

Family Beginnings, PC
8435 Clearvista Pl
Suite 104
Indianapolis, IN 46256
317-595-3665

Name _____

MRN _____

Telephone Screening - Egg Donor

Donor ID _____

Date: _____

Interviewed by: _____

QUESTIONS TO ASK POTENTIAL DONORS:

✓ Here
If Question Needs
Further Assessment

1. Name: _____

2. DOB _____ Age Today : _____ ($\geq 21 \leq 34$ yo)

3. How did you hear about us? _____

4. Address

Current: _____ How Long? _____

Previous: _____ How Long? _____

Email: Home _____ Work _____

5. Phone Contacts

1st _____ 2nd _____ 3rd _____

6. Social Security #: _____

7. Marital Status: Single _____ Married _____ Divorced _____ In a Relationship _____

8. Height? _____ Weight? _____

9. Do you smoke? **No** **Yes:** *how many packs/cigs a day?* _____

10. Have you ever smoked? **No** **Yes:** *how long ago did you quit?* _____ (must be > 6 mo.)

11. Do you have regular periods? _____ Length of cycle: _____ Always regular? _____ LMP _____

12. Have you ever been on OCP's? _____ How long? _____

Which ones? _____

13. Method of Birth Control: _____ Would you be willing to change or temporarily stop? _____

14. Have you ever been pregnant? _____ Outcomes: G _____ P _____ T _____ SAB _____ TAB _____ L _____ E _____

15. Births: _____

16. Past/present medical problems: _____

17. Have you ever been treated for depression or anxiety? _____ Explain _____

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18. Past/present psychological problems? _____

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19. Surgeries: _____

20. Allergies to medications: _____

21. Current medications: _____

22. FDA Screening Questions:

Question	Y	N	DON'T KNOW	Comments
1. Have you injected drugs for a non-medical reason in the last 5 yrs, including intravenous, intramuscular, or subcutaneous injection?				
2. Do you have a clotting disorder for which you have received human-derived clotting factor concentration?				
3. Have you had sex for drugs or money in the past 5 yrs?				
4. In the past 12 mos, have you given money or drugs to anyone to have sex with you?				
5. Have you had sex in the past 12 mos with anyone who would answer yes to the above 4 questions?				
6. <u>Female</u> : In the past 12 mos, have you had sex with a man who has had sex with another man in the past 5 yrs? <u>Male</u> : Have you had sex with another male in the past 5 yrs?				
7. In the past 12 mos, have you had sex with a person known or suspected to have HIV, or active hepatitis B or C?				
8. In the past 12 mos, have you been exposed to known or suspected HIV, hepatitis B, and/or hepatitis C infected blood through percutaneous inoculation, contact with an open wound, non-intact skin, or mucous membrane?				
9. In the past 12 mos, have you been in close contact (i.e. sharing kitchen and bathroom) with a person having active viral hepatitis?				
10. In the past 12 mos, have you had tattooing, ear or body piercing in which shared instruments were used? Explain:				
• Tattoos	Y			12 mo deferral
• Acupuncture/electrolysis (sterile disposable)	Y			Acceptable: otherwise 12m
• Ear, skin or body piercing (sterile disposable)	Y			8 wk deferral: must be fully

