfeeding? _____ If so, when do you plan to wean? _____

Have twins or multiple births occurred in your family? _____

What form of birth control are you currently using? _____

If you are on birth control pills, what brand are you taking? _____
How long? _____

If you are using contraception such as Nexplanon, Mirena, Kyleena, injectable, or any other semi-permanent hormonal birth control method, (except for birth control pills) you must discontinue or have the device removed before applying.

Date of last well-woman exam or physical: _____

Date of last Pap smear? _____

Have you ever had an abnormal Pap smear? _____ If so, was there any procedure or treatment to address it? _____

Have you tested positive for any type of sexually transmitted disease in the last two years? (i.e. Chlamydia, Gonorrhea, etc.) _____ If yes, what and how long ago? _____

Are you a carrier of HPV (Human Papilloma Virus) or HS II? _____

Have you ever had a colposcopy or a cone biopsy performed? _____ When? _____

Do you currently have regular pap smears when they are due? _____

GENERAL HEALTH

Do you use nicotine in any form? _____ Does anyone in your home, smoke? _____
Nicotine users do not qualify for the program.

Any person in the home who smokes must do so outside. Is this acceptable to you? _____

Do you drink alcoholic beverages? _____ How many and how often? _____

Do you use any form of Cannabis or other recreational drugs? _____

Applicants who use recreational drugs will not qualify for the program. All applicants will be required to undergo a full drug/nicotine screen before and during their egg donation cycles.

Do you use CBD products? _____ If yes, for what purpose are they used?

If you use CBD products, you may need to discontinue temporarily if medically recommended for the egg donation process.

What type of medications are you currently taking and their purpose?

If you require medications other than those needed for birth control, you may not be eligible for the program. Contact [Fertility Alternatives](#) to confirm whether or not your medications are acceptable. Applicants must not require nor be taking any anti-anxiety, anti-depressant or similar medications.

Are you allergic to any medications? If so, which ones?

Have you been diagnosed with clinical depression or anxiety not related to pregnancy or a situational crisis? _____

Applicants who have been diagnosed with clinical depression, anxiety (not related to a situational crisis), or other psychological disorders that require medication will not be eligible for the program.

Do you have any health issues or are you under the special care of a doctor? _____

Please explain:

Have you ever had surgery? _____ If so, for what purpose and when?

Are you, or do you intend to be fully vaccinated for Covid? _____

Though not an overall requirement, some clinics may require Donors to be fully vaccinated before they can participate with their programs.

Have you had any tattoos or body piercing in the last 12 months? _____

If yes, you may still apply with the program however, you may be required to wait a minimum of 12 months before you can complete the medical process of egg donation or otherwise provide establishment licensing information. It is highly recommended that you do not get any new tattoos or body piercings while in the program.

Have you traveled to any countries with active Zika virus outbreaks in the last 6 months?
_____ If yes, what was the date of your travels, where to, and when?

The updated list can be found at <http://wwwnc.cdc.gov/travel/page/zika-travel-information>

Applicants visiting a country known for Zika outbreaks, can still apply with the program, however they will be temporarily ineligible to donate for a minimum of 6 months from the time they return from their trip.

FAMILY MEDICAL HISTORY

Have you or anyone in your immediate family ever had Genetic Carrier testing? _____

Have you ever had DNA and Carrier testing with 23andMe? _____

Have you or your immediate family ever received a positive result within the Genetic Carrier testing? (i.e. Tay-Sachs, Cystic Fibrosis, Retinitis Pigmentosa, etc.) ? _____

If so, whom and which mutations? _____

When was the last time you had infectious disease testing? _____

If you have children, do either of them have any chronic health issues? _____ If so, please explain.

Have you or any of your immediate family (parents, grandparents, aunts/uncles, siblings, and children) ever been officially diagnosed with the following?

If yes, indicate if family member is of your maternal or paternal side, which member, age at onset, treatment or prognosis.

