

DONOR INFORMATION AND CONTACT REQUEST

At California Cryobank and Donor Egg Bank USA by CooperSurgical (“CSI”), we’re proud to have helped thousands of donor-conceived persons (DCPs) connect with their donors, and we are pleased to offer that same service to you. We understand just how important and impactful this interaction can be. And because it can also be an emotional process, we’re committed to doing our best to make it the most positive experience it can be for everyone involved.

This form will be used for DCPs to request non-identifying information about their donor, and, if eligible, to initiate mediated contact and/or request identifying donor information. All contact requests must be initiated by the donor-conceived adult (18 years or older). Parents, guardians and/or donors may not initiate contact. If you are under the age of 18, your parent or legal guardian must complete this request form with you. DCPs who are minors are only eligible to receive non-identifying social and medical information about their donor.

Setting Your Expectations for Contact

Before you begin, it’s important to know what to expect from the process and to review the donor types below to understand the program your donor participated in. While we promise to do everything we can to facilitate this contact, we cannot guarantee the end result. Whatever level of contact that’s achieved will ultimately depend on the willingness and consent of both you and the donor. There are, in fact, those rare instances when a donor will choose not to connect. If that’s the case, unfortunately, there’s nothing we can do to compel the donor to do so.

However, it’s more likely that your donor will be open to your request, and in most cases your interaction will begin with an exchange of letters or e-mails. Sometimes this will be the extent of the contact. Yet, many times, this initial connection will lead to additional written contact, phone calls, and exchange of identifying information or even face-to-face meetings. In our experience, keeping an open mind and remaining patient throughout the process leads to the most satisfying results for all involved.

Donor Types:

- ☐ **Open Donors:** Have agreed to at least one anonymous communication with DCPs once they turn 18. Contact is facilitated by CSI and may include email, phone, letter, or in-person meeting, based on mutual agreement.
- ☐ **ID Disclosure Donors:** Have consented to the release of identifying information (e.g., name, DOB, current and permanent address, if different) to DCPs at age 18. Donors are notified and given 30 days to respond before their identifying information is released. Anonymous contact may be requested first.
- ☐ **Anonymous Donors:** Have not agreed to contact but may be open to anonymous interaction. CSI will attempt to facilitate contact upon request, but identifying information will only be shared with mutual consent.

How It Works

The first step is for you to complete the attached form so we can be certain we're attempting to connect you with the correct donor. While this step is generally completed quickly, it may take up to fourteen days for us to properly review historical records to verify the donor. While you're waiting, we suggest you consider what you'll want to say to your donor and what you'll want to learn from them. Then, you can put those thoughts into a letter or e-mail that we'll share with the donor once they respond.

If we are unable to verify your donor number using our historical records, it may be necessary to pursue parentage testing to confirm the donor number before initiating contact with the donor or sharing any identifying information. Should this be required, you will be supported by one of our Reproductive Genetic Specialists from the Genetics Department.

They will guide you through the parentage testing process, and the types of samples needed and how to complete the request form. If testing is possible, they will also help coordinate with the parentage testing laboratory. This process will require you to provide a DNA sample, typically collected via cheek swab or saliva. If parentage testing is needed and feasible, it will be performed as a courtesy and at no cost to you.

Getting Started

We look forward to helping you in your effort to connect with your donor.

Please complete the attached form so we can get started, and feel free to reach out to us with any additional questions at **866-927-9622**. If you are located outside of the United States, please contact us directly about your available options.

Once the verification process is complete, we'll reach out to your donor on your behalf and/or provide you with the donor's information items (if requested). If this is the first contact request the donor has received, it can take a number of weeks to receive their response.

While this may seem like a long time, it's important to remember that this is a significant event in the donor's life as well. Understandably, they will most likely want to take some time to consider this interaction and make certain they're fully comfortable with the idea. We'll be sure to keep you updated on the status of your donor's response.

Then, once your donor is available and willing to receive contact, our staff will help you to exchange your initial e-mails or letters, making sure to remove any identifying information for each of you. If you and your donor decide to share direct contact information, we're happy to help facilitate that interaction as well.

