

wisc nsin fertility INSTITUTE

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Donor Match Form

Today's Date: _____

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

We **are/are not (circle one)** legally married. We live in the following State: _____.

We understand the donor has been contacted and agreed to start the screening process,
(Screening involves one or more of the following: complete FDA questionnaire, sign the
legal contract, meet with psychologist, have a physical exam and blood/urine testing).

We understand Wisconsin Fertility will collect \$2,500.00, once the donor has accepted
the offer to match. This fee will secure the donor and cover the legal, psychological, and
initial medial screening visit costs. The second payment for the cycle will be made later.

We understand the legal 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 dates in the next 6 months you are unavailable: _____

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 3/2012

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