

Printed Male Semen Patient Name:

DOB:

Printed Spouse, Partner or Known Egg Donor Name:

DOB:

DONOR ELIGIBILITY QUESTIONNAIRE – **MALE** PATIENT

Date completed: ____ / ____ / ____ (Month / Day / Year)

1. Are you a male who had sex with another male in the five years preceding collection of the semen that formed the embryos intended for donation? (Please answer according to your biological birth sex.)

Yes

No

N/A - my birth sex was not designated as male

Yes ____ No ____ 2. Did you inject drugs for a non-medical reason in the five years preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, including intravenous, intramuscular or subcutaneous injections?

Yes ____ No ____ 3. Did you engage in sex in exchange for money or drugs in the five years preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation?

Yes ____ No ____ 4. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you have sex with any person who would have answered yes to any of the 2 previous items, or had sex with a male who has had sex with another male in the preceding 5 years, or with any person known or suspected to have HIV infection, including any person who has had a positive or reactive test for HIV virus hepatitis B (HBV) infection or clinically active (symptomatic) hepatitis C (HCV) infection?

Yes ____ No ____ 5. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, were you exposed to known or suspected HIV, HBV, and/or HCV-infected blood through percutaneous inoculation (e.g., needle-stick) or through contact with an open wound, non-intact skin, or mucous membrane?

Yes ____ No ____ 6. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, were you in juvenile detention, lock up, jail or prison for more than 72 consecutive hours?

The following questions discuss hepatitis, including you, persons in your household and your intimate contacts.

Yes ____ No ____ 7. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you live with (reside in the same dwelling) another person who has hepatitis B or clinically active (symptomatic) hepatitis C infection?

Yes ____ No ____ 8. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you undergo tattooing, ear piercing, or body piercing in which sterile procedures were not used e.g., contaminated instruments and/or ink were used, or shared instruments that had not been sterilized between procedures were used?

Yes ____ No ____ 9. Have you had a past diagnosis of clinical, symptomatic viral hepatitis after your eleventh birthday, unless evidence from the time of illness documents that the hepatitis was identified as being caused by hepatitis A virus (e.g., a reactive IgM anti-HAV test), Epstein-Barr Virus (EBV), or cytomegalovirus (CMV)?

Yes ___ No ___ 10. At the time of retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you have or suspect that you had sepsis (systemic infection)?

The following questions discuss smallpox vaccination.

11. If you had a smallpox vaccination (vaccinia virus) in the eight weeks preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did your scab separate spontaneously?

___ N/A – I did not have a smallpox vaccination in the eight weeks preceding the procedure

___ Yes – My scab separated spontaneously

___ N/A – I did not acquire a scab as a result of my smallpox vaccination

___ No – My scab did not separate spontaneously

12. If you had a smallpox vaccination (vaccinia virus) in the eight weeks preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, were you vaccinated more than 21 days prior to retrieval/collection of the oocytes or semen?

___ N/A – I did not have a smallpox vaccination in the eight weeks preceding the procedure

___ Yes

___ No

13. If you had a smallpox vaccination (vaccinia virus) in the eight weeks preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation and had complications as a result of that vaccine, were your complications completely resolved for at least fourteen days prior to retrieval/collection of the oocytes or semen?

___ N/A – I did not have a smallpox vaccination in the eight weeks preceding the procedure

___ N/A – I did not have any complications from my smallpox vaccination

___ Yes

___ No

14. At the time of retrieval/collection of the oocytes or semen that formed the embryos intended for donation, had you been diagnosed with clinically recognizable vaccinia virus infection and developed scabs or skin lesions acquired by close contact with someone who received the smallpox vaccine (i.e., touching the vaccination area or the scab, including the covering bandages, or touching clothing, towels, or bedding that might have come into contact with an unbandaged vaccination area or scab) and the resulting scab has since spontaneously separated?

