

Questionnaire for Potential Egg Donors

In order for us to process your enquiry, please provide the following information. Your answers are confidential.

Basic information

Full name			
Date of birth		Age	
Ethnicity		Country of birth	
Email address		Phone number	
Address			
Postcode		Date questionnaire completed	
Type of donation: Altruistic donation / Sharing / Partner to partner donation / Partner to partner donation and sharing / Known donation			
Where did you hear about Complete Fertility Centre?			
In a few words tell us about your motivation for donating/ sharing your eggs:			

General criteria

Are you adopted?	Yes / No
Are you donor-conceived?	Yes / No
Do you know your biological mother and father?	Yes / No
Ethnicity of biological mother	
Ethnicity of biological father	
Do you consider yourself to be fit and healthy?	Yes / No
Have you been abroad in the last 12 months?	Yes / No
If yes, what countries did you visit:	
Do you or anyone in your immediate family (parents, siblings, offspring) suffer from, or have ever suffered from, a serious mental or physical illness or medical condition? E.g. diabetes, asthma, epilepsy	Yes / No
If yes, please give details:	
Do you or anyone in your immediate family (parents, siblings, offspring) have a genetic or inherited medical illness or disorder? E.g. cleft lip, Huntington's disease, cystic fibrosis	Yes / No
If yes, please give details:	
Are you on any medication?	Yes / No
If yes, please give details:	
Are you currently using contraception?	Yes / No
If yes, please state type of contraception used:	
(When not on contraception) do you have regular periods?	Yes / No
Please give cycle details:	

Have you ever had a smear, internal examination or ultrasound?	Yes/No
During treatment you will be required to have internal vaginal ultrasound scans and examinations it is important you are comfortable with this procedure. Would you be happy to consent to these procedures?	Yes/No
Have you ever been diagnosed with any gynaecological disorders e.g. polycystic ovaries, endometriosis?	Yes / No
If yes, please give details:	
Have you ever had any abdominal surgery?	Yes / No
If yes, please give details:	
Do you have, or have you ever had, any sexually transmitted diseases?	Yes / No
If yes, please give details:	
Do you smoke?	Yes / No
Do you take any illegal drugs?	Yes / No
If yes, please give details:	
Have you ever been convicted of a criminal offence?	Yes / No
If yes, please give details:	
Have you ever donated or applied to donate your eggs at another HFEA-licensed centre?	Yes / No
If yes, please give details:	
Have you ever donated or applied to donate your eggs in any other context in the UK or abroad?	Yes / No
If yes, please give details:	
What is your height in metres?	
What is your weight in kilograms?	
BMI	
Have you ever been pregnant?	Yes / No
Do you have any children?	Yes / No
Are you able to provide photo identification (passport or driving licence)?	Yes / No
GP name	
GP surgery	

Egg sharers only

Partner full name	
Partner date of birth	
What is your reason for seeking IVF treatment?	
Have you had any previous fertility treatment?	
Have you and your partner had any previous fertility investigations?	

What pricing package are you interested in?

All

I confirm that I have answered this questionnaire truthfully and to the best of my knowledge:	Yes / No
Signature	

What happens next?

Your completed questionnaire will be reviewed by the donor coordinator. We may contact you for more information regarding your answers. If your answers show that you meet the criteria to become an egg donor/ sharer you will be invited to attend the clinic for an initial appointment. Our preferred methods of contact are telephone and email so please ensure you have given these details at the start of this form. We will not contact your GP at this stage.