

Recipient Preference Questionnaire



The Egg Donation Center of Dallas, Inc.

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Recipient Preference Questionnaire

This questionnaire is confidential. It is used only by EDCD to help us better understand your preferences and help you select your perfect donor. To help with a physical match, please send a photograph of yourself.

*Required Fields

This procedure must be done within the United States of America. Are you willing and able to travel to the United States?

_____ yes _____ no

If yes, please proceed to the remaining questions.

If no, unfortunately, we regret to inform you that we cannot help you at this time. We wish you the best in your family building efforts.

*PINK STARS DENOTE REQUIRED FIELDS

*Male Partner's Last Name

*Male Partner's First Name

MP-MI

*Female Partner's Last Name

*Female Partner's First Name

FP-MI

*Street Address

*City

*State

* Zip Code

*Country

*Home Telephone

*Cell Phone

*E-Mail Address

2nd E-Mail Address

Male Partner-Work Telephone

Female Partner-Work Phone

Home Fax Number

Is it permissible to call either partner at work? _____ yes _____ no

*Date of Birth Female ____ - ____ - ____

*Age Female _____

*Date of Birth Male ____ - ____ - ____

*Age Male _____

Please take a moment and answer the following as honestly and completely as possible. Add additional pages if necessary.

1. *Who is your doctor?

*FIRST NAME

*LAST NAME

*PHONE NUMBER

2. Who referred you to us? _____

3. Please describe your fertility problem. _____

4. *Will you be using:

Husband's sperm _____? or Donor sperm _____? or Domestic Partner's sperm _____?

5. *Will you be using a Surrogate (gestational carrier) ____? or carrying the child yourself ____?

6. Who is to be our "contact" person throughout the cycle? _____

Based on the criteria below, describe YOUR perfect donor.

A. PHYSICAL CHARACTERISTICS OF YOUR DESIRED DONOR:

	Very Important Necessary	It Doesn't Matter	Do Not Want
Looks Like Female Recipient	_____	_____	_____
Looks Like Male Recipient	_____	_____	_____
Natural Hair Color			
blonde	_____	_____	_____
brown	_____	_____	_____
brunette	_____	_____	_____
red	_____	_____	_____
Hair Texture			
straight	_____	_____	_____
wavy	_____	_____	_____
curly	_____	_____	_____
Complexion			
fair	_____	_____	_____
medium	_____	_____	_____
dark/olive	_____	_____	_____
yellow	_____	_____	_____
black	_____	_____	_____
Eye Color			
blue	_____	_____	_____
green	_____	_____	_____
hazel	_____	_____	_____
brown	_____	_____	_____



Very Important
Necessary

It Doesn't Matter

Do Not Want

Height Range
up to 5'2"
5'3" to 5'5"
5'6' & up

Weight Range
Up to 110 lbs.
111-130 lbs.
131 & up

Race

Caucasian
Native American
Hispanic
African American
Asian
Northern Indian
Eastern Indian
Other

B. MEDICAL HISTORY:

Blood Type

O
A
B
AB
Rh+
Rh-

Proven Fertility of Donor
Successful previous
donation
Has her biological
children

C. INTELLIGENCE:

Educational Background

High school grad
Some college
College grad
Post grad degree

Minimal Acceptable GPA

up to 2.5
2.6-3.0
3.1-3.6
> 3.7



	Very Important Necessary	It Doesn't Matter	Do Not Want
Minimal Acceptable SAT Score			
Up to 900	_____	_____	_____
901-1000	_____	_____	_____
1001-1100	_____	_____	_____
> 1100	_____	_____	_____
Minimal Acceptable ACT Score			
up to 19	_____	_____	_____
20-22	_____	_____	_____
23-25	_____	_____	_____
> 25	_____	_____	_____
D. OTHER:			
Religion of Birth			
Protestant	_____	_____	_____
Catholic	_____	_____	_____
Jewish	_____	_____	_____
Islamic	_____	_____	_____
Hindu	_____	_____	_____
Other	_____	_____	_____
Marital Status			
Single	_____	_____	_____
Married	_____	_____	_____
Divorced	_____	_____	_____
Living Together	_____	_____	_____
Speed of Availability			
Available Now	_____	_____	_____
Can Wait	_____	_____	_____

E. Please rate the following characteristics of an ovum donor, in the order of their importance to you. Use a scale of 1-9 with the number 1 being the most important and the number 9 being the least important. This section may seem similar to sections A-D above, but it is different. If you have two or more "Very Important Necessary" DONOR CRITERIA above, we must know the ORDER of their importance to you.

Characteristic	Female Partner	Male Partner
Physical Characteristics (hair color, eye color, etc.)	_____	_____
Blood Type	_____	_____
Medical History	_____	_____
Proven Fertility	_____	_____

Characteristic	Female Partner	Male Partner
Intelligence/Education	_____	_____
Background	_____	_____
Religion of Birth	_____	_____
Marital Status	_____	_____
Speed of Availability	_____	_____
Other Concerns	_____	_____

F. Please state in your own words, the 3 (or more) most important factors to you in this endeavor, in the order of their importance (i.e. speed of availability, cost, donor characteristics).

Female Partner

- A. _____
- B. _____
- C. _____

Male Partner

- A. _____
- B. _____
- C. _____

G. Please state in your own words, the 3 (or more) most important services we can provide for you, as an agency.

Female Partner

- A. _____
- B. _____
- C. _____

Male Partner

- A. _____
- B. _____
- C. _____

H. When do you anticipate undergoing a cycle of treatment? _____
 Do you have any particular preferred month? _____

I. Please describe YOURSELF in the following spaces.

Description:	Female Partner	Male Partner
Hair Color	_____	_____
Hair Texture (straight/wavy/curly)	_____	_____
Complexion	_____	_____
Eye Color	_____	_____
Height	_____	_____
Weight	_____	_____
Age	_____	_____
Blood Type	_____	_____
National Ancestry/Race	_____	_____
Religion	_____	_____
Occupation	_____	_____
Years Married	_____	_____
Education:		
1. High School Graduate?	_____	_____
2. College Graduate?	_____	_____
3. Degrees Earned and Dates	_____	_____
Personal History:		
Have either of you:		
1. had psychotherapy?	_____	_____
2. filed for divorce, dissolution, legal separation or annulment of this marriage?	_____	_____
3. recently attended marriage counseling?	_____	_____

Thank you for taking the time to fill this out and help us help you. EDCD will utilize this information to provide you with donors as close to your specifications as possible. This confidential information is used only by EDCD.

COMPLETE AND MAIL or FAX TO EDCD AT:
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