

Donor Initial Enquiry Questionnaire

I am interested in becoming an egg/sperm donor and would like an appointment to discuss this further.

Name (Block Capitals): _____

Age: _____ Egg Donor Sperm Donor

Date of Birth: _____

Address: _____

Telephone (Day): _____ (Mobile): _____

Occupation: _____

GP Name: _____

GP Practice: _____

Email Address: _____

Were you adopted? Yes No

Do you smoke? Yes No

Height Weight

Can you give details of biological family medical history to grandparents on both sides? Yes No

Are you aware of any genetic illnesses in your biological family? Yes No

Have you donated eggs or sperm elsewhere? Yes No

If Yes: Place of donation Number of families created

Have you travelled outside the UK in the last year or are you planning on travelling prior to your donation? Yes No

If YES, date of travel: Location:

Please note any specific requests here and we will try to accommodate you.

Please indicate the preferred method of contact: Email Telephone

The information collected from you on this form, including personally identifiable information which if relevant will include your gender history, will be stored securely and will be shared with relevant members of staff, including SNBTS staff, involved in the management of the donation process, while ensuring confidentiality at all times.

Signature: _____

Form completed by: _____ Date: _____

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