___ N/A – I had not been diagnosed with clinically recognizable vaccinia virus infection

___ N/A – I did not have any complications, scabs or lesions as a result of my diagnosis

___ Yes – My scab separated spontaneously

___ No – My scab did not separate spontaneously, but it was three or more months between the date of the vaccination of the vaccine recipient with whom I had close contact and the procedure

___ No – My scab did not separate prior to the procedure

___ No – My scab did not separate spontaneously, and it was less than three months between the date of the vaccination of the vaccine recipients with whom I had close contact and the procedure

15. At the time of retrieval/collection of the oocytes or semen that formed the embryos intended for donation, had you been diagnosed with clinically recognizable vaccinia virus infection and developed other complications of vaccinia infection acquired by close contact with someone who received the smallpox vaccine (i.e., touching the vaccination area or the scab, including the covering bandages, or touching clothing, towels, or bedding that might have come into contact with an unbandaged vaccination area or scab)?

N/A – I had not been diagnosed with clinically recognizable vaccinia virus infection

N/A – I had not been diagnosed with clinically recognizable vaccinia virus infection

Yes - But my complications were resolved for at least fourteen days prior to the procedure

No – I had no complications as a result of my diagnosis

Yes – But my complications were not resolved for at least fourteen days prior to the procedure

The following questions discuss West Nile Virus.

Yes No 16. In the 120 days preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you have a medical diagnosis, onset of illness, or suspicion of WNV (West Nile Virus) infection (including diagnosis based on symptoms and/or laboratory results or confirmed WNV viremia)?

Yes No 17. In the 120 days preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you test positive or reactive for WNV infection using an FDA-licensed or investigational WNV NAT donor screening test?

The following questions discuss sexually transmitted infections or diseases.

Yes No 18. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, had you been treated for or had syphilis?

Yes No 19. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, had you been treated for or had Chlamydia trachomatis or Neisseria gonorrhoea infection?

Yes No 20. Have you or any of your blood relatives ever been diagnosed with Creutzfeldt-Jakob disease (CJD)?

Yes No 21. Have you ever been diagnosed with vCJD or any other form of Creutzfeldt-Jakob disease (CJD)?

Yes No 22. Have you ever been diagnosed with dementia or any degenerative or demyelinating disease of the central nervous system or other neurological disease of unknown etiology?

Yes No 23. Have you ever received a non-synthetic dura mater transplant, received human pituitary derived growth hormone, and/or have one or more blood relatives diagnosed with CJD that was not subsequently found to be an incorrect diagnosis, found to be iatrogenic, or that laboratory testing (gene sequencing) shows that you do not have a mutation associated with CJD?

The following questions discuss travel to or residence in Europe. Each lists specific dates, time frames and/or countries.

Yes No 24. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, had you spent 3 months or more, cumulatively, in the UK (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands) from the beginning of 1980 through the end of 1996?

Yes ___ No ___ 25. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, were you a current or former US military member, civilian military employee, or dependent of a military member or civilian employee, who resided at US military bases in northern Europe (Germany, Belgium, and Netherlands) for 6 months or more cumulatively from 1980 through 1990, or elsewhere in Europe (Greece, Turkey, Spain, Portugal, or Italy) for 6 months or more cumulatively from 1980 through 1996?

Yes ___ No ___ 26. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, had you lived cumulatively for 5 years or more in Europe (Albania, Austria, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Macedonia, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, England, Northern Ireland, Scotland, Wales, Isle of Man, Channel Islands, Gibraltar, Falkland Islands, and Yugoslavia) from 1980 until present?

Yes ___ No ___ 27. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, had you received any transfusion of blood or blood components in the UK (England, Northern Ireland, Scotland, Wales, Isle of Man, Channel Islands, Gibraltar, Falkland Islands) or France between 1980 and the present?

The following questions discuss medical procedures involving non-human (animal) cells, tissues or organs.

Yes ___ No ___ 28. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, had you been the recipient of a xenotransplantation product (transplantation, implantation, or infusion) of either cells, tissues or organs from a nonhuman animal source (this includes human bodily fluids, cells, or organs that have had ex-vivo contact with live nonhuman animal cells, tissues, or organs)?

Yes ___ No ___ 29. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, had anyone you had close contact with (e.g., intimate or living in the same household, where sharing of kitchen and bathroom facilities occurs regularly) been the recipient of a xenotransplantation product (transplantation, implantation, or infusion) of either cells, tissues or organs from a nonhuman animal source (this includes human bodily fluids, cells, or organs that have had ex-vivo contact with live nonhuman animal cells, tissues, or organs) not including the product Epicel?

