

**EGG / SPERM DONATION INTAKE**

**Client:**

**File No.:**

Address:

County:

Home phone:

Work phone:

Fax:

e-mail:

**Husband's name:**

Social Security No.:

Birth date:

Birthplace:

No. of years in state:

Date and place of marriage:

Prior marriages:

Husband or donor sperm:

**Wife's name:**

Maiden name:

Social Security No.:

Birth date:

Birthplace:

No. of years in state:

Prior marriages:

Wife or donor egg:

Psychological and medical testing conducted:

**Egg / Sperm (circle one) Donor's name:**

Address:

Phone:

Birth date:

Marital status:

Husband's / Wife's name:

Egg Donor's Prior live births:  
Private insurance or Medicaid:  
Psychological and medical testing conducted:

**Fertility Doctor's name:**

Address:

Phone:

Fax:

Hospital:

**Egg Donation**

**Anticipated transfer date:**

**Number of eggs expected to be harvested:**

**Number of total cycles expected to be attempted:**

**Sperm Donation**

**Number of donations and anticipated donation date(s):**

**EXPENSES (check those to be paid by Recipient):**

**Direct Expenses will be paid by Recipient.**

(All medical costs of egg harvesting / sperm donation, including physician or third party provider bills incurred in connection with medical screening of donor, fertility testing, medications, and medical procedures associated with the harvest/donation)

**Direct Psychological Expenses paid to Donor? Paid by Recipient \_\_\_\_**

(The cost of psychological screening and/or counseling of donor)

**Miscellaneous Expenses? Paid by Recipient \_\_\_\_ Cap \$ \_\_\_\_\_**

(Please specify in detail such items as travel, lodging, etc.)

**Attorneys' Fees for Donor's attorney to review contract? Paid by recipient \_\_\_\_**

( usually not to exceed \$300.00)

**Is your identity known to Donor?**

**Does Donor give permission for her/his identity to be revealed to any child born as a result of the egg / sperm donation?**