



Overlake Reproductive Health, Inc., PS & Overlake Reproductive Health Laboratory, LLC

DONOR RISK ASSESSMENT FORM

Egg Donor Educational Materials:

MAKING YOUR EGG DONATION SAFE

This information sheet explains how YOU can help us make the donation process safe yourself and patients who you are donating to. **PLEASE READ THIS INFORMATION BEFORE YOU DONATE! If you have any questions now or anytime during the screening process, please ask the clinic staff.**

ACCURACY AND HONESTY ARE ESSENTIAL!

Your complete honesty in answering all questions is very important for the safety of patients who receive your donated eggs. **All information you provide is confidential.**

DONATION PROCESS:

To determine if you are eligible to donate we will:

- Ask questions about health, travel, and medicines
- Ask questions to see if you might be at risk for hepatitis, HIV, or AIDS and other illnesses.

If you are able to donate we will:

- Collect a blood sample to make sure you are an acceptable candidate for our program.

DONOR ELIGIBILITY-SPECIFIC INFORMATION

Why we ask questions about sexual contact:

Sexual contact may cause contagious diseases like HIV to get into the bloodstream and be spread through donations of human cells or tissue to someone else.

Definition of "sexual contact":

The words "have sexual contact with" and "sex" are used in some of the questions we will ask you, and apply to any of the activities below, whether or not a condom or other protection was used:

1. Vaginal sex (contact between penis and vagina)
2. Oral sex (mouth or tongue on someone's vagina, penis, or anus)
3. Anal sex (contact between penis and anus)

HIV/AIDS RISK BEHAVIORS AND SYMPTOMS

AIDS is caused by HIV. HIV is spread mainly through sexual contact with an infected person OR by sharing needles or syringes used for injecting drugs.

DO NOT DONATE IF YOU:

- **Have AIDS or have ever had a positive HIV test**
- Have ever used needles to take drugs, steroids, or anything not prescribed by your doctor
- Have ever had sexual contact with a male who has had sexual contact with another male, even once, since 1977
- Have had sexual contact in the past 12 months with anyone described above
- Have had syphilis or gonorrhea in the past 12 months
- In the last 12 months have been in juvenile detention, lockup, jail, or prison for more than 72 hours
- Have any of the following conditions that can be signs or symptoms of HIV/AIDS
 - o Unexplained weight loss or night sweats
 - o Blue or purple spots in your mouth or on your skin
 - o Swollen lymph nodes for more than one month
 - o White spots or unusual sores in your mouth
 - o Cough that won't go away or shortness of breath
 - o Diarrhea that won't go away
 - o Fever of more than 100.5°F for more than 10 days

Remember that you CAN give HIV to someone else through donating even if you feel well and have a negative HIV test. This is because tests cannot detect infections for a period of time after a person is exposed to HIV. **If you think you may be at risk for HIV/AIDS or want an HIV/AIDS test, please ask for information about other testing facilities.**

Travel to or birth in other countries

Blood tests may not be available for some contagious diseases that are found only in certain countries. If you were born in, have lived in, or visited certain countries, you may not be eligible to donate.

What happens after your donation

To protect patients, your blood is tested for hepatitis B and C, HIV, certain other viruses, and syphilis. If your blood tests positive you will not be eligible to donate. You will be notified about tests results that may disqualify you from donating in the future.

***Thank you for your interest in our
Donor Egg Program!***

Overlake Reproductive Health
(425) 646-4700

Types of STDs

BACTERIA

Chlamydia. No signs may occur at first or at all, especially in women. Later signs for women may include itching around the vagina, a yellow, odorless discharge from the vagina, pain during sex, and needing to urinate often or having pain when urinating. Women may also have bleeding between periods or dull pain in the pelvic area. Signs for men may include pain or burning when urinating and a watery, milky-colored discharge from the penis.

Gonorrhea, or “the clap” or “the drip.” Men may have a thick, yellow discharge from the penis and pain when urinating. The opening of the penis may be sore. Gonorrhea doesn't cause symptoms in most women. When symptoms do occur, women may have white, green, or yellow discharge from the vagina, pain when urinating, spotting between periods, or heavy bleeding during periods. Sometimes fever and abdominal pain occur. Gonorrhea can cause sore throats in people who have oral sex or can cause pain in the anus in people who have anal sex.