Yes ___ No ___ 30. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did your medical history or medical records show any evidence of a diagnosis or a prior positive or reactive screening test result for HIV?

Yes ___ No ___ 31. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have unexplained weight loss?

Yes ___ No ___ 32. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have unexplained night sweats?

Yes ___ No ___ 33. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have blue or purple spots on or under the skin or mucous membranes typical of Kaposi's sarcoma?

Yes ___ No ___ 34. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have disseminated lymphadenopathy (swollen lymph nodes) for longer than one month?

Yes ___ No ___ 35. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have an unexplained temperature of greater than 100.5 F (38.6 C) for more than 10 days?

- Yes ___ No ___ 36. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have unexplained persistent cough or shortness of breath?
- Yes ___ No ___ 37. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have opportunistic infections (infection that takes advantage of a weakened immune system)?
- Yes ___ No ___ 38. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have unexplained persistent diarrhea?
- Yes ___ No ___ 39. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have unexplained persistent white spots or unusual blemishes in the mouth?
- Yes ___ No ___ 40. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did your medical history or medical records show any evidence of a diagnosis or a prior positive or reactive screening test result for Hepatitis B Virus or Hepatitis C Virus?
- Yes ___ No ___ 41. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have unexplained jaundice?
- Yes ___ No ___ 42. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have unexplained hepatomegaly (enlarged liver)?
- Yes ___ No ___ 43. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you have a past diagnosis of clinical, symptomatic viral hepatitis after your eleventh birthday that was not later identified as being caused by hepatitis A virus, Epstein Barr Virus, or cytomegalovirus?
44. In the 120 days preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you experience unexplained fever, headache, body aches, or eye pain that may have been accompanied by skin rash on the trunk of the body or by swollen lymph glands?
- ___ Yes – No indication of West Nile Virus
- ___ Yes
- ___ No
- Yes ___ No ___ 45. In the 120 days preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you experience a severe illness such as encephalitis, meningitis, meningoencephalitis, or acute flaccid paralysis?
46. In the 120 days preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you experience signs and symptoms of severe illness, including headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions and muscle weakness or paralysis?
- ___ Yes
- ___ No
- ___ Yes – No indication of WNV
- Yes ___ No ___ 47. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, were you diagnosed with sepsis (including bacteremia, septicemia, sepsis syndrome, systemic infection, systemic inflammatory response syndrome (SIRS) or septic shock)?

- Yes ___ No ___ 48. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever have clinical evidence of infection with two or more of the following systemic responses to infection if unexplained: temperature of greater than 100.4 F (38 C), elevated heart rate, elevated respiratory rate or elevated white blood cell count?
- Yes ___ No ___ 49. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you experience more severe signs of sepsis including unexplained hypoxemia, elevated lactate, oliguria (less than normal urination), altered mentation and hypotension (low blood pressure)?
- Yes ___ No ___ 50. In the 12 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you have a blood test that resulted in a positive blood culture associated with the conditions in the previous question?
- Yes ___ No ___ 51. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did your medical history or medical records show any evidence of a diagnosis or a prior positive or reactive screening test result for HTLV?
- Yes ___ No ___ 52. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you ever experience unexplained paraparesis (weakness in the lower extremities)?
- Yes ___ No ___ 53. Prior to retrieval/collection of the oocytes or semen that formed the embryos intended for donation, were you ever diagnosed with adult T-cell leukemia?
- Yes ___ No ___ 54. In the 6 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, were you diagnosed with a Zika virus infection?
- Yes ___ No ___ 55. In the 6 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you reside in, or travel to, an area with an increased risk for Zika virus? Refer to the CDC website <https://www.cdc.gov/zika/areasatrisk.html>
- Yes ___ No ___ 56. In the 6 months preceding retrieval/collection of the oocytes or semen that formed the embryos intended for donation, did you have sexual intercourse with a person who was known to have either been diagnosed with the Zika Virus or had resided or traveled to an area with an increased risk for Zika virus transmission?

Male Patient Signature

Date