

**THE MUASHER CENTER FOR FERTILITY AND IVF
8501 ARLINGTON BLVD, SUITE #500
FAIRFAX, VA 22031**

DONOR EGG PRE-SCREENING FORM

If you are a healthy female between the ages of 21 and 32 you may be eligible to become an egg donor with us. Please fill out the questionnaire below.

Please note your confidentiality is very important to us. We will never give out identifying information.

How did you first hear about our program?

If via the Internet, please let us know the first time you found us:

- The Muasher Center's Website
- A local College or University; if so where: _____
- Craigslist
- Other: _____

Our office is located in Fairfax, Virginia. Do you live within two hours of Fairfax?
(If you do not then you cannot qualify as a donor in our program)

First Name:

Last Name:

Address:

Apt #

City:

State:

County:

Zip Code:

E-mail:

Home Phone:

Cell Phone:

How would you prefer to be contacted?

Email Mail

Home Phone

Cell Phone

Date of Birth:

Height:

Weight:

Occupation:

Highest level of education:

Currently enrolled in college?

Ethnic background:

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Have you ever been pregnant?

Have you ever been an egg donor before?
If so how many cycles have you done?

Are you currently taking any medications?
Name of drug (s):

Have you sought counseling in the past for emotional problems?
If so please describe why and when:

Are you a smoker?

Have you ever been convicted of a felony?

Have you been diagnosed with any of the following?

Depression: Yes No
Schizophrenia: Yes No
Obsessive-
Compulsive disorder Yes No
Mania: Yes No

Have you ever used or currently used any of the following substances?

Marijuana: Yes No
Amphetamines: Yes No
Heroin: Yes No
Barbiturates: Yes No
Cocaine: Yes No

Do you have any illnesses?
Please list below: