



## Preliminary Egg Donor Screening Form

Please answer all questions to the best of your ability.

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Initial Qualifying Information

Are you taking any medications?  Yes  No

If YES, please list: \_\_\_\_\_

Do you use recreational drugs?  Yes  No

If YES, please list: \_\_\_\_\_

Do you smoke?  Yes  No

What is your heritage? \_\_\_\_\_

Do you have transportation?  Yes  No

Are you employed?  Yes  No

If YES, please list work hours: \_\_\_\_\_

Please list any known health issues below.

Self: \_\_\_\_\_

Parents: \_\_\_\_\_

Grandparents: \_\_\_\_\_

Please email your completed application and all supplemental materials to **victorial@longislandivf.com, trothwell@liivf.com, AND dmathys@longislandivf.com** OR you may print and mail it to:

**Long Island IVF  
8 Corporate Center Drive, Suite 101  
Melville, NY 11747**