Syphilis. Early signs include a *chancre* (a painless, red sore). The sores may appear where you were touched during sex, including your genitals, anus, tongue, and throat. The glands near the chancre may swell. A few months later, you may have a fever, sore throat, headache, not feel hungry or have joint pain. A scaly rash may appear on the palms of your hands and the soles of your feet. After these symptoms pass, you may not have any symptoms for a number of years. When the symptoms return, the infection can affect the brain, spinal cord, and skin and bone.

VIRUSES

Hepatitis B. Symptoms may include muscle aches, fever, tiredness, loss of appetite, headache, and dizziness. As the disease worsens, you may have dark urine, loose, light-colored stools, yellow eyes and skin, and tenderness in the liver area (just below the ribs on the right side). Hepatitis B can be fatal if it leads to liver failure or liver cancer.

Herpes. Symptoms start with tingling or itching around your genitals. Small blisters may form in the area and then pop open. When this happens, you might feel burning, especially when urinating. The sores then turn to scabs. During this first outbreak, you might have swollen glands, fever, and body aches. Some people don't have such obvious symptoms. Outbreaks may occur for the rest of your life, but usually become less frequent and less painful with time.

Human immunodeficiency virus (HIV). HIV is the virus that causes AIDS (acquired immunodeficiency syndrome). It weakens your body's ability to fight off disease. As your body's immune system weakens, illnesses begin to develop until you can no longer fight them off. Symptoms may take years to develop and may include unusual infections and weight loss.

Human papillomavirus (HPV). HPV may cause a growth of soft, flesh-colored warts around the genital area or on the cervix. The warts are painless, but may be bothersome because of the way they look. Sometimes the virus causes warts that can't be seen by the naked eye.



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Website: www.fertileweb.com

DONOR RISK ASSESSMENT FORM

Donor Name: _____

Donor ID Code: _____ Date: _____

Photo Identification (type): _____

ID Checked by _____ Date of Last Interview: _____

Cells / Tissues Donated: _____

Recovery Method: Masturbation Epididymal aspiration Trans-vaginal aspiration

Donation Type: Anonymous Directed Donor Autologous or Intimate Partner

-
- ___yes ___no 1. (Men only) Have you had sex with another man in the preceding five years?
- ___yes ___no 2. Have you injected drugs for a non-medical reason in the preceding five years, including intravenous, intramuscular, or subcutaneous injections?
- ___yes ___no 3. Do you have hemophilia? If yes, do you use human-derived clotting factor?
- ___yes ___no 4. Have you engaged in sex in exchange for money or drugs in the preceding five years?
- ___yes ___no 5. Have you had sex in the preceding 12 months with any person described in the previous 4 items of this section or with any person known or suspected to have HIV (human immunodeficiency virus) infection, clinically active hepatitis B (HBV) infection, or hepatitis C (HCV) infection?
- ___yes ___no 6. Have you been exposed in the preceding 12 months to known or suspected HIV, HBV, and /or HCV – infected blood through percutaneous inoculation (e.g., needle-stick) or through contact with an open wound, non-intact skin, or mucous membrane?
- ___yes ___no 7. Have you been incarcerated for more than 72 consecutive hours during the previous 12 months?
- ___yes ___no 8. Have you had close contact within 12 months preceding donation with another person having clinically active viral hepatitis (e.g., living in the same household, where sharing of kitchen and bathroom facilities occurs regularly)?
- ___yes ___no 9. Have you had a tattoo, ear piercing, or body piercing in the last 12 months in which instruments were shared?
- ___yes ___no 10. Have you been diagnosed with viral hepatitis after age 11? Unless evidence from the time of illness documents that the hepatitis was identified as hepatitis A (HAV) (e.g., a reactive IgM anti-HAV test)?
- ___yes ___no 11. Have you had a recent smallpox vaccination (vaccinia virus) in the last 60 days? If less than 60 days did the scab separate by some other means than spontaneously?
- ___yes ___no 12. Do you have a clinically recognizable vaccinia virus infection contracted by close contact with someone who received the smallpox vaccine? The Physical assessment should also check for this. **If the answer is yes to this question defer donation for 90 days or 14 days after all complications have resolved whichever is the later date.**
- ___yes ___no 13. Have you had a medical diagnosis of West Nile Virus (WNV) infection? **If the answer is yes to this question defer donation for 28 days from onset of symptoms or 14 days after condition has resolved whichever is the later date.**
- ___yes ___no 14. Are you or any close contacts a xenotransplantation product recipient? (Have you, your sexual partner, or any member of his/her household ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?)

