



EU Cell and Tissue Directive No. 5.4.03.2.5.

"Anemomylos" building, Office No. 201
8 Karaoli & Byron Corner
Nicosia 1095 Cyprus

Name (♀):	Name (♂):
I.D./Passport Number:	I.D./Passport Number:
Home Address:	
♀ Cell Phone No:	♂ Cell Phone No:
E-mail:	Referred by:

Characteristics	♀	♂	Preferred Donor Characteristics ♀ / ♂
<i>Ethnic Background</i>			
<i>Date of Birth</i>			
<i>Height & Weight</i>			
<i>Blood Type</i>			<i>Important: Yes / No</i>
<i>Hair colour</i>			
<i>Eye colour</i>			
<i>Skin colour</i>			
<i>Occupation</i>			

♀ Medical History:

Menstrual Cycle: Regular / Irregular (Number of days _____)

Are you taking medication for any other condition (allergies)?: _____

Have you ever been pregnant in the past?: _____

Previous IVF/OD attempts & Results: _____

♂ Medical History:

Are you taking any medication? Any allergies?: _____

Semen Analysis Results: (Please send copy of results if available)

Sperm Count: _____ Sperm Motility: _____

* We welcome any family photos which may help us in matching process.

Important Note: In order to be registered on the waiting list you MUST send us the results of the following blood tests. We need these results for the embryo recipient (surrogate if applicable) and person providing the sperm.

VDRL HIV I&II Hepatitis B (HbsAg & anti-HBc IgM) Hepatitis C

If these tests have been done in the past six months, it is not necessary to repeat them.