



MyDonor

Egg Donation... With Care

SELECTION WORKSHEET OOCYTE DONATION

Please fill in the blanks completely. Write "NA" if not applicable. Write "UNK" if the answer is unknown. If you have any questions, please do not hesitate to call us at (212) 349-0011. Please return these forms as soon as possible. You may fax them to us at (212) 349-0011.




MyDonor.net
Att: Hilary Marshak
103 West 10th St.
New York, NY 10011

Oocyte Recipient Name: _____ Date: _____

Partner Name: _____ Date: _____

Clinic/Doctor Name: _____

Please indicate the importance of each characteristic listed below by circling the appropriate number 1 through 7. In this range, number 1 has the **most importance** and number 7 has the **least importance**.

Characteristics	Donor	Recipient	Partner
	Most  Least	Most  Least	Most  Least
Race	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Ethnic Origin	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Religion	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Hair Color	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Eye Color	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Height	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Weight	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Skin Tone	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Blood Type	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Rh Factor	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Recipient Information

Name: _____ Date of Birth: _____

Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Recipient

Blood Type	
Eye Color	
Hair Color	
Height	
Weight	
Race	
Ethnic Background	
Skin Tone	

Partner Information

Name: _____ Date of Birth: _____

Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Partner

Blood Type	
Eye Color	
Hair Color	
Height	
Weight	
Race	
Ethnic Background	
Skin Tone	

Specific request regarding Oocyte Donor characteristics:

