



**Form  
Donor  
Initial Enquiry Questionnaire**

Please return to : Linda McCorkindale  
Administration Assistant  
Assisted Reproduction Unit  
Aberdeen Maternity Hospital  
Foresterhill  
Aberdeen AB25 2ZL

Tel : (01224) 553101

I am interested in becoming a egg/sperm donor and would like an appointment to discuss this further.

Name (Block Capitals): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

Telephone (Evening): \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_

Occupation: \_\_\_\_\_

GP Name: \_\_\_\_\_

GP Address: \_\_\_\_\_

Signature: \_\_\_\_\_

*(in the case of electronic completion please enter email address above)*

Email Address: \_\_\_\_\_

Please note any specific requests here

We will try to accommodate you