Allergies/Asthma: _____

Emphysema: _____

Hypo or Hyper-thyroid: _____

Chronic Bronchitis: _____

Liver Disease: _____

Diabetes: _____

Kidney disorders: _____

Psychological Disorders: _____

Epilepsy/ Seizures: _____

Heart Disease: _____

Eye disease/ Retinoblastoma: _____

Lung disease: _____

Mental Illness: _____

Cancer (type): _____

Cataracts/ Glaucoma: _____

Blindness or Strabismus (crossed eyes): _____

Corrective lenses (near/far-sighted/Astigmatism): _____

Color vision deficiency (color blindness): _____

Heart Attack (Age): _____

Hepatitis (A, B, or C): _____

Alzheimer's Disease: _____

Cleft Palate/Lip: _____

Multiple Sclerosis: _____

Down's Syndrome: _____

Birth Deformities: _____

Spina Bifida or Neural Tube defects at birth: _____

Stroke: _____

Hemophilia: _____

Severe Anemia: _____

Sickle Cell Anemia: _____

Leukemia: _____

Skin Disorders: _____

Cerebral Palsy: _____

Muscular Dystrophy: _____

Anxiety requiring medication: _____

Albinism: _____

ADHD (If it was temporary, at what age did the member grow out of it?): _____

Arthritis: _____

Achondroplasia (dwarfism): _____

Cystic Fibrosis: _____

Alcoholism (two or more family members within same family group): _____

Learning Disability or Spectral disorders: _____

High Blood Pressure: _____

Migraines: _____

Family	Hair	Eyes	Height	Weight	Age	General Health
Mother						
MGM						
MGF						
Mat. Aunt/Uncle						
Mat. Aunt/Uncle						
Mat. Aunt/Uncle						
Father						
PGM						
PGF						

Pat. Aunt/Uncle						
Pat. Aunt/Uncle						
Pat. Aunt/Uncle						
Sibling #1						
Sibling #2						
Sibling #3						
Child #1						
Child #2						

Are any of your family members listed above deceased? If so, whom, their age and cause:

If you have a partner/spouse, how does he/she feel about your interest in egg donation?

Do you have a life philosophy you stand by?

What are your plans and goals for the future?

Have you achieved any of these goals yet? _____? Which ones?

Describe your biological parents and siblings. (*Include their personality, talents, educational, intellectual, artistic interests/achievements:*

Mother:

Father:

Maternal Grandmother:

Maternal Grandfather:

Paternal Grandmother:

Paternal Grandfather:

Siblings:

What personality traits and talents seem to run in your family?

Describe your childhood personality. Were you obedient, shy, rebellious, outgoing, etc.?
Please elaborate.

What is your personality now?

What do you consider your greatest personality strengths?

What aspects of your personality are you most proud of?

In your opinion, what are some of your personality weaknesses?

Are you more introverted or extraverted? _____

Are you more analytical or impulsive? _____

Are you more intuitive or logical? _____

Are you more emotional or rational? _____

Are you more of a loner/small circle of friends or very social? _____

Describe yourself in general (*ex: likes/dislikes, favorite color, attitude, favorite foods, music, passions, causes, etc.*)

How important is religion for you? Are you spiritual?

How do you rate your health and athletic ability?

If you are an athletic or physically fit person, what is your sport or activity of choice?
Please include all activities you participated in high school, college, or other forum.

What do you like to do in your spare time?

Do you have any special talents (music, art, etc.)?

Describe a situation in life, where you learned a valuable lesson:

Do you have any pets? If so, what type? _____

Do you consider yourself more “street smart” or “book smart”? _____

Are you open to working with:

A couple who has other children:

A Single father-to-be:

A Single mother-to-be:

LGBTQ couple/individual:

A couple/individual over 50:

I/We declare that the information given in this application is true and correct.

Egg Donor First Name

Date

Spouse/Partner First Name

Date

***This page will remain completely confidential and will not be seen by Recipients**
Please include a photocopy of your photo identification with your application.

Full legal name: _____ Maiden name: _____

Cell phone: _____

Email Address: _____

Current street address: _____

City: _____ State: _____ Zip: _____

Last street address _____

City: _____ State: _____ Zip: _____

Driver's license number (for identification purposes): _____ Issuing state: _____

Place of employment: _____

How long? _____ Job description: _____

Approximate gross daily wages (for egg donation contract coverage): _____

Spouse's legal name: _____

Spouse's employer and job description: _____

Spouse's cell phone: _____

Spouse's email: _____

Do you carry health insurance? _____

Have you taken any commercial DNA tests showing either ethnicity or health panels that you are willing to add to your file? (Your name and contact information will be kept completely confidential.) _____ If yes, please provide a screenshot of your results for your file.

Are you a carrier for any other viruses that should be noted in your file? _____

Please note it: _____

Please provide an emergency contact or other person we may contact to connect with you if your phone or email address has changed (not spouse/partner). Include their name, phone number, email address, and their relation to you. Make sure they know about your participation in the program as an egg donor.