DONOR INFORMATION AND/OR CONTACT REQUEST BY ADULT DCP

This request must be initiated and submitted by the Donor Conceived Person. Please be sure to include a copy of your government-issued photo ID.

Donor Conceived Person Information:

(All questions in this area should be answered as they pertain to the donor conceived person.)

Name: _____

Mailing address: _____

E-mail address: _____

Phone number: _____ Donor conceived person's birth date: _____

Type of Donor Information Request (check all that apply): *Depending on the Donor Type, not all Information Requests listed below may be available. If you select an option that is **not** available for your donor type, you will be notified.*

- Non-Identifying Social and Medical Information (e.g. donor social and medical profiles, photos, donor marketing items)
- Mediated Contact with Donor (e.g. facilitated email or letter exchange)
- Donor's Identifying Information (e.g. name, DOB, current and permanent address- *last known to CSI*) *Only applicable to donors classified as **ID Disclosure***

Parent Information:

(All questions in this area should be answered as they pertain to the parent)

Legal name at the time of reproductive procedure: _____

The following information is not required but helpful in supporting and processing your request:

Parent's birth date: _____

Partner's legal name (if any) at the time of reproductive procedure: _____

Was the pregnancy reported to CSI? (Y/N): _____

Parent's legal name at the time the pregnancy was reported: _____

Parent's address at the time of reproductive procedure: _____

Name of the physician who performed the reproductive procedure: _____

Name of reproductive clinic and its location (city, state): _____

Approximate reproductive procedure date: _____

Donor number used for the procedure that resulted in the pregnancy (if known): _____

Was the purchase made directly by the parent through California Cryobank or Donor Egg Bank USA, or was it made by their physician? _____

Supporting Documents (Optional):

The following documents are requested to help verify and facilitate your request. While not required, providing them may expedite the process:

- **Birth Certificate** of the donor-conceived person
- **Government-issued Photo ID** of the parent

I attest that all information reported is accurate to the best of my knowledge.

Donor Conceived Person Signature

Date

DONOR INFORMATION REQUEST BY MINOR DCP

The form below is to be completed by both the minor donor conceived person and their parent or legal guardian to request non-identifying social and medical information (e.g. donor social and medical profiles, photos, donor marketing items) . **Please be sure to include copies of a government-issued photo ID for both the donor conceived person (if available) and the parent or legal guardian. While not required, providing a copy of the birth certificate for the donor conceived person may help the verification process.**

Donor Conceived Person Information:

(All questions in this area should be answered as they pertain to the donor conceived person.)

Name: _____

Mailing address: _____

E-mail address: _____

Phone number: _____ Donor conceived person's birth date: _____

I attest that all information reported is accurate to the best of my knowledge.

Minor Donor Conceived Person Signature

Date

DONOR INFORMATION REQUEST

Parent Information:

(All questions in this area should be answered as they pertain to the parent. If there is more than one parent, we request the signature of the primary account holder for verification. Fields marked with an asterisk (*) are required. All other information is optional but may be helpful in supporting and processing your request.)

*Legal name at the time of reproductive procedure: _____

Parent's birth date: _____

Partner's legal name (if any) at the time of reproductive procedure: _____

Was the pregnancy reported to CSI? ? (Y/N) _____

Your legal name at the time the pregnancy was reported: _____

Address at the time of insemination/transfer: _____

Name of the physician who performed the reproductive procedure: _____

Name of reproductive clinic and its location (city, state): _____

Approximate reproductive procedure date: _____

Donor number used for the procedure that resulted in the pregnancy (if known): _____

Was the purchase made directly by you through California Cryobank or Donor Egg Bank USA, or was it made by your physician? _____

I attest that all information reported is accurate to the best of my knowledge.

Parent Signature

Date

Internal use only (section below to be completed by a California Cryobank or Donor Egg Bank USA representative):

Registration packet received date: _____

Parent account number: _____ Confirmation of donor number used: _____

Completed by: _____

Date: _____