

PREEMBRYO DONATION INTAKE

File No.:
Received:

CLIENTS' INFORMATION:

Husband's/Parent#1's name:

Wife's/Parent#2's name:

Home Address: _____

Home phone: _____

Husband/Parent#1

Wife/Parent#2

Work phones: _____ / _____

Fax numbers: _____ / _____

E-mail addresses: _____ / _____

Are you **Donors** or **Recipients**? (circle one)

HUSBAND/PARENT#1:

Social Security No.: _____ Birth Date: _____

No. of years in home state: _____ Birthplace: _____

Date and place of current marriage: _____

Prior marriages: _____

WIFE/PARENT#2:

Maiden name: _____

Social Security No.: _____ Birth Date: _____

No. of years in home state: _____ Birthplace: _____

Prior marriages: _____

OTHER PARTIES - DONORS' OR RECIPIENTS' (CIRCLE ONE) NAMES:

Husband/Parent#1: _____

Wife/Parent#2: _____

Address: _____

Phone: _____

Birth dates: Husband/Parent#1: _____ Wife/Parent#2: _____
Attorney name and address: _____

DONORS' FERTILITY DOCTOR/CLINIC (CUSTODIAN OF PREEMBRYOS):

Name: _____ **Contact Person:** _____
Address: _____ **Email:** _____
Phone: _____ **Fax:** _____

RECIPIENTS' FERTILITY DOCTOR'S NAME:

Name: _____ **Contact Person:** _____
Address: _____ **Email:** _____
Phone: _____ **Fax:** _____

MEDICAL AND PSYCHOLOGICAL SCREENING

Have donors received medical and psychological screening? Yes No

If not yet completed, expected date of completion: _____

Have recipients received medical/psychological screening? Yes No

If not yet completed, expected date of completion: _____

PREEMBRYO DONATION SCHEDULE

Anticipated transfer date: _____

Number of preembryos expected to be transferred: _____

Will there be any of donors' preembryos not donated and, if so, how many?

Yes No; If yes, _____ (provide how many)

Number of total cycles expected to be attempted: _____

Name of doctor performing transfer procedure(s): _____

EXPENSES (check appropriate space or provide details):

Direct Medical Expenses to be paid by ___ **Recipients** ___ **Donors**
(Includes all medical costs of preembryo donation, including physician or third party provider bills incurred in connection with medical screening of donors and/or recipients, fertility testing, medications, and any medical procedures associated with the donation). Specify particulars (continue next page):

Direct Expenses, continued:

Direct Psychological Expenses paid by (check appropriate space):
(The cost of psychological screening and/or counseling of donors/recipients)

As to Donors: ___ **Donors** ___ **Recipients** (\$ _____)

As to Recipients: ___ **Recipients** ___ **Donors** (\$ _____)

Miscellaneous Expenses?
(Please specify in detail such items as travel, lodging, transporting or shipping of preembryos, etc. and the party(s) responsible for payment)

ATTORNEYS' FEES FOR LEGAL REPRESENTATION

Donors' legal fees paid by: ___ **Donors** ___ **Recipients** (\$ _____)

Recipients' legal fees paid by: ___ **Recipients** ___ **Donors** (\$ _____)

DONORS' MEDICAL, GENETIC, PSYCHOLOGICAL INFORMATION

Has the donors' medical, genetic, and psychological background information been disclosed to recipients? _____

Are any future such disclosures anticipated or required? _____

“LEFT-OVER” PREEMBRYOS

Please review the below options and indicate which is an accurate statement of the intent of the parties.

Option A. _____ (check if accurate)

Donors intend that Recipients shall use the Preembryos to achieve one or more pregnancies, as the Recipients may desire and until no further Preembryos remain. Should any Preembryos remain after Recipients have completed their family to their satisfaction, the remaining Preembryos shall not be donated to any individual(s) for the purpose of achieving a pregnancy but may be donated for medical research or otherwise lawfully disposed of.

--OR--

Option B. _____ (check if accurate)

Donors intend that Recipients shall use the Preembryos to achieve one or more pregnancies, as the Recipients may desire and until no further Preembryos remain. Should any Preembryos remain after Recipients have completed their family to their satisfaction, the remaining Preembryos may be donated to any individual(s) for the purpose of achieving a pregnancy, may be donated for medical research, or may be otherwise lawfully disposed of.

