



Initial Screening Form for Egg Donor Program

PERSONAL INFORMATION:

Today's Date: _____

Name (Last, First, Middle Initial): _____

Date of Birth: _____ Age: _____ Marital Status: _____ Marriage Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Best way to contact you: Mail Home Phone Work Phone Cell Phone Email

If by phone, is it okay to leave a message for you? Yes No

Company Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Highest Education Level Attained: High School College Degree Graduate Degree
 Some College Some Graduate School Other

MEDICAL HISTORY:

Height: _____ Weight: _____ Race: _____

Are you sexually active? No Yes

If yes, are you monogamous? No Yes

Your contraceptive method: _____

Do you have a family history of genetic abnormalities or birth defects? No Yes

If yes, what? _____

Have you ever been pregnant? No Yes

If yes, outcome? _____

Did you have any complications during pregnancy or delivery? No Yes

If yes, describe: _____

Have you ever had infertility issues? No Yes

Do you have regular monthly menstruation cycles? No Yes

Do you have any medical illnesses? No Yes

If yes, describe: _____

Are you taking any medications? No Yes

If yes, list them (over-the-counter, prescribed, herbal): _____



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SOCIAL HISTORY:

- Do you smoke? No Yes If yes, how often/much? _____
- Do you drink alcohol? No Yes If yes, how often/much? _____
- Do you use recreational drugs? No Yes If yes, how often/much? _____
- Have you ever been convicted of a felony? No Yes
- Do you have any body piercing or tattoos? No Yes If yes, when was the last completed? _____
- Have you undergone acupuncture in the last year? No Yes
- Would you be available to come into the office for frequent visits during a donation cycle? No Yes
- Would you be willing to give yourself daily injections for up to five weeks? No Yes
- Would you undergo the egg retrieval procedure? (process performed via a needle retrieval)? No Yes

Reason for wanting to donate: _____

Have you ever participated in another egg donor program? No Yes _____

How did you first hear about the IECH Fertility Center Egg Donor Program? (Check all that apply)

- A Friend
- Newspaper (specify newspaper): _____
- Radio (specify station): _____
- Internet (specify website): _____
- Doctor's office (specify location): _____
- Magazine (specify which one): _____
- Flyer (location received): _____
- Other: _____

RETURN INFORMATION:

Completed form should be mailed or faxed to:

Mail: IECH Fertility Center, Attn: Egg Donor Program
Av. Hidalgo 1842 Pte., Col. Obisnado, C.P. 64060 Monterrey, N.L., Mexico
or **Fax:** (81) 8347-2040

An IECH Fertility Center representative will contact you within 7-10 days upon receiving your information. To find out more about the Egg Donor Program, please call IECH Fertility Center at (81) 8347-2099, or email agodinez@iech.com.mx.