If you have completed egg donor cycles in the past, please list the names of the fertility clinics where your egg retrievals were performed, as well as the dates they were completed.

What is your desired base compensation amount? _____

We will do everything we can to match you with your desired amount. However, keep in mind that you may not be chosen if your requested compensation is unreasonably high, based on the market conditions and your profile.

I/We declare that the information given in this application is true and correct to the best of my knowledge. I understand that as an egg donor, I will be required to undergo a stringent screening process to include a psychological and medical evaluations, blood tests, drug testing, genetic testing, and vaginal cultures after I am chosen by Intended Parents. I understand the commitment and flexibility required to be an egg donor, and will do my best to make myself available within a reasonable time frame, when I am chosen by Recipients.

Signature _____

Date: _____

Spouse/Partner's Signature _____

Date: _____

Fertility Alternatives Egg Donor Program Agreement

I understand that Fertility Alternatives (Agency) is an exclusive agency, similar to a modeling or talent agency. I agree to exclusively use the services of the Agency to represent me and facilitate egg donation arrangements between myself and recipient couples or individuals.

I understand that it may take six (6) or more months to be chosen by a Recipient, and that it is standard to take up to twelve (12) months or more depending on what Recipients are looking for at any given time. I understand that the Agency has no control over how quickly or how often I am chosen. I understand that my ability to be chosen by Recipient is strictly based on my profile, photos, availability, and base compensation.

I understand applying with other agencies or programs in addition to Fertility Alternatives, will not raise my odds of being chosen by Recipients, and may affect my ability to be chosen and potentially receive the best possible compensation, given market conditions and my profile. I agree that for as long as I am listed with the Agency, that I will not be listed with any other egg donation agencies/programs. If after 12 months, I have not been chosen by intended recipients, I can apply with one other egg donor program if I choose.

I understand that I may withdraw from the Agency's egg donor program for any reason, at any time.

I agree that I will make my best effort to be available within a reasonable time period, if I am chosen by Recipients. I understand that travel may be a requirement of most matches. I am under no obligation to choose a match that requires a travel obligation, however my inability to travel may limit my ability to be chosen by Recipients.

I understand that travel is defined as approximately 1-2 days for the time of the screening, and 8-10 days for the time of the egg retrieval procedure, dependent on my location and the location of the fertility clinic. I understand that all travel expenses will be paid by the Recipients through a fund management account provided by the Agency, and an independent Escrow company.

I agree and understand that if travel is necessary, and I am unable to confirm a travel companion for my egg retrieval procedure, that an agent of Fertility Alternatives may serve as my travel companion, for the expressed purpose of providing transportation and support for the egg retrieval procedure.

Reasonable travel expenses for my companion will be paid by the Recipients and travel arrangements made by the Agency with my cooperation. Per-diem expense allowances will be paid to me in advance of my required travel dates. If I am required to travel, my actual net lost wages or childcare will be covered for travel days and two (2) days after egg retrieval procedure. I am required to provide a pay stub or receipt in order to receive said lost wages or childcare. I understand that any travel companion I elect to accompany me to my egg retrieval procedure, will not receive lost wages reimbursement.

If travel is not required, my actual net lost wages or childcare will be covered for the day of the egg retrieval procedure, and up to two (2) days post retrieval procedure. I am required to provide a pay stub to receive said lost wages.

I agree to allow Fertility Alternatives to use my photos and non-identifying information from my profile to show to prospective Recipients and for use on the password protected internet database for matching purposes. If I choose not to display my photos on the internet database, I may request so, in writing. I understand that if I choose not to display photos of myself on the database, it will limit my ability to be chosen by Recipients.

I understand that I may choose my own reasonable compensation as an Egg Donor in the program. However, I agree to allow the Agency to advise me on what the industry standard of Egg Donor compensation is, based on my individual profile and experience. I understand that unreasonably high compensation can prevent my ability to be chosen by Recipients, given the number of other qualified egg donor candidates available.

Approximately \$2,000.00 of base compensation will be paid to me upon start of injectable medications. Additional installments of compensation will be paid at different milestones of the cycle. The balance of said compensation will be received within 5 days after the completion of the egg retrieval procedure and after any receipts are submitted, along with any other reimbursements expressly addressed in the Egg Donation Contract between myself and prospective Recipients.

I agree and understand that I will need to provide some or all required documentation in order to be considered for “Exceptional Donor” status. This documentation may include SAT or ACT scores, college transcripts, copy of college diploma, etc.

