**Application questionnaire for potential sperm donors**

**Please read before completing:**

Thank you for your interest in sperm donation. In order for us to process your application, please complete this form and email it to **donorbank.whittington@nhs.net**. Your answers will be kept strictly confidential.

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| --- | --- |
| Name: | Date of birth: |
| Ethnicity: | Country of birth: |
| Height: | Build: |
| Eye colour: | Hair colour: |
| Address: |
| Telephone: | Email: |
| How did you hear about us? (Please specify website) |
| In a couple of sentences, please tell us your reasons for wishing to become a donor: |
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| Are you adopted? Yes / No | Are you donor-conceived? Yes / No |
| Do you know the medical history of your biological mother and father? Yes / No |
| Do you consider yourself to be generally fit and healthy? Yes / No |
| Do you, or does anyone in your immediate family (parents, siblings, offspring), suffer from a serious mental or physical illness or medical condition? Yes / No |
| If yes, please give details: |
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| To your knowledge, have you, or has anyone in your immediate family, ever been diagnosed with any of the following? (Do not worry if you do not know what some of these disorders are – you are more likely to have heard of one if someone in your family suffers from it. Please just answer as best you can.) |
| Albinism Y / N | Cystic fibrosis Y / N | A haemoglobin disorder Y / N |
| Cleft palate Y / N | Neurofibromatosis Y / N | Tuberous sclerosis Y / N |
| Clubfoot Y / N | Neural tube defects Y / N | Congenital hip dislocation Y / N |
| Hypospadias Y / N | Hypercholesterolaemia Y / N | Congenital heart malformation Y / N |
| Diabetes Y / N | Debilitating asthma Y / N | Severe high blood pressure Y / N |
| Epilepsy Y / N | Tay-Sachs disease Y /N | Rheumatoid arthritis Y / N |
| Psychosis Y / N | Huntington’s disease Y / N | Severe eyesight problems Y / N |
| Thalassaemia Y / N | Sickle cell disease Y / N | Haemophilia Y / N |
| Glucose-6-phosphate dehydrogenase deficiency Y / N | Any kind of prion disease Y / N |
| Have you ever undergone an invasive neurosurgical procedure or received human-derived growth hormone, cornea, sclera or dura matter? Y / N |
| If yes, please give details: |
| In which country were you born?  |
| In which country/ies were your parents born? |
| Have you visited any foreign countries in the last 24 months? Yes / No |
| If yes, which ones? |
| Are you on any medication? Yes / No |
| If yes, please give details: |
|  |
| Do you have, or have you ever had, a sexually transmitted disease? Yes / No (Having had a sexually transmitted disease in the past does not automatically exclude you from being a donor) |
| If yes, please give details: |
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| Have you ever taken recreational drugs intravenously? Yes / No |
| Do you smoke? Yes / No If yes, how many cigarettes per day?  |
| Have you ever been convicted of a criminal offence? Yes / No |
| If yes, please give details: |
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| Have you ever donated or applied to donate your sperm at another UK clinic? Yes / No |
| If yes, please give details: |
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| Have you ever donated your sperm in any other context (e.g. over the internet, to a friend) in the UK or abroad? Yes / No |
| If yes, please give details: |
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| Do you have any children? Yes / No |

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| Would you be willing to visit the Fertility Centre to donate sperm on a regular basis (e.g. once or twice per week) for five to ten weeks, with a two-day abstinence period prior to each visit? Yes / No |
| Are you able to provide photo ID (driving licence or passport)? Yes / No |

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| I confirm that I have answered this questionnaire truthfully and to the best of my knowledge. |
| Signature: |
| Date questionnaire complete: |

**What happens next?**

Please email your completed questionnaire to donorbank.whittington@nhs.net. If your answers indicate that you may be suitable to be a donor, we will contact you shortly.