



# 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 (212) 691-6600.




Please return these forms as soon as possible to:

MyDonor  
Att: Hilary Marshak  
24 East 12th Street, Suites 2 A-F  
New York, NY 10003

Oocyte Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Partner: \_\_\_\_\_ Date: \_\_\_\_\_

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

Other important characteristics of an Oocyte Donor include:

<b>History of Male Partner</b> Name: _____ Address: _____ _____ Phone: (        ) _____(Work) (        ) _____(Home) Date of Birth: _____ / _____ / _____
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	<b>Yourself</b>	<b>Mother</b>	<b>Father</b>
Blood Type			
Eye Color			
Hair Color			
Height			
Weight			
Race			
Ethnic Background			
Skin Tone			

Specific request regarding oocyte donor characteristics:

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