

Questionnaire for Potential Sperm Donors

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

First name		Surname	
Date of birth		Age	
Ethnicity		Country of birth	
Email address		Phone number	
Address			
Postcode		Date questionnaire completed	

Where did you hear about Complete Fertility Centre?	
In a few words tell us about your motivation for donating sperm	

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	
Ethnicity of biological maternal grandmother	
Ethnicity of biological maternal grandfather	
Ethnicity of biological paternal grandmother	
Ethnicity of biological paternal grandfather	
Are you Jewish or of Jewish descent?	Yes / No
Do you consider yourself to be fit and healthy?	Yes / No
Do you or anyone in your immediate family (parents, siblings, offspring) suffer 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:	
Have you been abroad in the last 12 months?	Yes / No
If yes, what countries did you visit:	

Questionnaire for Potential Sperm Donor
Author: Victoria Ryder
Authorised by: Victoria Ryder
Complete Fertility Centre
A member of Virtus Health.

Reviewed by J. Hedges: 12/18
Electronic copy is controlled
Paper copy is for reference only

Are you on any medication?	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 sperm at another HFEA-licensed sperm bank?	Yes / No
If yes, please give details:	
Have you ever donated or applied to donate your sperm in any other context (e.g. on the internet, to a friend) in the UK or abroad?	Yes / No
If yes, please give details:	
Has a woman ever become pregnant by you?	Yes / No
Do you have any children?	Yes / No

Are you able and willing to visit Complete Fertility Centre to donate sperm on a regular basis (e.g. once per week) after 3 to 5 days of abstinence from ejaculation for a minimum of 15 times, between the hours of 8am and 11am weekdays?	Yes / No
Are you able to provide photo identification (passport or driving licence)?	Yes / No

GP name	
GP surgery	

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 sperm donor co-ordinator. We may contact you for more information regarding your answers. If your answers show that you meet the criteria to become a sperm donor you will be invited to attend the clinic for a semen analysis. Our preferred method of contact is email so please ensure you have given your email address at the start of this form.

Please return this questionnaire to us electronically at
donorcoordinator@completefertility.co.uk or post it to: Donor Team, Complete Fertility Centre,
Level G, Mailpoint 626, Princess Anne Hospital, Coxford Road, Southampton, SO16 5YA.

Questionnaire for Potential Sperm Donor
Author: Victoria Ryder
Authorised by: Victoria Ryder
Complete Fertility Centre
A member of Virtus Health.

Reviewed by J. Hedges: 12/18
Electronic copy is controlled
Paper copy is for reference only

C/7#3#5(8)