

Client Intake Form: Gamete Donation - Intended Parent(s)

CONTACT INFORMATION

Intended Parent	Additional Intended Parent
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

Type of Donor: Egg Donor
 Sperm Donor
 Donated Embryo

How do you know your donor? Friend/Family Member
 Connected Online

Agency Match

Donor Name: _____ Check if Unknown

Donor Address: _____ Check if Unknown

Are you working with an agency? Yes No

Agency Name: _____

Primary Contact: _____

Will your donor be compensated? Yes No

If Yes, Amount: _____

**Note: While some egg and sperm donation agreements involve compensation, embryo donation should be uncompensated.*

Is / Will there be escrow? Yes No I don't know

Escrow Company: _____

Primary Contact: _____

Has your 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 gamete donation will occur? Yes No

If no, why not?

- Donor Gametes are Already Stored at Another Facility

Facility Name: _____

Facility Address: _____

- Egg Retrieval or Sperm Donation Will Occur at Another Facility

Facility Name: _____

Facility Address: _____

- Planning for “At Home” Sperm Donation Without Medical Intervention

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 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 the donor, the donor's family, or any other genetic relatives. I understand that concealing information about a donor conceived person's genetic origins can have a negative impact on their physical and mental health.

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

Have you and the donor had conversations regarding the degree of communication between you (and the donor conceived child) that you anticipate on an ongoing basis? Yes No

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

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

If the Donor has children (or intends to have children in the future) please describe any agreement/shared understanding regarding each family's willingness to facilitate communication between genetic siblings:

Has this donor agreed to disclose their full identity to the donor conceived person?

- Yes, the donor's identity may be disclosed from birth
- Yes, the donor's identity may be disclosed to the donor conceived person at 18.
- No, the donor wishes that their identity not be disclosed at any point

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Other: _____

EGG DONATION - PRE-RETRIEVAL

The following section applies only to egg donation in which the Donor has not already undergone the egg retrieval. For all other situations, please skip to the next section.

It is standard practice to pay for the following expenses. Do you agree to pay for each cost:

Travel Expenses for Donor and a companion to/from your clinic for screening and retrieval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All medical expenses associated with the egg donation, including but not limited to medical screening, psychological evaluation, genetic testing, and all IVF costs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Egg Donor Complications Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney Fees for Egg Donor's Attorney to Review Draft Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "No" to any of the above, please explain:

Does your egg donor consent for embryos created with donated eggs to be donated in the future to another family for procreative use? Yes No I don't know

Does your egg donor consent for donated eggs to be combined to form embryos with sperm from any source, including donor sperm? Yes No I don't know

EGG DONATION: POST-RETRIEVAL

The following section only applies for egg donation of eggs that were previously retrieved and currently cryopreserved. If this does not apply to you, please skip this section.

How many cryopreserved eggs are being donated? _____

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

When and where were the eggs first retrieved? _____

Does your egg donor consent for embryos created with donated eggs to be donated in the future to another family for procreative use? Yes No I don't know

Does your egg donor consent for donated eggs to be combined to form embryos with sperm from any source, including donor sperm? Yes No I don't know

It is standard practice to pay for the following expenses. Do you agree to pay for each cost:

All medical expenses associated with the donation, including but not limited to medical screening, psychological evaluation, and genetic testing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney Fees for Egg Donor's Attorney to Review Draft Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shipping Costs for Cryopreserved Gametes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travel Expenses for Donor to/from your clinic, if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "No" to any of the above, please explain:

Individual clinics may have their own policies related to the transfer of previously preserved eggs. Please verify that you understand that it is your responsibility to discuss this with your clinic and verify that you will be permitted to receive/use donated eggs. I understand

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SPERM DONATION

The following section applies only to sperm donation. For all other situations, please skip to the next section.

Are you intending for the sperm donation to occur in an at-home setting?

- Yes, I/we plan to do 'at-home' Artificial Insemination
 No, the donation(s) will be made through a medical professional and cryopreserved

It is standard practice to pay for the following expenses. Do you agree to pay for each cost:

Travel Expenses for Donor to/from your clinic for testing and donation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All medical expenses associated with the donation, including but not limited to medical screening, psychological evaluation, genetic testing, and all donation/cryopreservation costs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney Fees for Sperm Donor's Attorney to Review Draft Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "No" to any of the above, please explain:

Does your sperm donor consent for embryos created with donated sperm to be donated in the future to another family for procreative use? Yes No I don't know

Does your sperm donor consent for donated sperm to be combined to form embryos with eggs from any source, including donor eggs? Yes No I don't know

EMBRYO DONATION

The following section applies only to embryo donation. For Sperm or Egg donation, please skip to the next section.

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?

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

When and where were the embryos first created? _____

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:

Whose eggs were used to create the embryos?

- The embryos use the eggs from a person donating the embryo to me.
- The embryos were created using eggs from an Egg Donor. If so:
Does the Embryo Donor know the identity of 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.
- 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

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.*

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?
