

#### North Carolina Center for Reproductive Medicine Egg Donation Application

Please print and fill out. Return to NCCRM 400 Ashville Ave #200 Cary NC 27518 Phone (919) 233-1680 Fax (919)233-1685

#### **Step 1: Confidential Medical History / Egg Donor Form**

How did you learn about our egg d program?	onor	
Were you referred by anyone?		
<b>Personal Contact Information</b>		
Name:		
Date of Birth:	Age:	
Home Street Address:		
City:State	e:Zip co	de
Home Phone:()		
Work Phone: ()		
Cell Phone: ()		
Email Address:		
What is your preferred method of o	contact:	
Social Security #:		
Employer:		
Occupation:		

# **Education:** High School:\_\_\_\_\_\_# of years:\_\_\_\_\_ College of Technical School: # of years # of years Graduate School:\_\_\_\_\_# of years\_\_\_\_\_ IQ:\_\_\_\_\_ ACT/SAT:\_\_\_\_ Beginning with high school, list only schools, colleges, or universities from which you graduated, location, date of graduation, GPA and degrees (if any). List any academic honors. What were/are your favorite subjects? What additional specialized training have you had (including military)? **Health Insurance Information**: Insurance Carrier: Policy Holder's Name:

ID#:\_\_\_\_\_ Group name & number:\_\_\_\_\_

## **Step 2: Social History Profile**

City of Birth:
State of Birth:
Country of Birth:
Marital Status:
Religion (if any):
List any special skills, hobbies, and interests. List any prizes, awards, certificates of accomplishment, trophies.
What accomplishments are you most proud of?
What is your native language?
What other languages do you speak?
Do you enjoy traveling?
Have you ever traveled outside of the United States? If so, where?
Do you have musical abilities?
What is your favorite kind of music?

Do you participate in any athletic activity, including dance? Please describe.	
Describe your personality:	
What I like most about myself is:	
What is your ultimate ambition/goal/career?	
What unique characteristics do you have?	
Were you born with any birth defects? If so, please describe:	

You are required to write a short autobiographical essay. This will be provided to the recipient couple. Please describe in depth information about who you are and the kind of person you are. You may want to include events and people that have influenced you and challenges you have faced. Please do not include information such as locations, schools or names that would identify other individuals. We have provided a sample essay for your review.

Sample Short Essay: I want to be a donor because I knew you would be a great kid for your parents! Always be honest and have great integrity, love god and your familyThey will always be there. Your essay:
Step 3: Physical
Race and Ancestry:
Dexterity (right or left handed):
Height (In Inches):
Weight (In Pounds):
Body Build:
Chest (In Inches):
Waist (In Inches):

Skin Tone:
Natural Hair Color:
Hair Description (curly, straight)
Eye Color:
Blood Type (if known):

Please attach a recent photo of yourself:

## **Step 4: Personal Medical History**

Menstrual	History:		
Date of la	st period:		
Length:			
	trol Method:		
Obstetrica	ıl History:		
Total # of	pregnancies:		
# of Livin	g Children:		
#Abortion	S:		
	ages:		
Your child			
Date		<u> </u>	1
Surgical H	History:		
Allergies:			

Please fill out the following charts to the best of your knowledge. All information that you give on this form is considered anonymous. Most egg recipients want to obtain as much information from you as you will permit. Your effort to be as forthcoming as possible is to your benefit!

The following medical conditions apply to you and your BLOOD RELATIVES ONLY (grandparents, parents, aunts, uncles, cousins, brothers, sisters, yourself and any of your own children). Do not guess at any answer.

Please use an X mark to indicate which medical conditions you or one of your family members has/had. If none, please choose "No One."

