

# Client Intake Form: Embryo Donation - Donor(s)

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## CONTACT INFORMATION

Donor	Spouse/Partner
Name: _____	Name: _____
Pronouns: _____	Pronouns: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Date of Birth: _____	Date of Birth: _____
Address: _____ _____	Address: _____ _____

Relationship Status:  Single  
 Married  
 Engaged  
 It's Complicated

Anticipated Marriage Date: \_\_\_\_\_  
How so? \_\_\_\_\_

## DONOR INFORMATION

How do you know the intended parents?  Close Friend / Family Member  
 Connected Online / Acquaintance  
 Agency Match

Intended Parent(s) Name(s): \_\_\_\_\_  Check if Unknown

Intended Parent(s) Address: \_\_\_\_\_  Check if Unknown

Are you working with an agency?  Yes  No  
Agency Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_

Is / Will there be escrow?  Yes  No  I don't know  
Escrow Company: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_

Have you had a medical evaluation?  Yes  No  
Provider Name: \_\_\_\_\_  
If No, why not? \_\_\_\_\_  
\_\_\_\_\_

Have you had a psychological evaluation?  Yes  No  
Provider Name: \_\_\_\_\_  
If No, why not? \_\_\_\_\_  
\_\_\_\_\_

Do you consent for the pregnancy to be carried by either an intended parent or a surrogate / gestational carrier?  Yes  No  I don't know  
If you answered "No" or "I don't know", please explain:  
\_\_\_\_\_

## GENERAL MEDICAL INFORMATION

Are the intended parents already working with a medical provider for preconception care?

- Yes, a Reproductive Endocrinologist / IVF Clinic
- Yes, an OBGYN or Primary Care Physician
- Yes, a Midwife
- No, they don't have a medical provider
- I don't know

Clinic/Provider Name: \_\_\_\_\_

Clinic/Provider Address: \_\_\_\_\_

Is this the clinic / provider where the embryos are currently stored?  Yes  No

If no, where are the embryos currently stored?

Clinic/Provider Name: \_\_\_\_\_

Clinic/Provider Address: \_\_\_\_\_

Where were the embryos first created?

Clinic/Provider Name: \_\_\_\_\_

Clinic/Provider Address: \_\_\_\_\_

Number of Embryos to be donated: \_\_\_\_\_

Are you donating all of your embryos to Recipient(s), or are you keeping any or donating to any other recipient families?

\_\_\_\_\_

Were these embryos genetically tested?  Yes  No

If so, have you disclosed the genetic test results to Recipient(s)?  Yes  No  N/A

Will the embryos need to be shipped?  Yes  No

Who will pay for the shipping costs?  I/we will pay.  Recipient will pay.

Some clinics may require additional testing (e.g., STI testing of Donor) prior to embryo transfer/use. If required, who will pay?  I/we will pay.  Recipient will pay.

Are there any expenses which you expect Recipient to reimburse you for?  Yes  No

If so, please describe: \_\_\_\_\_

If there are any donated embryos remaining after the Recipient(s) have completed their family, have you and the Recipient(s) discussed disposition of those remaining embryos?

We have not yet discussed

We have discussed and agreed as follows:

Remaining embryos will be donated back to me.

Remaining embryos will be discarded and/or donated to science.

Remaining embryos will be donated to another family for procreative use.

Embryo Donation Intake (Donor)

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Page 3 of 6

If remaining embryos may be donated for future use, have you had a conversation with Recipient(s) regarding your willingness to share identifying information/be known to any subsequent family that may receive the donated embryos? Do you give permission to share their identifying information as part of a subsequent donation? Please describe your shared understanding:

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Whose eggs were used to create the embryos?

- The embryos were created using my (or my partner's) eggs.  
Have you compiled and disclosed your family health history?  Yes  No
- The embryos were created using eggs from an Egg Donor. If so:  
Do you know the identity of the Egg Donor?  Yes  No  
Have you disclosed everything you know about the Egg Donor to Recipient(s)?  
 Yes  No

Whose sperm was used to create the embryos?

- The embryos were created using my (or my partner's) sperm.  
Have you compiled and disclosed your family health history?  Yes  No
- The embryos were created using sperm from a Sperm Donor. If so:  
Do you know the identity of the Sperm Donor?  Yes  No  
Have you disclosed everything you know about the Sperm Donor to Recipient(s)?  
 Yes  No

If the embryos were created using donor sperm and/or donor egg, do the prior sperm and egg donor contracts permit donation of resulting embryos for procreative use?

- Yes
- No
- I don't know

*\*Note: There are situations in which embryos created with donated gametes cannot be used. For example, there may be family limits set by a sperm bank which have already been met or a contract with a known donor may limit future donation for procreative use. Rincker Law will need to review a copy of any Donor Agreement for embryos created with donated gametes to ensure that the embryo donation is consistent with the prior consent of the egg and sperm donors.*

Embryo Donation Intake (Donor)

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Page 4 of 6

## RELATIONSHIPS WITH DONOR

I acknowledge that any child resulting from this donation has the right to know that they are donor conceived. I intend to allow the recipient to disclose this information to any resulting child. I understand that a donor conceived person resulting is not a party to this agreement and may exercise their own independent initiative and judgment to attempt to contact me or my family. I understand that concealing information about a donor conceived person's genetic origins can have a negative impact on their physical and mental health. Therefore, I agree not to ask the recipient to withhold any information about this donation or my identity from any resulting donor conceived person.

Is there anything about the above statement that you disagree with?

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Have you and the recipient had conversations regarding the degree of communication between you, them, and the donor conceived child on an ongoing basis?  Yes  No

Please describe any agreement/shared understanding regarding contact while the child is a minor:

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Please describe any agreement/shared understanding regarding the your willingness to communicate with a resulting donor conceived person once they turn 18 years of age:

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If you have children that you are raising (or if you might in the future) please describe any agreement/shared understanding regarding each family's willingness to facilitate communication between genetic siblings:

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Have you agreed to disclose your full identity to the donor conceived person?

Yes, my identity may be disclosed from birth at the recipient's discretion.

Embryo Donation Intake (Donor)

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Page 5 of 6

- Yes, my identity may be disclosed to the donor conceived person at 18.
- No, I wish that my identity not be disclosed at any point

**MISCELLANEOUS**

What are your top 3 goals from this process?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

How did you hear about Rincker Law, PLLC?

- Referral by another person: \_\_\_\_\_
- Avvo
- Internet (Other): \_\_\_\_\_
- Other: \_\_\_\_\_

What is your favorite celebratory drink or beverage? \_\_\_\_\_

Is there anything else you think we should know?

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