



CONCEPTIONS

REPRODUCTIVE ASSOCIATES
OF COLORADO

Mark R. Bush, M.D., FACOG, FACS
Michael S. Swanson, M.D., FACOG
Tiffany A. Von Wald, M.D., M.P.H., FACOG

Dear Prospective Donor:

Thank you for your interest in the egg donor program at Conceptions Women's Health and Fertility Specialists. The Conceptions Egg Donor Program is a natural, compassionate addition to our comprehensive fertility treatment program. It was developed to help women who have a greatly reduced chance of becoming pregnant because of non-functioning ovaries, have genetic abnormalities, or experience repetitive failures to conceive with their own eggs.

Our program follows the anonymous donor model. While no identifying information is revealed to the recipient couple, detailed personal, physical, psychological, medical and family profiles are provided to our recipients.

Once you have been selected, the process to undergo egg donation will require a commitment of about six weeks. You will need to commit to several appointments lasting between 30 and 60 minutes. During the week before harvesting the eggs, you will need to be seen in our office frequently.

YOUR COMMITMENT IS VERY IMPORTANT.

For consideration into the Egg Donor Program, you must complete the enclosed forms. Please feel free to call us at 303-794-0045 extension 143 with any questions. Please return the completed forms, along with a current photo of yourself to the following address:

Conceptions Women's Health & Fertility Specialists
Attn: Donor Egg Nurses
271 W. County Line Road
Littleton, CO 80129

After review by our medical staff, we will contact you to begin the next phase of screening which will include a consultation with our egg donor coordinator, a physical examination, and psychological screening. All egg donors must be in sound physical and mental health to participate in the program. You will incur no medical costs. Additionally, upon being selected and completing a donation cycle, egg donors will receive \$5,500 - \$6,000 as financial compensation for their time and efforts.

Once again, we at Conceptions and our egg recipient couples express our heartfelt thanks for your willingness to begin this process. We look forward to meeting you in the near future. If you should have any further questions, please feel free to contact us.

Sincerely,

Conceptions Egg Donor Coordinator Team

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www.conceptionsrepro.com

271 West County Line Road
Littleton, Colorado 80129
T: 303.794.0045 **F:** 303.794.2054

4500 E. 9th Avenue, Suite 630
Denver, Colorado 80220
T: 303.720.7887 **F:** 720.763.9140

300 Exempla Circle, Suite 370
Lafayette, Colorado 80026
T: 303.449.1084 **F:** 303.449.1039



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CONFIDENTIAL DONOR INFORMATION

Name: _____ Donor #: _____

DOB: ____/____/____ Age: _____ SSN: _____

Address: _____

Phone Numbers: Daytime: (____) _____ Can we leave a message? _____

Evening: (____) _____ Can we leave a message? _____

Emergency Contact: _____ Relationship: _____

Phone Number: (____) _____

Occupation: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color/Texture: _____

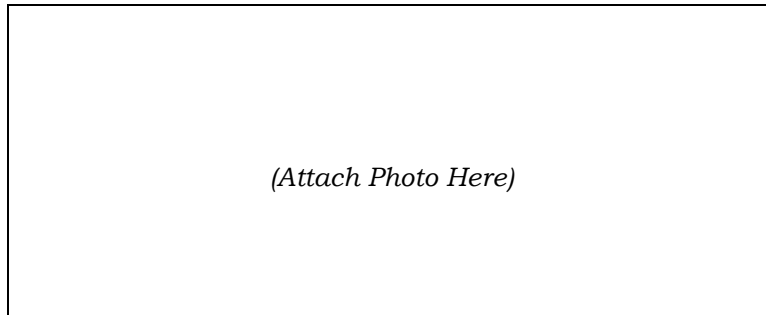
Religious Preference: _____ Ethnic Origin: _____

How did you hear about the egg donation program at Conceptions? _____

Have you ever participated in an egg donor program in the past? YES NO

If so, when and with what facility? _____

Do you currently have health insurance coverage? YES NO If so, through _____



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Please answer the following questions about your educational, reproductive, and medical history. If it is determined that you qualify as a potential donor based on this information, you will be asked to complete additional forms that will give more details about physical and personal characteristics, family health history and personal medical history.

Level of Education:

Completed grade school: _____ Completed High School: _____

_____ Currently in college pursuing a degree in _____
_____ Completed college, degree in _____
_____ Currently pursuing an advanced degree in _____
_____ Completed an advanced degree in _____

Reproductive History:

Age at first period _____ Are your cycles regular? YES NO Interval between periods: _____

Pregnancy History (list all details):

Have you used anything for contraception either currently or in the past? (birth control pills, IUD, Depo-Provera, etc) YES NO

If so, when and what methods were used? _____

Did your mother take DES while she was pregnant with you? YES NO

Have you ever been diagnosed with infertility? YES NO If yes, please provide an explanation: _____

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Medical History:

Allergies (food, pollen, bee strings, medications, etc.) _____

Do you have any medical illnesses (asthma, diabetes, seizure disorders, migraines, hypertension, hypercholesterolemia, herpes, gonorrhea, *Chlamydia*, hepatitis, syphilis, condyloma, trichomoniasis, etc.)? YES NO Other: _____

List the drugs, prescription and over-the-counter, that you take regularly: _____

Any other medications taken in the last 5 years: _____

Do you smoke cigarettes: YES NO

Is there any history of medical problems in your family? YES NO If so, describe: _____

Is there any history of mental health problems in your family including alcoholism or depression? Y N

If so, describe: _____

Does your schedule allow you to have frequent doctor appointments between 8:00 a.m. and 10:30 a.m.? YES NO

Do you have a fear of getting your blood drawn or having injections? YES NO

Have you ever used any kind of mind-altering drugs such as marijuana, LSD, heroin or cocaine? Y N

If yes, please give details and last date used: _____

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Have you ever used neuroleptic agents (tranquilizers, valium, thorazine, etc.) or antidepressants? Y N

If yes, please give details and last date used: _____

Have you been incarcerated for 72 consecutive hours or longer within the past year? YES NO

Have you ever used an injected drug or had a sexual partner who did so? YES NO

Have you engaged in prostitution at any time since 1977? YES NO

Have you been sexually involved with anyone during the past 12 months who has engaged in prostitution at any time after 1977? YES NO

Have you been sexually involved with an HIV-positive person in the past 5 years? YES NO

Have you been sexually active during the past 6 months? YES NO

Are you in a monogamous relationship? YES NO

Have you ever had a sexual partner who was gay or bisexual? YES NO

Have you acquired a tattoo or non-sterile piercing within the past 12 months? YES NO

Have you ever been refused as a blood donor? YES NO If yes, why? _____

Office Use Only

Reviewed by: _____ **Date:** ____/____/____

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