# **SPERM/SEMEN DONOR INFORMATION FORM**

## Personal Details:

1. Full Name: {full\_name}

2. Date of Birth: {date\_of\_birth} (As per Aadhaar, Attached)

3. Contact Number: {contact\_number}

4. Email Address: {email\_address}

5. Aadhaar Number: {aadhaar\_number}

## Health and Medical History:

1. Any Known Genetic Disorders or Medical Conditions: {genetic\_disorders}

2. Family History of Genetic Conditions: {family\_history}

3. Current Medications: {current\_medications}

4. Allergies: {allergies}

## Lifestyle and Habits:

1. Smoking Habits: {smoking}

If yes, Frequency: {smoking\_frequency}

If yes, Number of Cigarettes per Day: {cigarettes\_per\_day}

2. Alcohol Consumption: {alcohol}

If yes, Frequency: {alcohol\_frequency}

If yes, Average Amount Consumed: {alcohol\_amount} (e.g., number of drinks per occasion)

3. Recreational Drug Use: {drug\_use}

4. Dietary Preferences: {diet}

## Reproductive History:

1. Marital Status: {marital\_status}

2. Number of Biological Children (if any): {num\_children}

{children\_ages}

3. Previous Donor Experience (if applicable): {donor\_experience}

4. Frequency of Donations (if known): {donation\_frequency}

## Physical Attributes:

1. Height: {height}

2. Weight: {weight}

3. Educational Qualifications: {education}

4. Mother Tongue: {mother\_tongue}

5. Skin Colour: {skin\_colour}

6. Hair Colour: {hair\_colour}

7. Eye Colour: {eye\_colour}

8. Religion: {religion}

9. Occupation: {occupation}

## 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: {date}