

wisc^onsin fertility INSTITUTE

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Donor Match Form

Today's Date: _____

We _____ and _____ have reviewed the Anonymous Egg Donor Profiles and wish to match with Donor # _____.

We understand that the donor may not be available or willing at this time to participate in an IVF cycle. If she is available, we understand that she will begin the first two steps of the Cycle Screening process (signing the legal contract, completing the psychological evaluation, and the initial medical screening).

We understand the Financial Coordinator at Wisconsin Fertility will contact us to collect \$2,100.00, once the donor has accepted the offer to match. This fee will cover the legal, psychological, and initial medical screening visit costs.

In terms of the legal contract, we understand that the contract is drafted by Judy Sperling-Newton, of The Center for Children and Family. She represents Wisconsin Fertility Institute. At this time, we **are/are not (circle one)** having an attorney review the contract and give us legal counsel.

If applicable, the attorney is:

Name: _____

Phone: _____

Firm: _____

Address: _____

Any black out dates during which we are unavailable: _____

Additionally, we have been given the Intended Parent Packet for a Donor Egg IVF cycle. We have read this packet and understand the process in which we will be participating.

Intended Parent: _____ Date: _____

Intended Parent: _____ Date: _____

Donor Coordinator: _____ Date: _____

Revised 4/2011

Share/Third Party/Oocyte Donation/Donor In Cycle/Donor Match Form