CONDITION	1															
				ر. ک		Daughters		<del>a</del>	а	<u></u>	<u></u>	al na	<u>a</u> a	_ eu	<u>_</u> _	4)
	l	her	her	Brothers	ers	ıght	S	ern its	ern les	ernä Its	ernä	ndn	ndp	ernë ndn	erna ndp	One
Blood Issues	Self	Mother	Father	Bro	Sisters	Dau	Sons	Maternal Aunts	Maternal Uncles	Paternal Aunts	Paternal Uncles	Maternal Grandma	Maternal Grandpa	Paternal Grandma	Paternal Grandpa	No One
Anemia																
Sickle-cell Anemia																
Hemophilia																
Leukemia																
Lymphoma																
HIV																
Thalassemia																
Other																
Congenital Anomalies																
Cleft lip/palate																
Hip problems																
Club feet																
Cri du chat																
Trisomy 18																
Trisomy 13																
Fragile x																
Gastro- Intestinal																
Ulcers of stomach																

	Self	Mother	Father	Brothers	Sisters	Daughters	Sons	Maternal Aunts	Maternal Uncles	Paternal Aunts	Paternal Uncles	Maternal Grandma	Maternal Grandpa	Paternal Grandma	Paternal Grandpa	No One
Gall stones																
Hepatitis A (infectious)																
Hepatitis B (serum)																
Intestinal cancer																
Development disorders of stomach and intestine																
Pyloric Stenosis																
Rectal disorder																
Any other cancer or problem																
Genital Reproduct- ive																
Undescended testicle																
Hermaphroditism/Ambiguous genitals Hypospadias																
Prostate																
cancer Testicular																
cancer																
Lumps or cysts in breasts																
Breast surgery																
Two or more miscarriages																

Conditions	Self	Mother	Father	Brothers	Sisters	Daughters	Sons	Maternal Aunts	Maternal Uncles	Paternal Aunts	Paternal Uncles	Maternal Grandma	Maternal Grandpa	Paternal Grandma	Paternal Grandpa	No One
Stillborn	Se	Σ	Fa	Bı	Si	D	Sí	ΣĄ	ΣΞ	Pa	P <sub>2</sub>	ΣΘ	ΣΘ	P <sub>2</sub>	P <sub>2</sub>	ž
Death of newborn infant Neonatal jaundice Breast cancer																
HEART																
Stroke																
Heart attack																
Heart disease																
Hardening of arteries																
High blood pressure High																
cholesterol Other																
Mental Health																
Schizophrenia										_						
Manic depression or bipolar disorder																
Anxiety or panic attacks																
Mild depression																

Conditions																
Conditions						ίλ										
	JI.	Mother	Father	Brothers	Sisters	Daughters	Sons	Maternal Aunts	Maternal Uncles	Paternal Aunts	Paternal Uncles	Maternal Grandma	Maternal Grandpa	Paternal Grandma	Paternal Grandpa	No One
	Self	M	Fa	Ŗ	Sis	Dã	So	Ma	Σ̈́Σ	Pa Au	Pa Ur	Ω̈́	M G	Pa G	g g	N
Metabolic/ Endocrine																
Diabetes -																
Type 1 or 2 Hypoglycemia																
Thyroid																
cancer																
Thyroid																
disease Goiter																
Adrenal																
dysfunction																
Hyperactivity																
Other																
Muscle/																
Bone Joints																
Muscular																
dystrophy																
Loss of muscle																
disease																
Loss of																
muscle coordination																
Lupus																
Osteoporosis																
Dwarfism																
Arthritis																
Gout																
Myasthenia																
gravis Other																
- Circi																
Neurological																
Migraines																
Mental																
retardation																
Downs																
syndrome Alzheimer's																
syndrome																
Senility before age 50																
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Conditions	S	М	ш (	В	S :	م د	S	a Z	a t	a ⊾	a ⊾	<b>Σ</b> σ.	z σ.	Тат	Ра	<b>Z</b> 0
Multiple sclerosis																
Cerebral palsy																
Epilepsy/ Seizures																
Hydrocepha- lus																
Spina bifida/ Neural tubal defect																
Huntington's disease																