Donor ID Code: _____

- yes no 15. Have you had a transfusion, or received blood or blood products in the last 48 hours?
- yes no 16. Have you been diagnosed with or treated for Chlamydia?
- yes no 17. Have you been diagnosed with or treated for Gonorrhea?
- yes no 18. Have you ever been diagnosis with variant Creutzfeldt-Jakob Disease (vCJD) or any other form of CJD?
- yes no 19. Have you ever had a diagnosis of dementia or any degenerative or demyelinating disease of the central nervous system (CNS) or other neurological disease of unknown etiology?
- yes no 20. Have you ever had a blood relative diagnosed with CJD?
- yes no 21. Have you ever taken human pituitary-derived growth hormone?
- yes no 22. Have you ever received a dura mater transplant?
- yes no 23. Have you spent three months or more cumulatively in the UK from the beginning of 1980 through the end of 1996?
- yes no 24. Are you a current or former U.S. military member, civilian military employee, or dependent of a military member or civilian employee who resided at U.S. military bases in Northern Europe (Germany, U.K., Belgium, and the Netherlands) for 6 months or more from 1980 through 1990, or elsewhere in Europe (Greece, Turkey, Spain, Portugal, and Italy) for 6 months or more from 1980 through 1996?
- yes no 25. Have you lived cumulatively for 5 years or more in Europe from 1980 until the present (note this criterion includes time spent in the U.K. from 1980 through 1996)?
- yes no 26. Have you received any transfusion of blood or blood components in the U.K. between 1980 and the present?
- yes no 27. Have you injected bovine insulin since 1980, unless you can confirm that the product was not manufactured after 1980 from cattle in the U.K.?
- yes no 28. **If this is a repeat donation within 6 months of your last full medical history interview have the answers to the above questions changed?**

Donor ID Code: _____

The following questions need only be asked if there is a SARS (Severe Acute Respiratory Syndrome) outbreak in the world. Contact the CDC website (<http://www.cdc.gov/ncidod/sars/index.htm>) or call CDC (888-246-2675) to obtain the up-to-date information concerning areas affected by SARS. If there are cases of SARS ask the following questions, otherwise note N/A.

- ___yes ___no 29. Have you traveled to or resided (the areas affected) in the last 14 days?
- ___yes ___no 30. Have you had close contact with someone who has traveled to or resided (the areas affected) in the last 14 days?
- ___yes ___no 31. Have you been treated for SARS or suspected you had SARS in the last 28 days?
- ___yes ___no 32. Have you had close contact within the previous 14 days with persons with SARS or suspected SARS?

By signing this form, I represent and warrant that I have read (or been asked via interview) the above questions and have answered them truthfully and to the best of my knowledge. If I was uncertain about a question, I was given the opportunity to ask the physician and/or nurse practitioner for clarification and then answered the question truthfully and to the best of my knowledge. I understand that I am being asked not to participate in any of the above high-risk activities described in the questions contained in this questionnaire (including but not limited to tattooing, body piercing, multiple partners, unprotected sex, recreational drug use, etc.) during the donation cycle (IVF) and will inform the nursing staff if I do. I agree to practice safe sex during this time period to prevent communicable disease exposure and prevent any unwanted pregnancy. I understand that if I do participate in any of the above high-risk activities that I report this to the physician or nursing staff at ORH and that I may be asked to postpone the donation or possibly be excluded from the donor program, IVF gestational carrier cycle or may disqualify cryopreserved embryos from being donated in the future.

Donor Signature: _____ Date: _____

Witness: Print _____ Signature: _____ Date: _____

Check one of the following boxes: (to be completed by staff member)

This Donor Risk Assessment Form was completed by donor

Date Reviewed: _____ Staff Signature: _____

___Accept ___Reject

This Donor Risk Assessment Form was completed via face-to-face interview

Date of Interview: _____ Staff Signature: _____

___Accept ___Reject