



Egg Donor Initial Application

If you are a healthy, non-smoking woman between the ages of 21-32, you may be eligible to donate eggs to an infertile couple. The process is completely confidential and anonymous. Donors are compensated \$8,000 per cycle. Interested candidates should answer the following questions and mail your completed application to:

The Center for Advanced Reproductive Medicine & Fertility
Attention: Erika Knapp, Egg Donor Coordinator
4 Ethel Road – Suite 405A
Edison, New Jersey 08817

Please provide us with the following information:

Name: _____

Daytime Telephone Number: (_____) _____ - _____

E-mail address: _____

Date of birth: _____

Height (feet, inches): _____

Weight (pounds): _____

Hair color: _____

Eye color: _____

Occupation: _____

Highest level of education you have attained (circle one):

High School Attended College College Graduate Graduate or Professional School

Have you ever been pregnant (circle one)?:

Yes

No

If yes, how many times? _____

Any pregnancy complications (circle one)? Yes No
If yes, please explain:

How many children have you delivered? _____

Have you ever been an egg donor elsewhere (circle one)? Yes No
If yes, where?

Are you currently on any prescription medications (circle one) ? Yes No
If yes, list them:

Do you have any medical or health problems (circle one)? Yes No
If yes, please list them:

Have you ever suffered from depression (circle one)? Yes No

Are you currently in a monogamous relationship (circle one) ? Yes No

Are you currently having sex (circle one)? Yes No

How many sexual partners have you had in your lifetime? _____

How many sexual partners have you had in the last 6 months? _____

Have you ever tested positive for any sexually transmitted diseases (herpes, chlamydia, gonorrhea , HPV, HIV, PID, etc.) or any communicable diseases (circle one)? Yes No
If yes, please list them:

Do you currently have both of your ovaries (circle one)? Yes No

Do you smoke cigarettes (circle one)? Yes No
If yes, how much?

Have you ever used street drugs (marijuana, heroin, cocaine, crystal meth, etc.) (circle one)?

Yes

No

If yes, please list:

Ethnic origin of your mother (Irish, German, Italian, etc):

Ethnic origin of your father (Irish, German, Italian, etc):

In what town do you live?

How did you hear about our egg donation program?

Once we review your information, we will be in contact with you.

This form can be mailed to:

Erika Knapp – Egg Donor Coordinator
Center for Advanced Reproductive Medicine and Fertility
Four Ethel Road Suite 405A
Edison, NJ 08817

This form can be faxed to: 732-339-9400 Attention: Erika

This form can be emailed to: ErikaK@InfertilityDocs.com