

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
ASSISTED REPRODUCTIVE TECHNOLOGIES PROGRAM  
ANONYMOUS EGG DONOR PROGRAM          DONOR # \_\_\_\_\_

Donor Personal Characteristics Form

Donor: You must complete this form in order to be a donor, except for the last question on page 3. That question is optional. A copy of this form will be offered to recipients who conceive using your donated eggs. They may, if they choose, share the information with others and may give the information to any children born with the help of the eggs you have donated.

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**Donor Personal Characteristics Form**

Age: \_\_\_\_\_

Educational background: (circle highest level attained)

High School          1          2          3          4          GPA: \_\_\_\_\_

List subjects you most enjoyed: \_\_\_\_\_  
\_\_\_\_\_

Certification Program 1          2          3          4          GPA: \_\_\_\_\_

Major area of study: \_\_\_\_\_

College/University    1          2          3          4          GPA: \_\_\_\_\_

Major area of study: \_\_\_\_\_ B.A. \_\_\_\_\_ B.S. \_\_\_\_\_

Post Graduate          1          2          3          4          5+          GPA: \_\_\_\_\_

Major area of study: \_\_\_\_\_

Degrees Attained:    M.A.    M.S.    Ph.D    M.D.    J.D.    D.D.S. Other \_\_\_\_\_

Current Occupation: \_\_\_\_\_

How many sisters do you have? \_\_\_\_\_

How many brothers do you have? \_\_\_\_\_

Do you have any children yourself? Yes \_\_\_\_\_ How many? \_\_\_\_\_ No \_\_\_\_\_

Religious Upbringing:

Catholic \_\_\_\_\_

Jewish \_\_\_\_\_

Protestant \_\_\_\_\_

Other \_\_\_\_\_

None \_\_\_\_\_

(Please specify) \_\_\_\_\_

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How would you describe your personality to another person? \_\_\_\_\_

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How do you spend your free time? What interests you? \_\_\_\_\_

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Do you have any special talents? (musical, artistic, sporting ability, creative skills, etc.)

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Why do you want to donate eggs? \_\_\_\_\_

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Have you ever donated eggs in another program?                      Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_                      How many cycles? \_\_\_\_\_

Do you know the outcome? \_\_\_\_\_

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Is there anything else you would like the recipients or the potential child or children to know about you or your participation in this donor program?

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Would you be willing to give us an infant or early childhood photo of yourself to show to the recipient couple?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Use this space to record a message from you to the child or children that might be conceived as a result of your donation. It will be given to the recipients to give to the child if they wish, when they think the time is right. Do this only if you want to.

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