



THE
EGG BANK
WHERE
IT ALL
BEGINS

APPLICATION FOR VITRIFIED OOCYTES FROM A DONOR FOR REPRODUCTIVE PURPOSES

Date: Day Month Year

CLINIC IN WHICH TREATMENT WILL BE CARRIED OUT

Name:
Address:
Email address:

DETAILS OF DOCTOR OR BIOLOGIST RESPONSIBLE

Name and Surname:
Contact telephone number:
Email:

RECEPTOR'S DETAILS

Patient reference number:
Age of recipient:
Recipient race:
Recipient blood group:
Recipient RH:
Recipient skin colour:
Recipient hair colour:
Type of hair:
Recipient eye colour:
Recipient height:
Recipient weight:
Relevant obstetric history:
Number of eggs for couple:

PARTNER'S DETAILS (IF APPLICABLE)

Age of partner :
Race of partner:
Partner's blood group:
Partner's RH:
Partner's skin colour:
Partner's hair colour:
Type of hair:
Partner's eye colour:
Partner's height:
Partner's weight:

Genetic matching: Yes No If you have marked YES, you must be informed that your partner must carry out a genetic study here in Ginemed or in the laboratory we indicate. Genetic matching comes at an additional cost.

Comments (Specific characteristics / Specific vitrification technique):

Organisation of transport by Egg Bank Ginemed: Yes No

Specific association: