

Donor Information form



PLEASE WRITE CLEARLY IN
BLACK INK USING BLOCK CAPITALS

Centre:

Form D:

1. What this form is for*

Is registering a new donor: Replaces all details previously registered:

This form replaces form D:

Form completion date:

Donor number: Previous donor number (if changed):

This donor was also registered as patient/partner number:

2. Donor contact details

Current first name(s): Current surname:

First name(s) at birth: (if different from current):

Surname at birth: (if different from current):

Date of birth: Gender*:

Marital status*: Single Married Cohabit Divorced Widowed

Place 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

To be completed by the donor

PLEASE WRITE CLEARLY IN BLACK INK USING BLOCK CAPITALS

Does the donor have their own biological children*: No Yes

If yes, how many: Girls Boys

Donor's current height (m): Donor's current weight (kgs):

Eye colour*: Blue Brown Green Grey Hazel

Other:

Natural hair colour*: Black Brown dark Brown light
Blonde light Blonde dark Red

Skin colour*: Light/Fair Medium Dark Freckles Olive

*Tick as applicable

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

Religion or belief systems:

Occupation:

Interests:

Skills:

Reasons for donating:

About donation

Date gametes produced for use:

Any donations at other centres?*

 No Yes

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

Was the donor adopted?*

 No Yes

Was the donor conceived by donation?*

 No Yes

Ethnic group

Donor's own ethnic group

Biological Mother's ethnic group (if known)

Please see form completion manual for current ethnicity codes

Biological Father's ethnic group (if known)

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?*

 No Yes

If yes, please specify

*Tick as applicable

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.

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

*Tick as applicable

Cystic Fibrosis

HIV

Kryotype

Cytomegalovirus (CMV) antibodies

STDs

Hepatitis B & C

Sickle cell anaemia

Thalassaemia

Tay Sachs

Other:

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)

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
PLEASE COMPLETE ELECTRONICALLY OR HANDWRITE.**

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.

Please continue on additional pages as required (writing the same form number as above on each page)