



## ***The New Hope Center for Reproductive Medicine Donor Embryo Program Steps:***

**Step 1** – Email The New Hope Center (NHC) at: [Contact@thenewhopecenter.com](mailto:Contact@thenewhopecenter.com) to inquire about our Donor Embryo Program.

**Step 2** – Download & Complete the Donor Embryo Application (pages #2-9 below), and submit by email or mail, along with payment of the **\$100.00 non-refundable application fee**. This fee is for the process and review of your Medical History form by our Medical Director.

**NOTE: A credit card authorization form is attached below – page #10**

**Step 3** – Once your application & payment are received, you will receive a confirmation, and the Medical Director will review your application to determine if you've met all the necessary qualifications to participate in the program.

**Step 4** – Our Third-Party Reproductive Coordinator will contact you with the status of your application.

**Step 5** – Once approved – you'll be scheduled for a consultation with our office, in order to establish your care with the practice. You will meet with a Provider to discuss the clinical aspects of treatment in greater detail. In addition, a NHC Financial Counselor will review the applicable fees involved in the Program.

**Step 6** – If you elect to participate in the Program and wish to receive donated embryos, the “matching” process will begin.

**Step 7** – Once matched, you will select the month/series during which to proceed with the Embryo Transfer cycle.

**Step 8** – Your stimulation protocol is prepared, and all required pre-cycle testing and preparation is scheduled.

**Step 9** – The Donor Embryo cycle begins!

***\*See additional clarification on page #9***



## ***The New Hope Center for Reproductive Medicine***

### **Prospective Donor Embryo Recipient Application/Prerequisites/Profile:**

**NOTE: There is a \$100.00 non-refundable application fee, due at the time of submission. To pay by credit card, please complete page #9 and submit along with this application. Your application will not be processed until payment is received.**

### ***PLEASE ANSWER ALL QUESTIONS IN THEIR ENTIRETY:***

**What type of donation are you looking for?**

\_\_\_\_\_ Open or "Known"  
\_\_\_\_\_ Anonymous

**Have you been in a stable relationship for at least 3 years?**

Yes  No

**Have you *applied* for Donated Embryos previously?**

No  Yes – If YES: To What Program(s) did you apply (name of center or agency)?

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Have you *received* Donated Embryos previously?**

No  Yes – If YES: Through what Program/Center/Agency? \_\_\_\_\_

If YES: When did you cycle using the embryos?

Date: Mo. \_\_\_\_\_ Yr: \_\_\_\_\_

If YES: Was the procedure successful (pregnancy established)?

No  Yes - M / F: \_\_\_\_\_ Date of birth \_\_\_\_\_

Other (i.e. miscarriage, ectopic, etc.) \_\_\_\_\_

**Do you consume alcoholic beverages on a normal daily or weekly basis?**



No  Yes – If YES: # drinks per day \_\_\_\_\_ # drinks per week \_\_\_\_\_

**Will you abstain from consuming alcoholic beverages during the application process, embryo transfer preparation and procedure process, and during pregnancy?**

Yes  No

**Do you smoke or use tobacco products on a regular basis?**

No  Yes – If YES: # per & product day \_\_\_\_\_  
# per & product week \_\_\_\_\_

**Will you abstain from smoking or using tobacco products during the application process, embryo transfer preparation and procedure process, and during pregnancy?**

Yes  No

**Is at least one partner of the adopting couple a legal citizen of the United States?**

Yes  No

**Do you understand that preference will be given to persons/couples with no children?**

Yes  No

**Can you pay the \$100 application fee TODAY with a credit or debit card?**

Yes  No

## Recipient Profile

Return this profile sheet to become part of The New Hope Center for Reproductive Medicine's Donated Embryo Program. Please do not return this form if you are not ready to move forward with this program.

• Recipient's Name  Title  First  Last  Suffix

Enter the name of the intended mother. This is the recipient, or the individual that will carry the pregnancy.

• Partner's Name  Title  First  Last  Suffix



- Primary Phone  - (###)  - ###  #####

We will call the primary phone first. If we are unable to reach you at this number, we will try the secondary number.

- Alternate Phone  - (###)  - ###  #####
- Special Phone Instructions?

