

AFFORDABLE FERTILITY EGG DONATION PROGRAM

CLINICAL RECORD

FEMALE NAME:

AGE

BIRTH DATE

COUNTRY OF BIRTH

ETHNIC ORIGIN

- Caucasian White
- White Hispanic
- Black Hispanic
- Black Non Hispanic
- Asian or Pacific Islander non-Hispanic
- Asian or Pacific Islander Hispanic
- Native American
- French Canadian
- Jewish Ashkenazi
- Jewish Sephardic
- Other

Actual weight:

Height

Blood type and Rh factor

Previous Pregnancies

Miscarriage

Children:

Medications taken regularly:

Personal Diseases

- Diabetes
- Deep Vein Thrombosis
- High Blood Pressure
- Anemia

Familiar diseases

- Thalassemia
- Muscular Dystrophy
- Neural Tube defect
- Cystic Fibrosis
- Down Syndrome
- Huntington and Chorea
- Tay Sachs
- Mental Retardation
- Hemophilia
- Sickle Cell Anemia

Date of last menstrual Period

PARTNER NAME

AGE

BIRTH DATE

COUNTRY OF BIRTH

ETHNIC ORIGIN

- Caucasian White
- White Hispanic
- Black Hispanic
- Black Non Hispanic
- Asian or Pacific Islander non-Hispanic
- Asian or Pacific Islander Hispanic
- Native American
- French Canadian
- Jewish Ashkenazi
- Jewish Sephardic
- Other

Height

Blood type and Rh factor

Familiar Diseases

Children

COUPLE INFORMATION

LIVING CITY:

COUNTRY:

ADDRESS

E-MAIL

HOME PHONE NUMBER

CELL PHONE NUMBER

INDICATION FOR EGG DONATION (please mark one or how many it is needed)

- Advanced age
- Diminished ovarian reserve
- Premature ovarian failure
- Previous failure IVF
- Avoid Genetic Familiar diseases

Personal Medical Background:

- Hypertension
- Diabetes
- Endometriosis
- Myomas
- Hydrosalpinx
- any other

Use of Medications: Aspirine Heparine Corticoids any other

Last Menstrual Period:

Previous IVF attempts (in IRIP):

Previous IVF attempts (out of IRIP):

Previous Egg Donation treatments:

Last Transvaginal Sonography

Last Sperm Analysis:

PREVIOUS IVF TREATMENTS: (dates, place and results) Date of cycle.....

- dates
- Location of program.....
- Medication dosage.....
- Number of eggs.....
- Fertilized Fertilization Method.....
- Number of embryo transferred
- Results

PREVIOUS EGG DONATION TREATMENTS: (dates, place and results)

- dates
- Location of program.....
- Number of eggs destined
- Number of embryo transferred
- Results

Physical features

	Recipient	partner
Eye colour		
Hair colour		
Skin colour		
Physical Build		
Height		
Weight		
Ethnical Origin		

Desired Donor Characteristics

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