

# Client Intake Form: Embryo Donation - Intended Parent(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      Anticipated Marriage Date: \_\_\_\_\_  
 It's Complicated      How so? \_\_\_\_\_

## DONOR INFORMATION

How do you know the donor(s)?  Close Friend / Family Member  
 Connected Online / Acquaintance  
 Agency Match

Donor Name: \_\_\_\_\_  Check if Unknown  
Second Donor Name (if applicable): \_\_\_\_\_

Donor(s) Address: \_\_\_\_\_  Check if Unknown

Are you working with an agency?  Yes  No

Agency Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Has the donor had a psychological evaluation?  Yes  No

Provider Name: \_\_\_\_\_

If No, why not? \_\_\_\_\_

\_\_\_\_\_

Who do you intend will carry the pregnancy?  An Intended Parent

Surrogate / Gestational Carrier

## GENERAL MEDICAL INFORMATION

Are you 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, I do not have a medical provider

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: \_\_\_\_\_

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

Is Donor donating all of their embryos to you, or are they keeping any or donating to any other recipient families?

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Were these embryos genetically tested?  Yes  No  
If so, have you already received the genetic test results?  Yes  No  N/A

Will the embryos need to be shipped?  Yes  No  
Who will pay for the shipping costs?  I/we will pay.  Donor 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.  Donor will pay.

Are there any expenses which you intend to reimburse to the Donor?  Yes  No  
If so, please describe: \_\_\_\_\_

Have you and the donor discussed what will be done with any remaining embryos (if any) after you have completed building your family?

- We have not yet discussed
- We have discussed and agreed as follows:
  - Remaining embryos will be given back to Donors
  - Remaining embryos will be discarded and/or donated to science
  - Remaining embryos will be donated to another family for procreative use.

If remaining embryos may be donated for future use, have you had a conversation with Donors regarding their willingness to share identifying information/be known to any subsequent family that may receive the donated embryos? Do you have 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 use the eggs from a person donating the embryo to me.  
Have they disclosed their family health history to you?  Yes  No
- The embryos were created using eggs from an Egg Donor. If so:

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Does the Embryo Donor know the identity of the Egg Donor?  Yes  No  
Have they disclosed everything they know about the Egg Donor?  Yes  No

Whose sperm was used to create the embryos?

- The embryos use the sperm from a person donating the embryo to me.  
Have they disclosed their family health history to you?  Yes  No
- The embryos were created using sperm from a Sperm Donor. If so:  
Does the Embryo Donor know the identity of the Sperm Donor?  Yes  No  
Have they disclosed everything they know about the Sperm Donor?  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.*

## **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.
- 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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