



# FLORIDA INSTITUTE

FOR REPRODUCTIVE MEDICINE

**"A Place For Modern Miracles"  
Over 10,000 Babies Born**

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

*Daniel M. Duffy, M.D., M.B.A.  
Board Certified Infertility /  
Reproductive Endocrinology*

*Michael L. Freeman, M.D.  
Board Certified Infertility /  
Reproductive Endocrinology*

*Travis W. McCoy, M.D.  
Board Certified 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. Please review all the questions and answer them as completely as possible. 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

**"Center For Excellence" – United Healthcare**

**Baptist Medical Center • 836 Prudential Dr., Suite 902 • Jacksonville, Florida 32207-8337**

**1-800-556-5620 • Tel 904-399-5620 • Fax 904-399-5645**

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

**FLORIDA INSTITUTE FOR REPRODUCTIVE MEDICINE**

836 Prudential Drive, Suite 902

Jacksonville, FL 32207

904-399-5620

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!*