I agree and understand that I must release previous egg donation cycle records to Fertility Alternatives for review and future cycle matches. A medical release form will be provided.

I agree and understand that it may be necessary for me to provide additional photos and/or other non-identifying information within a reasonable timeframe, so inquiring Recipients can make a more informed decision.

I understand that egg donation and its processes are time-sensitive and require the utmost care, commitment, maturity and flexibility.

I understand that I must attend every scheduled appointment required by the fertility clinic.

I understand that I must take all medication exactly as prescribed by the attending physician, and agree to contact the Agency or the clinic if I need assistance.

I understand that I may withdraw from the Egg Donor Program at any time, for any reason. However, if I decide to withdraw after I have been chosen and have been medically or psychologically screened, without good cause (i.e. severe illness or death in the family, health problems, etc.), I will be responsible for returning all fees paid by the Recipients for the cost of my screening. This can be in excess of \$2,500.00.

I understand that my withdrawal from the Egg Donor Program is defined by, but not limited to, my verbal or written request to withdraw, missing two (2) or more appointments with any medical or psychological professional that have not been rescheduled in an appropriate time frame necessary to continue the cycle, failing to adhere to the attending physician’s instructions, providing inaccurate personal information, not responding to the Agency’s communications.

I understand that Fertility Alternatives has the absolute right to accept or reject my egg donor application, for any reason. In addition, I may be removed from the Egg Donor Program for any reason, more specifically due to, lack of availability or responsiveness, untruthful information in my application, failure to provide requested additional information, concurrent enrollment in other egg donor programs making me unavailable, drug/nicotine use, not attending required medical appointments, or committing unethical practices.

I agree that I am solely responsible to consult a physician to explain the medical and psychological risks of the egg donation process and agree to assume those risks.

I agree to hold harmless and waive any claims against Fertility Alternatives and all agents for any medical, psychological, or legal harm or complications, either, long-term, short-term, permanent, directly or indirectly resulting from participating in the Egg Donor Program or the process of egg donation. I understand that the Agency simply facilitates the matches between the

Egg Donor and the Recipients and that I take full responsibility for my decision to become an egg donor. I assume all risks, known or unknown. This provision in no way is intended to limit the professional negligence of any physician or other medical professional involved in my care.

I understand that the Agency will provide me with legal professional referrals for counsel during the contract phases of the Egg Donation procedure. Fertility Alternatives is not a Party to the Egg Donor Contract between potential Recipients and myself. I agree and understand that Fertility Alternatives nor its agents or employees, can offer legal advice with respect to the Egg Donor Contract other than provide information on industry standard coverage and procedures.

I understand that I am fully responsible for discussing all contract terms with my attorney so that I have a full and complete understanding of the Egg Donor Contract between myself and potential Recipients. I understand, that if I am married, that my spouse will also be Party to the Egg Donor Contract, and will sign it accordingly. I understand that the legal fees for such representation will be paid by the Agency on behalf of the Recipients, through Agency Fund Management Account.

Fertility Alternatives nor its agents or employees can offer any tax advice with respect to compensation earned as an egg donor. Any compensation received in performing the duties of an egg donor may be considered taxable income as a service provided. It is recommended that I collect advice from a professional tax preparer.

I hereby authorize the release of my information to Fertility Alternatives. This includes, but is not limited to:

Any medical, hospital, clinic, rehabilitation facility, psychiatrist, psychologist, psychotherapist, or other medical practitioner or provider who has or will be providing services regarding my medical and psychological history, treatment, diagnosis deemed necessary by any IVF clinic.

Arranging for, approving and consenting to any medical, therapeutic or other procedures required by the IVF clinic for the use and preservation of my genetic materials.

I authorize and permit Fertility Alternatives, to release the information contained in my Egg Donor Application and/or any other non-identifying information deemed necessary by this Authorization to Receive and/or Release Medical, Psychological, and other non-identifying Information, to potential Egg Recipients and/or their chosen IVF clinic.

I authorize and permit Fertility Alternatives to collect the medical records for each of my egg donation cycles, and provide them to additional IVF clinics for the sole purpose of review and medical clearance for future egg donation matches and cycles.

This Authorization is valid from the date signed, until written notice of withdrawal is received by Fertility Alternatives. I understand that a photocopy or an E-signed version of this authorization is valid. A copy of this signed form will be provided to me upon my written request.

Egg Donor Signature: _____ **Date:** _____

Spouse/Partner Signature: _____ **Date:** _____