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EMBRYOS ALIVE APPLICATION FOR EMBRYO DONATION

Congratulations on your successful IVF and thank you for donating the opportunity of a lifetime!
The following information will help us get started and find the right family for your embryos
or you can call it takes about 3 minutes 513.518.7006!

Applicant One (Female)

In this section use your information

Name				
Street Address	City	State/Province	Zip/Postal Code	
Country				
Cell Phone	Home Phone	Work Phone	Fax	
Social Security Number (Optional)				
E-mail (REQUIRED)				

Marital Status: Married

The Embryos Were Created By:

Biological Egg Donor (In this section use genetic information)

Please Describe Biological/Genetic Characteristics Information of The Person Who Created the Egg:

Date of Birth	Age of Time of Donation
Height	Weight
Hair Color Blonde	Eye Color Blue

Ethnic Background select all that apply:

Female Ethnic Background: Various

Ethnic Background Female

Hobbies and Interests

Education

Career/Occupation

Applicant One's Health: Excellent

Other (please explain)

Comments:

Please provide the following contact information for:

Applicant 2 Male: Use male contact information and the genetic profile information

Male Name

**Address same as above?
Check here and skip to cell phone.**

Street Address

City

State/Province

*Zip/Postal
Code*

Country

Cell Phone

Work Phone

Home Phone

FAX

*Social Security Number
(Optional)*

E-mail (REQUIRED)

Biological or sperm donor:

Biological Sperm Donor

Date of Birth

Age At Time of Donation

Height

Weight

Hair Color **Blonde**

Eye Color **Blue**

Ethnic Background:

Female Ethnic Background: **Various**

Ethnic Background

Hobbies/Interests

Education

Career/Occupation

Health Male

Applicant Two's Health: **Excellent**

Other (please explain)

Comments:

HOW QUICKLY DO YOU WANT TO GO IN THE PROCESS?

As Quickly As Possible

Other/Comments

WHERE DID YOU HEAR ABOUT E.A.?

UNDERSTANDING OF EMBRYO DONATION
BRIEFLY EXPLAIN

ABOUT THE EMBRYOS

Number of Embryos to Donate

Number of Cells

2 PN

Quality or Grade (if known)

Year They Were Stored:

Clinic Contact Name (if available):

Clinic Contact Email- (If available):

Name of Doctor who did the IVF:

What clinic did you use (What is the name of the clinic/facility we should contact (where embryos and records are stored):

Did you have children from these embryos?

Yes No

DONATION PREFERENCES
ABOUT THE RECIPIENT YOU WOULD LIKE

Choose From The Following Options:

Choosing of Recipient: EA can choose recipient

married-or-single-or-surrogate: Married

Comments

Age Preference of Adopters: Under 30

Number of Children: Case-By-Case-Basis

NOTE (some have adult children outside of the home or adopted)

Adoptors religion and level of importance: Christian

Choose one of the following options:

Regular Attenders

Comments

Can The Adoptors Be From Another Country?

Level Of Openness Preference With Adoptive Family of Embryos:

Will let the adoptors decide

Visit www.embryosalive.com for [pros and cons of the levels of eligibility](#).

Please send pictures! Adopters like to see what the baby/s may look like!

Signature 1

Date

Signature 2

[Note: Regarding FDA or Repeat Clinic Bloodwork--](#)

If your embryos were stored after May 25, 2005 the recipients clinic may request repeat STD blood work and in some cases before May 25, 2005. Although you as a Donor do not pay any fees, the adopters may be required to have you obtain additional blood work and that additional blood work can cost adoptors between \$300.00 to \$800.00 per person if not covered by your insurance- adoptors really appreciate it if you can use your insurance and they are happy to pay your insurance co-pay as applicable.

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∞ Phone 513-518-7006 ∞ Fax: 727-489-2427

E-Mail: bb@cinci.rr.com or ∞ Embryosalive@yahoo.com ∞ Web: www.embryosalive.com

The faith and political views expressed by the director are not necessarily those of the donors or adopters.