# **SPERM/SEMEN DONOR INFORMATION FORM**

## Personal Details:

1. Full Name: shae

2. Date of Birth: 2025-07-09 (As per Aadhaar, Attached)

3. Contact Number: 7896541230

4. Email Address: s@hm.com

5. Aadhaar Number: 123456789012

## Health and Medical History:

1. Any Known Genetic Disorders or Medical Conditions: uyfyuf

2. Family History of Genetic Conditions: kvkj

3. Current Medications: kgiob

4. Allergies: oihoi

## Lifestyle and Habits:

1. Smoking Habits: (Circle one) No

If yes, Frequency: N/A (e.g., daily, occasionally)

If yes, Number of Cigarettes per Day: N/A

2. Alcohol Consumption: (Circle one) No

If yes, Frequency: N/A (e.g., weekly, monthly)

If yes, Average Amount Consumed: N/A (e.g., number of drinks per occasion)

3. Recreational Drug Use: (Circle one) No

4. Dietary Preferences: (Circle one) Non-Vegetarian

## Reproductive History:

1. Marital Status: (Circle one) Married

2. Number of Biological Children (if any): 1

Child 1: Age: 10

3. Previous Donor Experience (if applicable): (Circle one) No

4. Frequency of Donations (if known): 5

## Physical Attributes:

1. Height: 100 cm (in centimetres or feet/inches)

2. Weight: 25 kg (in kilograms or pounds)

3. Educational Qualifications: yfghg

4. Mother Tongue: hfhs

5. Skin Colour: fhcfh

6. Hair Colour: hxxhc

7. Eye Colour: hfchc

8. Religion: hdxhf

9. Occupation: cgnc

## Consent and Legal Acknowledgment:

1. I understand that my genetic material will be used for assisted reproductive purposes.

2. I consent to the storage and use of my sperm/semen for fertility treatments.

3. I acknowledge that I am voluntarily providing this information, this shall be used for the legal purpose.

4. Furthermore, I declare I have never donated my semen to any ART clinic or bank, nor through any other means, and I will not donate my semen in the future.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 17/07/ %2025