



PLEASE WRITE CLEARLY IN BLACK INK USING BLOCK CAPITALS

Donor Information (Page 1) Centre: [] Form D

1. This form: * Is registering a new donor Replaces all details previously registered

2. This form replaces form D

3. Form completion date: month year

4. Donor No. Previous Donor No. (if changed)

5. This donor was also registered as patient/partner no.

6. Donor contact details Current Forename(s)

Current Surname

Forenames at birth (if different from current)

Surname at birth (if different from current)

Date of birth: day month year

Sex* Male Female

Marital Status:* Single Married Cohabit Divorced Widowed

Town or district of birth

Country of birth

NHS Number for UK resident (if known)

OR Passport/ID card number

Country of issue

Donor address at date of form completion:

House Name or Number

Street Name

Town

County

Postcode

Country

7. Does the donor have their own biological children* No Yes
If yes, how many: Girls Boys

8. Donor's current height (m) Donor's current weight (kgs)

9. Eye colour * Blue Brown Green Grey Hazel

Other

10. Natural hair colour * Black Brown dark Brown light
Blonde light Blonde dark Red

11. Skin colour * Light/Fair Medium Dark Freckles Olive

12. Date gametes produced for use: day month year

13. Any donations at other centres? * Yes No

If yes, last UK or overseas centre
for donor (if known)

14. Was the donor adopted? * No Yes Was the donor conceived by donation? * No Yes

15. **Donor's** own ethnic group

16. **Biological Mother's** ethnic group (if known)

17. **Biological Father's** ethnic group (if known)

**Please see form completion
manual for current ethnicity codes**

18. Would the donor like to limit the number of families able to use their donated gametes to fewer than the number specified in the current HFEA guidance? * Yes No

If yes, please specify

19. Please list any physical illness or disability, history of mental illness or learning difficulties. Please also list any known medical conditions within the donor's biological family.

20. Please list below any screening tests carried out for this donor.*

Cystic Fibrosis	HIV	Karyotype
Cytomegalovirus (CMV) antibodies	STDs	Hepatitis B & C
Sickle cell anaemia	Thalassaemia	Tay Sachs

Other:



This page is to be completed by the donor
PLEASE WRITE CLEARLY IN BLACK INK USING BLOCK CAPITALS
Donor Information (Page 3) Centre: Form D

In the spaces below please supply a description of your:-

21. Religion or belief systems

22. Occupation

23. Interests:

24. Skills:

25. Reasons
for donating:

Optional Additional Information

You may wish to provide in these sections a goodwill message and description of yourself. This information is not compulsory but it is recommended you complete these sections as the information you provide can help parents tell children about their origins and answer some questions a donor-conceived person may have.

Non-identifying information provided in the following sections can, upon request, be shared with patients requiring treatment with donor gametes/embryos, parents of children conceived using your donated gametes/embryos and children conceived using your donated gametes/embryos, once they reach the age of 16.

The full content of this form can be made available to donor-conceived people when they reach the age of 18.

I understand that by completing these sections I have consented to the information therein being shared with patients, parents and donor-conceived people, as outlined above. (Please tick to confirm)

26. You may wish to write a goodwill message to be shown to anyone born as a result of your donation.

This page is to be completed by the donor

PLEASE WRITE CLEARLY IN BLACK INK USING BLOCK CAPITALS

Donor Information (Page 4)

Centre:

Form D

PLEASE COMPLETE ELECTRONICALLY OR HANDWRITE

27. The space below is provided for you to give a description of yourself as a person. The type of information that may be helpful could include your education, achievements, values, and life experiences. Try to imagine yourself as a donor-conceived person, and think about what you might wish to know.