I am the:

☐ Egg Donor

☐ Sperm Donor

☐ Surrogate

Identification

RAMQ
First Name
Last Name
Date of Birth (YYYY/MM/DD)
Gender
Hospital Card Number

General Information and Social History

	Since completion of the Initial Screening form, is there any change in your personal health such as:	**Yes**	**No**	**Comments**
1.	Do you have any new allergies?			
2.	Have you been prescribed a new medication or new treatment?			
3.	Have you been diagnosed with a new medical condition or serious infection?			
4.	Have you had any surgery?			
5.	**For egg donors and surrogates only:** Have you been pregnant since you completed the initial questionnaire?			
6.	Have you received a blood product, blood transfusion or tissue from a donor?			
7.	Have you been diagnosed with a sexually transmissible infection (STI)?			
8.	Have your habits concerning smoking or consumption of alcohol and/ or drugs changed?			
9.	Have you had new sexual partner(s)? If so, how many? _____			

	Since completion of the Initial Screening form, is there any new medical information in your immediate FAMILY (children, parents, siblings, grand-parents) such as:			
10.	A sudden death?			
11.	A new genetic disease / condition?			
12.	A new serious illness?			
	Is there any new information about you or your family you would like to share?			
13.				
14.				
15.				

Infectious Disease Screening

	Indications of high risk for HIV, Hepatitis B, Hepatitis C and HTLV diseases	**Yes**	**No**	**Comments**
16.	In the last five (5) years, have you used **nonmedical** intravenous, intramuscular, or subcutaneous injection of drugs?			
17.	In the last twelve (12) months, have you had sex with any person who used **nonmedical** intravenous, intramuscular, or subcutaneous injection of drugs?			
18.	In the last twelve (12) months, have you engaged in sex in exchange for money or drugs?			
19.	In the last twelve (12) months, have you had sex with any person who has engaged in sex in exchange for money or drugs?			
20.	In the last four (4) months, have you taken any medications to prevent HIV infection, such as pre-exposure prophylaxis or post-exposure prophylaxis?			

21.	In the last (12) months, have you had sex with a person known to have taken any medications to prevent HIV infection (see item 20.), have HIV, clinically active Hepatitis B or clinically active Hepatitis C?			
22.	In the last three (3) months, have you had anal sex with a new sexual partner? **(Sperm donor only)**			
23.	In the last three (3) months have you had multiple sexual partners and have you had anal sex with one of those partners during that time **(Sperm donor only)**			
24.	In the last twelve (12) months, have you been exposed to known or suspected HIV-, Hepatitis B-, and/or Hepatitis C-infected blood through percutaneous inoculation or through contact with an open wound, non-intact skin, or mucous membrane (mouth, eye, nose, vagina or penis, anus)?			
25.	In the last twelve (12) months, have you been in a correctional facility, jail or prison for more than 72 consecutive hours?			
26.	In the last twelve (12) months, have you undergone tattooing, ear piercing, or body piercing in which sterile procedures were not used?			
27.	In the last twelve (12) months, have you had close contact (for example, living in same household, caring for) with another person having clinically active Hepatitis B or clinically active Hepatitis C infection?			
28.	Do you have a history of infection with HIV-1, HIV-2, HTLV-1, HTLV-2, clinically active Hepatitis B or clinically active Hepatitis C?			
29.	In the last twelve (12) months, have you or your sexual partner(s) received, blood, blood components, blood products, or other human tissues that are known to be possible sources of blood-borne infection?			
30.	In the last six (6) months, have you used cocaine intranasally?			

	Indication of high risk of Zika or West Nile Virus Infection	Yes	No	Comments
31.	In the past three (3) months, have you been evaluated, diagnosed or treated for the Zika Virus?			
32.	In the past three (3) months, have you lived in or travelled outside of Canada?			Name of country_____
33.	In the past three (3) months, have you had unprotected sex with a person who is known to have either of the risk factors for Zika infection listed in 31. and 32. above?			
34.	Have you had a diagnosis or suspicion of West Nile Virus infection (based on symptoms and/or laboratory results or confirmed West Nile Virus infection) in the last 120 days following diagnosis or onset of illness, whichever is later?			

As per Quebec's law on the *Right to know one's origins in assisted procreation involving a third person*, I understand that the MUHC Reproductive Centre must transmit certain information concerning the profile of a person who has contributed to the procreation of a child to the Minister of Employment and Social Solidarity for entry in the Register of Origin.

Please sign in the box that is <u>applicable to you</u>:

DISCLAIMER BY <u>EGG OR SPERM DONOR</u>

I hereby confirm and acknowledge that the above information is true and complete.

I confirm that I know the intended recipient to whom I have consented to donate my gametes (eggs or sperm).

I recognize that the information contained in this document will also be shared with the recipient as part of the egg or sperm donation process.

Patient Name (Print)	*Signature*	*Place (City)*	*Date (YYYY/MM/DD)*

DISCLAIMER BY <u>SURROGATE</u>

I hereby confirm and acknowledge that the above information is true and complete.

I confirm that I know the intended parent(s) to whom I have consented to carry their child.

I recognize that the information contained in this document will also be shared with the intended parent(s) as part of the surrogacy process.

Patient Name (Print)	*Signature*	*Place (City)*	*Date (YYYY/MM/DD)*