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• Accidental needle stick, sharp instrument injury, contact w/human blood serum or plasma in the eye, mucus membranes (lips, interior of nose) or sores.	Y			12 mo deferral
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Questions	Y	N	DON'T KNOW	Comments
11. After the age of 11, have you ever had viral hepatitis (Hep A excluded: IgM anti-HAV test)?				
12. Have you yourself received or had intimate contact (i.e. exchanged body fluids, including sharing toothbrushes and razors) with someone who has received organs or cells from non-human sources?				
13. Have you had a recent smallpox vaccination or had close contact with the vaccination site of anyone else? <i>Examples of close contact include touching the site, the bandages covering the site, or handling bedding or clothing that has been in contact with an unbandaged vaccination site.</i>				
• If donor had the vaccination: did the scab fall off the skin by itself? <i>Staff should visually verify absence of the scab and ask if it separated spontaneously</i>				Yes: Defer until after the scab has separated spontaneously or 21 days post vaccination – whichever is later. No: Defer for 2 mo after vaccination
• If donor had close contact with a vaccination recipient: have you had any new skin rash or sore since the contact? <i>Staff should visually verify absence of the scab and ask if it separated spontaneously</i>				Yes: If scab did not separate spontaneously, defer for 3m from the date the vaccine was given. If unknown, defer for 2 mo No: Do not defer.
• Did you have any illness or complications from the vaccination or your close-contact with someone who had the vaccination?				If yes, defer until 14 days after complete resolution of the symptoms.
14. In the past 4 wks have you had any shots or vaccinations? <i>Vaccines with no waiting period</i>				If yes, see lists below.
Allergy desensitization shots Cholera Diphtheria DPT- Diphtheria pertussis tetanus DT- Diphtheria tetanus Hepatitis A (HAVRIX) Influenza Lyme Disease				Paratyphoid Pertussis (Whooping Cough) Plague Polio (injection) Rocky Mountain Spotted Fever Typhoid (injection) Typhus
<i>Conditional Vaccines:</i>				

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Hepatitis B (Heptavax B, recombivax, or EnergixB): 12m deferral if for HBV exposure
 Rabies: 12m deferral if animal bite broke the skin
 Tetanus: 3w deferral if for exposure
 TB: If a skin test (PPD test) was performed temporary deferral until results are negative. If positive, defer to a Medical Director Review (see question # 5, Medical List, TB).

Vaccines requiring 2w waiting period

Measles (rubeola)
 Mumps
 Typhoid (oral)

Polio (oral)
 Yellow Fever

Vaccines requiring 4 kw waiting period

German Measles (rubella)
 MMR (measles, mumps and rubella)

Chicken Pox (varicella vaccine)

Immune Globulin Deferral Period

Preparation

Chicken Pox (Varicella-Zoster)
 Hyperimmune Globulin "VZIG"
 Tetanus
 Rabies Hyperimmune Globulin "Hyperab"
 Immune Globulin, IM
 Immune Globulin, IV
 Hep B Immune Globulin
 "HyperHep, HBIG, or Hep-B-Gammagee"
 Respiratory Syncytial Virus
 Immune Globulin (RespiGam)
 RhoGam (RhIg)

Prophylaxis

None
 None
 None
 None
 None
 None
 None
 None
 None

Exposure

2 mo after recovery
 3 wk after exposure (if susceptible)
 3 wk after exposure
 1 yr for animal or human bite
 1 yr for hepatitis exposure
 Depends: most are permanent deferrals
 12 mo after receiving
 NA
 NA
 TD for 6 wk after administration

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Questions	Y	N	DON'T KNOW	Comments
15. Have you been diagnosed with West Nile Virus ?				Defer at least 28 days from date of diagnosis or 14 days from the date condition is resolved; whichever is later.
16. Have you had a headache and fever within the last 7 days ?				If yes, defer donation process at least 28 days.
17. Have you had a blood transfusion or infusion within the past 48 hrs before your blood test for eligibility?				If yes, algorithms must be used to determine if plasma dilution is a problem.
18. Have you ever received growth hormone made from human pituitary glands?				
19. Have you ever received a dura mater (brain covering) graft?				

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20. Have any of your blood relatives ever had Creutzfeldt-Jakob disease?				If yes: Have you had the genetic test for CDJ and if so, what was the result? Neg: accept Yes or not done: must permanently differ.
21. In the past 12 mo, have you had a positive syphilis test?				

