Florida Institute for Reproductive Medicine

Clinical Faculty of the University of Florida

"Top Ten Infertility Programs in the Nation"

Child Magazine '05

Kevin L. Winslow, M.D., P.A.
Board Certified Infertility / Reproductive Endocrinology

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Board Eligible Infertility / Reproductive Endocrinology

Dear Prospective Donor:

We are thrilled about your inquiry to donate your eggs to infertile couples! Gifts such as yours may allow many couples to achieve their dream of having children. The happiness and gratitude of couples achieving pregnancy through donor eggs is immeasurable.

As you may expect, there is a donor screening process to select donors for our program. The purpose of this process is to ensure safety for you and the recipients. The process will also provide details about being a donor to you so you can make your decision about participating in the program. As part of this process you will receive a complete medical evaluation. The donor screening process begins with this pamphlet. All medical information you provide to us is strictly confidential. Return the pamphlet to us at your convenience. After we review your reply, we will contact you.

On behalf of our patients, we are sincerely pleased you are considering becoming an egg donor. We pledge to you the utmost in diligence and care during your tenure as a donor.

Please do not hesitate to call me, Nanette Harris, if you have any questions. I can be reached at 904-399-5620, Monday through Friday, from 7 a.m. until 12 p.m. and from 1 p.m. until 4 p.m.

Warmest Regards,

Daniel M. Duffy, M.D., M.B.A.
Medical Director, Donor Egg Program

Nanette J. Harris, R.N.

Nanette J. Harris, RN
Donor Egg Nurse Coordinator

FLORIDA INSTITUTE FOR REPRODUCTIVE MEDICINE
836 Prudential Drive, Suite 902
Jacksonville, FL 32207
904-399-5620

Name:_____
Address:_____
Phone Number: Home:_____
Cell:_____
Work:_____

Health Insurance: Yes_____ No_____
Insurance Name:_____

How did you hear about us_____

PHYSICAL CHARACTERISTICS:

Date of Birth:_____ Place of Birth:_____
Race:_____ Height:_____ Weight:_____
Natural Hair Color:_____ Natural Eye Color:_____
Hair (circle): balding thin average curly wavy straight
Complexion (circle): fair medium dark olive freckles

PERSONAL INFORMATION:

Ethnic Origin/Ancestry (Irish, German, African, etc.)_____

Number of pregnancies:_____ Number spontaneous miscarriages:_____
Number of elective abortions:_____ Number of ectopic pregnancies:_____
Number of Children:_____ Girls:_____ Boys:_____

Why are you considering becoming a donor?_____
_____
_____

What medication are you currently taking (please include prescription, over the counter & supplements)?
_____

Have you ever been treated for Gonorrhea, Syphilis, Herpes, Venereal Warts or PID?	Yes	No
Have you ever had any major infectious illness, Hepatitis, Pneumonia, etc?	Yes	No
Are there any known genetic diseases or conditions that run in your family?	Yes	No
Have you ever used any drugs not prescribed by a physician? What?	Yes	No
Do you smoke? How much?	Yes	No
Do you drink? How much?	Yes	No

How many partners have you had in the past 6 months?_____
How long have you been in your current relationship?_____
List any forms of contraception you are using._____
List any PAP smear abnormalities you have had in the past._____
When was your last menstrual cycle?_____

_____ _____
Signature Date

FROM OUR PATIENT RECIPIENTS:

"It is amazing to experience the kindness of a stranger... a stranger with the power to help us create a family. Today, we are a family! Thank you for making our dreams come true!"

"We.....were very grateful for her selfless act...it meant the world to us!"

"There are moments you wait for all your life....Our proud moment has arrived!"

"We are thankful someone gave us such a precious gift!"

Give the gift of life to an infertile couple!