

Client Intake Form: Gamete Donation - Donor(s)

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

Type of Donor: Egg Donor
 Sperm Donor
 Donated Embryo

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: _____

Will you 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: _____

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 gamete donation will occur? Yes No

If no, why not?

- Donor Gametes are Already Cryopreserved and 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 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?

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:

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:

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:

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.

Gamete Donation Intake (Donation)

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No, I wish that my identity not be disclosed at any point

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 intended parents to pay for the following expenses:

- Travel expenses for you and a companion to/from the clinic for screening and retrieval;
- Medical expenses associated with the egg donation, including but not limited to medical screening, psychological evaluation, genetic testing, and all IVF costs;
- Egg Donor Complications Insurance;
- Attorney Fees for your attorney to review the Draft Agreement.

Do you expect the Recipient to pay for all of these costs? Yes No

Are there any other costs that you expect them to pay? Yes No

If so, please explain:

If working with an agency, did you receive any documents about a compensation package?

Yes (Please provide a copy to Rincker Law.) No

Do you 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

Do you 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 you donating to Recipient(s)? _____

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

When and where were the eggs first retrieved? _____

Do you 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

Do you 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 for Recipients to pay for the following expenses:

- All medical expenses associated with the donation, including but not limited to medical screening, psychological evaluation, and genetic testing
- Attorneys Fees for your attorney to review the Donation Agreement
- Storage and shipping costs for cryopreserved gametes
- Travel expenses for you to/from the clinic, if required for medical testing

Do you expect the Recipient to pay for all of these costs? Yes No

Are there any other costs that you expect them to pay? Yes No

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 transfer these eggs to Recipient for their use.

I understand

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

**Note: At-home sperm donation is not permissible by statute in some states, including Texas and New Jersey. Even in states where at-home insemination is permissible, artificial insemination must be used and there cannot be any sexual contact or intercourse between donor and recipient.*

It is standard practice for recipients pay for the following expenses:

- Travel expenses for you to/from the clinic for testing and donation;
- Medical expenses associated with the donation, including but not limited to medical screening, psychological evaluation, genetic testing, and all donation/cryopreservation costs;
- Attorney fees for your attorney to review the draft donation agreement.

Do you expect the Recipient to pay for all of these costs? Yes No

Are there any other costs that you expect them to pay? Yes No

Please explain: _____

Do you 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

Do you 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: _____

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

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. 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.

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:

Whose eggs were used to create the embryos?

The embryos were created using my (or my partner's) eggs.

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.

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.*

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?
