



Florida Institute for Reproductive Medicine

Clinical Faculty of the University of Florida

"Top Ten Infertility Programs in the Nation"

Child Magazine '05

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Dear Prospective Donor:

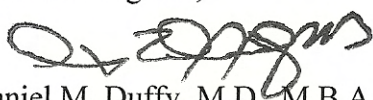
We are thrilled about your inquiry to donate your eggs to infertile couples! Gifts such as yours may allow many couples to achieve their dream of having children. The happiness and gratitude of couples achieving pregnancy through donor eggs is immeasurable.

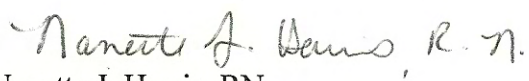
As you may expect, there is a donor screening process to select donors for our program. The purpose of this process is to ensure safety for you and the recipients. The process will also provide details about being a donor to you so you can make your decision about participating in the program. As part 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, RN
Donor Egg Nurse Coordinator

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In Vitro Fertilization / ICSI • GIFT • ZIFT • Tubal Surgery • Microsurgery • Laser Surgery
Ovulation Induction • Male Infertility (Andrology) • Sperm Bank • Contraception
Menstrual Irregularities • Hirsutism • Congenital Anomalies • Menopause

Name: _____

Health Insurance: Yes _____ No _____

Address: _____

Insurance Name: _____

Phone Number: Home: _____

How did you hear about us _____

Cell: _____

Work: _____

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!