DEATH OF RECIPIENTS

Please review the following scenarios and indicate agreement or disagreement with each. For all those you disagree with, please indicate the result you prefer in the given scenario. A successful pregnancy for purposes of these scenarios is defined as a pregnancy in which the Child survives.

A. If Recipient Mother dies before the first successful pregnancy under this Agreement or during such pregnancy and the Child does not survive, this Agreement shall be null and void and the ownership of any remaining Preembryos shall revert to and immediately vest in Donors and Donors shall, with full cooperation of Recipient Father, commence steps to acquire custody and control of the Preembryos and shall be responsible for the care and storage of the Preembryos.

Agree ____

Disagree and prefer the following result: _____

B. If Recipient Father dies before the first successful pregnancy under this Agreement, Recipient Mother shall retain full custody, control and ownership of all remaining Preembryos until she achieves a successful pregnancy and, following the birth of the Child, the ownership of any remaining frozen Preembryos shall immediately vest in Donors and Donors shall, with full cooperation of Recipient Mother, commence steps to acquire custody and control of the Preembryos and shall be responsible for the care and storage of the Preembryos.

Agree ____
Disagree and prefer the following result: _____

C. If Recipient Father dies after the first successful pregnancy but before all of the Preembryos are used or disposed of in accordance with this Agreement, the ownership of any remaining unused frozen Preembryos shall immediately vest in Donors and Donors shall, with full cooperation of Recipient Mother, commence steps to acquire custody and control of the Preembryos and shall be responsible for the care and storage of the Preembryos. The surviving Recipient shall provide full cooperation and shall do all things necessary to effectuate the foregoing, including but not limited to executing any documents necessary to transfer ownership of the Preembryos in accordance with this Paragraph.

Agree ____
Disagree and prefer the following result: _____

D. If Donors predecease one or both of the Recipients, the ownership, custody and control of any Preembryos remaining at the death of one Recipient shall continue in the surviving Recipient and such remaining Preembryos shall be used and/or disposed of in accordance with this Agreement.

Agree ____
Disagree and prefer the following result: _____

E. If Recipients, or either of them, die subsequent to the Preembryo implantation and resulting pregnancy and the Child survives, such death shall not have any effect on or prejudice this Agreement as it relates to the Child. It is expressly understood and agreed that the Child will succeed to and be treated in all respects as the Child of Recipients, that custody of the Child shall be with the remaining living Recipient or, if both are deceased, a guardian designated by Recipients in their will and approved by a Court, and that Donors shall not have any parental or other rights or obligations whatsoever with respect to the Child.

Agree ____
Disagree and prefer the following result: _____

F. If Recipients die before all of the Preembryos have been used or disposed of, any remaining frozen Preembryos shall immediately vest in Donors, and Donors shall commence

steps to acquire custody and control of the Preembryos and shall be responsible for the care and storage of the Preembryos.

Agree

Disagree and prefer the following result: _____

CONFIDENTIALITY

Are Recipients' identities known to Donors? Yes No

Are Donors' identities known to Recipients? Yes No

Do the two families anticipate future contact or communication between them or their children? If yes, explain.

DISCLOSURE TO CHILD(REN)

Do Recipients intend to disclose to their child born of the donation that his/her genetic background is different than theirs and, if so, at what age of child?

Yes No; If yes, _____ (age)

Do Donors give permission for their identities to be revealed to any child born as a result of the donation?

Yes No

**If so, at what age of child do Recipients anticipate such disclosure will take place?
(At age 18, or earlier if Recipients feel child is ready to receive this information?)**

If so, are Donors to receive prior notification from Recipients that Recipients' child is being told?

Yes No

Are Donors' children also to be informed of identity of Recipients and their child?

Yes No

If so, is notification of Recipients' child to be coordinated with donors, so that both families' children are informed contemporaneously?

Yes No

What if Recipients' child does not wish to know the identity of the Donors?

In the event the Recipients' child is not so informed, is it then prohibited for Donors' children to be so informed?

Yes No

Please indicate any other special issues or questions: _____