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Questions	Y	N	DON'T KNOW	Comments
22. In the past 12 mo, have you had or been treated for syphilis or gonorrhea?				
23. In the past 12 mo, have you been in jail for more than 3 days in a row?				If yes, temporarily defer for 12 mo from the last day in jail.
24. From 1980 through 1996, were you a member of the US military, a civilian military employee or a dependent of a member of the US military?				If yes, then proceed to 24a, otherwise go to question 25.
24a. Did you spend a total time of 6 mo or more associated with a military base in any of the following countries: Belgium, The Netherlands, Germany, Spain, Portugal, Turkey, Italy, or Greece?				If yes, permanently defer.
25. In the past 3 yr have you been outside the United States or Canada? Document all relevant travel history in the remark section of the DRQ including country and dates <ul style="list-style-type: none"> Immigrants, refugees or citizens of countries endemic for malaria may be accepted 3 yr after departure from endemic area if they have been free of unexplained symptoms suggestive of malaria Travelers through endemic areas may be accepted 1 yr after the date of departure from endemic area regardless of whether or not they have received antimalarial chemoprophylaxis 				Reference Appendix C for areas endemic for malaria. If a country has non-endemic and endemic areas, must get details of areas of travel.
26. Since 1980, have you ever lived in or traveled to Europe? (<i>Includes: England, Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands</i>)				If yes, then proceed to 26a, otherwise go to question 27.
26a. <ul style="list-style-type: none"> Between 1980 and 1996 did you spend time that adds up to more than 3 mo or more in the UK? Since 1980 have you received a transfusion of blood, platelets, plasma, cryoprecipitate, or granulocytes in the UK? 				If yes, permanently defer.

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<ul style="list-style-type: none"> Since 1980 have you spent time that adds up to 5 years or more in Europe (including time spent in the UK between 1980 and 1996)? 				
27. Have you been in a place affected by SARS or with an affected person with in the past 14 days?				
28. Have you been treated for SARS in the last 28 days?				

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29. Were you born, lived in, or traveled to any African country since 1977?				If yes, then name country. _____ High risk: Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, and Nigeria. If yes for any of the above: <ul style="list-style-type: none"> Was born or lived in the country: permanently defer Traveled to, proceed to next 2 questions.
30. When you traveled to _____, did you receive a blood transfusion or any other medical treatment with a product made from blood?				If yes, permanently defer.
31. Have you had sexual contact with anyone who was born in or lived in any African country since 1977?				If yes, permanently defer.

23. How many alcohol beverages do you consume weekly? _____

24. Have you ever had Chlamydia or pelvic inflammatory disease? **Yes No**

25. Have you ever been treated for HSV? **Yes No**

26. Do you have a family history of TSE (transmissible spongiform encephalopathy)? **Yes No**

27. Ethnic background? _____ Mother _____ Father _____

28. Parent's ancestries: Mother: _____ Father: _____

29. Primary language _____ Second Language _____

30. Are you a student? _____ If yes, what year? _____ Where? _____

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Major? _____

31. Occupation _____ Are you currently working? ____ Day/Hours at Work _____

32. What has led you to donate? _____

33. Can you share the "positives" in your life right now? _____

34. Can you share the stressors or "negatives" in your life? _____

35. Will you share your potential egg donation with your family, friends or significant other?

✓ Needs Further Assessment

Mother _____ Father _____

Siblings _____ Significant other _____

Friends _____

36. Who is the most supportive person in your life? _____

37. Tell me everything you know in detail regarding the egg donation process:

- Self-injections
- Frequent blood testing
- Vaginal ultrasounds
- Early morning availability
- Use of condoms
- 2 Visits to center: 1st visit for screening (1-2 days.)
- 2nd visit for egg-retrieval (if long distance, anticipate 3 or more day stay.)
- Committed time frame once in cycle

38. Prior egg donations: _____

R.N. Use _____

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Name _____

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Physician Use

MD: _____

Signature

Date

Accept

Reject

Justification for rejection:

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