CONDITION						Ŋ										
	Self	Mother	Father	Brothers	Sisters	Daughters	Sons	Maternal Aunts	Maternal Uncles	Paternal Aunts	Paternal Uncles	Maternal Grandma	Maternal Grandpa	Paternal Grandma	Paternal Grandpa	No One
Gauchers disease																
Wilson's disease																
Parkinson's disease																
Paraplegia																
Tourettes syndrome Scoliosis																
Tay-Sachs disease																
Other																
Respiratory																
Allergies																
Asthma																
Emphysema																
Tuberculosis																
Lung cancer																
Pneumonia																
Cystic fibrosis																
Other lung disease																
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	Self	Mother	Father	Brothers	Sisters	Daughters	Sons	Maternal Aunts	Maternal Uncles	Paternal Aunts	Paternal Uncles	Maternal Grandma	Maternal Grandpa	Paternal Grandma	Paternal Grandpa	No One
Sight, smell, sound								`		•						
Deafness before age 60 Ear deformity																
Cataracts																
before age 50 Blindness																
Color blindness																
Glaucoma																
Deviated septum																
Other																
Skin																
Acne																
Eczema																
Skin cancer																
Pigmentation disorders																
Neurofibro- matosis																
Other																
Conditions																
						Ş.								_		
		_	_	ers	S	ıter		nal	nal	Jal	al S	nal Ima	nal pa	lal Ima	lal pa	e
	<u>_</u>	Mother	Father	Brothers	Sisters	Daughters	ns	Maternal Aunts	Maternal Uncles	Paternal Aunts	Paternal Uncles	Maternal Grandma	Materna Grandpa	Paternal Grandma	Paternal Grandpa	No One
	Self	Мо	Fat	Brc	Sis	Da	Sons	Ma Au	Ma Un	Pat Au	Pat Un	Ma Gr	Ma Gr	Pat Grö	Pat Grö	No
Chromosom- al Abnormali- ties																
Turner																
syndrome Kleinfelter																
syndrome																

Other								
Urinary								
Kidney disease								
Other								
Other Issues								
Alcoholism								
Drug abuse, misuse or addiction								

## **Step 5a: Mother's Family**

Race and Ancestry:
Did your mother have dimples?
Did your mother have a cleft lip?
Skin Tone: Freckles:
Natural Hair Color: Hair Type:
Hair Texture: Eye Color: Did Your Mother take DES when she was pregnant with you?
Did Your Mother take DES when she was pregnant with you?
Mother's Year of Birth (if living)
Her health status:
If deceased, her age at death:
Cause of death?
Mother's FATHER's Year of Birth:
His health status?
His health status?  If deceased, his age at death?
Cause of death?
Mother's MOTHER year of hirth:
Mother's MOTHER year of birth:
Her health status:  If deceased, her age at death?
Cause of death?
Cause of death:
Step 5b: Aunts and Uncles (Mother's Side)
Gender Age If deceased, age and cause of death Health Status

#### Step 6a: Father's Family

Race and Ancestry:
Did your father have dimples?
Did your father have a cleft lip?
Skin Tone: Freckles: Hoir Type:
Natural Hair Color: Hair Type:
Hair Texture: Eye Color:
Father's Year of Birth (if living)
His health status:
If deceased, his age at death:
Cause of death?
Father's FATHER's Year of Birth:
His health status?
If deceased, his age at death?
Cause of death?
Father's MOTHER year of birth:
Her health status:
If deceased, her age at death?
Cause of death?
Step 6b: Aunts and Uncles (Father's Side)
Gender Age If deceased, age and cause of death Health Status
Step 7: Your Brothers and Sisters
Gender, year of birth, if deceased, cause of death, health status, eye color, hair type and natural hair color

Step 8: Your Children (If any)	
Gender, year of birth, if deceased, cause of death, health statu natural hair color	s, eye color, hair type and
Sign and Date Form:	
The above information concerning my blood relatives and me knowledge or the knowledge of my parents, grandparents, etc information. I have had an opportunity to have my questions at hereby give permission to NCCRM to disclose pertinent information, except a donor number by NCCRM, will be very	and includes all relevant answered to my satisfaction ormation. I understand that
Signature of Candidate	Date