

DONOR CRITERIA INQUIRY FORM FOR RECIPIENTS

Inquiry date _____

Recipient

Name _____

Surname _____

Identity number _____

Date of birth ____ . ____ . ____ . (dd.mm.yyyy.)

Phone _____

E-mail _____

Height _____ Weight _____

Skin tone _____

Eye colour _____ Hair colour _____

Blood type _____ Rh. factor _____

Pregnancies _____ Number of children _____

Partner

Name _____

Surname _____

Identity number _____

Date of birth ____ . ____ . ____ . (dd.mm.yyyy.)

Phone _____

E-mail _____

Height _____ Weight _____

Skin tone _____

Eye colour _____ Hair colour _____

Blood type _____ Rh. factor _____

Number of children _____

Possible reason of infertility _____

Which donor material are you planning to use?

Sperm donor

Egg donor

Donor embryos (**fill in both boxes** in the inquiry form of criteria: egg donor, sperm donor)

How did you find out about the donor program of Clinic EGV? _____

We are processing Personal Data (including sensitive data in frame of the Personal Data Processing Law) according to the requirements of the existing legislation in the Republic of Latvia. Data of the RECIPIENT (or COUPLE) will be registered and stored in the file of RECIPIENT (or COUPLE), as well as data bases of the clinic: "Doctor's Office", "Fertsoft", "DS Treatment Registry". Location address of the data carrier of the data bases: Riga, 38 Lāčplēša Street, 5th Floor.

Donor criteria:

Please fill them in scale from 1 to 5 (from most important to least important).

Criteria	Egg Donor	Sperm Donor
Weight	~ _____ kg Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important	~ _____ kg Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important
Height	~ _____ cm Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important	~ _____ cm Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important
Hair colour	<input type="checkbox"/> Fair (blond or grey) <input type="checkbox"/> Light brown <input type="checkbox"/> Dark (dark brown, black) <input type="checkbox"/> Other _____ Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important	<input type="checkbox"/> Fair (blond or grey) <input type="checkbox"/> Light brown <input type="checkbox"/> Dark (dark brown, black) <input type="checkbox"/> Other _____ Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important
Eyes colour	<input type="checkbox"/> Blue, greyish blue <input type="checkbox"/> Green, greyish green, brownish green <input type="checkbox"/> Brown <input type="checkbox"/> Other _____ Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important	<input type="checkbox"/> Blue, greyish blue <input type="checkbox"/> Green, greyish green, brownish green <input type="checkbox"/> Brown <input type="checkbox"/> Other _____ Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important
Blood group	<input type="checkbox"/> O(I) <input type="checkbox"/> A(II) <input type="checkbox"/> B(III) <input type="checkbox"/> AB(IV) Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important	<input type="checkbox"/> O(I) <input type="checkbox"/> A(II) <input type="checkbox"/> B(III) <input type="checkbox"/> AB(IV) Least important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Most important
Comments		

Signatures of RECIPIENT (or COUPLE):
