

Donor Information

Contact and Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Address Line 1:

Address Line 2 (optional):

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Emergency contact person name and phone number:

Most convenient day(s) to contact you: _____

Most convenient time(s) to contact you: _____

1. Date of Birth: _____ / _____ / _____
Month Day Year

2. Height: _____

3. Weight: _____

4. BMI: _____

5. Race/Ethnicity: _____

6. Are you a U.S. Citizen: Yes No

7. As a donor, you must agree to maintain a permanent residence in your current state until after the Egg Retrieval. Do you acknowledge and accept this requirement?

Yes No

8. Have you ever given birth before? Yes No

9. Have you previously been a donor? Yes No
10. *Have you traveled outside of the United States in the last 6 months?
 Yes No If so, to which countries and which dates?
11. Is there any family medical history such as diabetes, cancer, heart disease, etc?
 Yes No If yes, please explain: _____
12. Do you have a valid driver's license, reliable car, and car insurance?
 Yes No If no, please explain: _____
13. Are you and your spouse/partner willing to undergo a criminal background check?
 Yes No
14. Have you ever been convicted of a felony?
 Yes No
15. Are you willing to undergo a psychological screening and evaluation test?
 Yes No
16. Have you ever received treatment for depression?
 Yes No
17. Have you ever been diagnosed with any type of mental illness?
 Yes No
18. Do you currently smoke tobacco?
 Yes No
19. *Do you currently use recreational drugs such as marijuana or cocaine etc.?
 Yes No
20. Have you ever received treatment for drug or alcohol abuse?
 Yes No
21. Have you ever had an eating disorder?
 Yes No
22. Are you comfortable giving yourself injections if trained by a healthcare professional?
 Yes No

23. You will be required to take daily medications and/or injections for up to 1 month. Do you acknowledge and accept this requirement?

Yes No

24. You will be required to complete all required testing including psychological screening, sexually transmitted disease, and drug testing. Do you acknowledge and accept this requirement?

Yes No

25. Have you or your spouse/partner ever had a sexually transmitted disease?

Yes No

26. Personal medical history (specify surgeries, diagnoses of any conditions, etc.)

27. *Do you have both Ovaries?

Yes No

28. *Do you have regular periods?

Yes No

29. Are you currently on any form of birth control?

Yes No

30. *Do you currently have an IUD? Ex: Depo provera or implant

Yes No

31. As a donor, you and your partner must abstain from sexual intercourse during the Egg Donor process (approximately 2-4 weeks). Do you acknowledge and accept this requirement?

Yes No

32. Are you willing to travel outside of US (All expenses paid)?

Yes No Undecided

33. Have you been positive for Covid 19?

Yes No

Signature

By my signature below, I certify that the above information is complete and correct. I have not omitted any information that would make the above information inaccurate or misleading. I certify that the above information I have provided is true and correct to the best of my knowledge and belief. I understand that any false or withheld information provided on this form may result in disqualification from the Global Surrogacy Services surrogacy program.

→Print Name: _____

→Signature: _____ Date: _____



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