\_\_\_\_\_

Enter any specific instructions about calling. We leave only generic messages stating we are a doctor's office and our phone number.

- Contact Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Use the address where you would normally receive mail.

- Email

Enter an email if you authorize us to contact you by email regarding your submission. We will not send unwanted email so please use an email account you check often.

## • Physical and Personal Characteristics \*\* Recipient



- Recipient's Date of Birth  / MM  / DD  YYYY

Enter the recipient's date of birth.

- Recipient's Occupation

- \_\_\_\_\_

- Recipient's Race

- \_\_\_\_\_

Examples include: Caucasian, Black, Asian, Hispanic, etc.

- Recipient's Ethnicity

- \_\_\_\_\_

List your family background: African, German, Irish, Chinese, Indian, etc. You may enter more than one option.

- Recipient's Skin Color

- \_\_\_\_\_

Describe your skin color. Examples: fair, medium, olive, dark brown, freckles, etc.

- Recipient's Hair Color

- \_\_\_\_\_

Enter your hair color. If your hair is dyed or gray, please indicate your natural hair color during your adult life.

- Recipient's Hair Texture

- \_\_\_\_\_

- Recipient's Eye Color

- \_\_\_\_\_

- Recipient's Height

- \_\_\_\_\_

- Recipient's Weight

- \_\_\_\_\_

- Recipient's Body Build

- Recipient's Medical History

- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Please list any medical problems or significant health issues that we would need to know during a pregnancy. A more detailed history will be requested at a later time so you do not have to include all details here.

- Recipient's Reproductive History

- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Please provide a very brief summary about previous pregnancies, number of years trying to conceive, and previous fertility treatments

- Current Status**

- Let us know how ready you are to proceed with embryo adoption.

- What is your estimated timeframe for proceeding with donated embryos?

- Physical and Personal Characteristics \*\* Partner**

- Partner's Date of Birth  / MM  / DD  YYYY

Enter the recipient's date of birth.

- Partner's Occupation

- \_\_\_\_\_

- Partner's Race

- \_\_\_\_\_

Examples include: Caucasian, Black, Asian, Hispanic, etc.

- Partner's Ethnicity

- \_\_\_\_\_

List your family background: African, German, Irish, Chinese, Indian, etc. You may enter more than one option.

- Partner's Skin Color

- \_\_\_\_\_

Describe your skin color. Examples: fair, medium, olive, dark brown, freckles, etc.

- Partner's Hair Color

- \_\_\_\_\_

Enter your hair color. If your hair is dyed or gray, please indicate your natural hair color during your adult life.

- Recipient's Hair Texture

- \_\_\_\_\_

- Partner's Eye Color

- \_\_\_\_\_

- Partner's Height

- \_\_\_\_\_

- Partner's Weight

- \_\_\_\_\_

- Partner's Body Build

- Partner's Medical History

- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any medical problems or significant health issues that you have. We would like to know of any terminal illnesses or social issues that would be relevant to being a parent.

- **Donor Preferences**



Do you have any strict requirements (other than healthy donors) when it comes to matching embryos to your profile?

If you have very specific criteria that must be met during the matching process, please let us know how strict you are with these requirements.

- List any race or ethnic preferences you have for the matching process.

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If you only want to be considered as a recipient for embryos from a donor that is of a specific ethnic background or race, please put your preferences here. If you have no preference, please put "None" or "NA". Mixed race answers are accepted as well.

- List any other preferences you have or provide any additional comments pertaining to the matching process.

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**ADDITIONAL CLARIFICATION:**





- **Recipient Photographs** - Please attach one or two photographs of you and your partner (if applicable), to submit with your application. These photos will assist us with the matching process.
  - Once you have completed your application/profile, please attach and return along with applicable photographs to:  
Amy Wootten at: [AWootten@thenewhopecenter.com](mailto:AWootten@thenewhopecenter.com)
- Your application and information provided will be reviewed and you'll be contacted as to the status.
- Once you have formally established care with our office, **AND** fulfilled the payment obligations for the required Program fees, our Third-Party Coordinator will review our currently available Donor Embryo profiles, and provide those most closely matched to you, for consideration and selection.
- In the event no current matches are available, we will begin our search for other potential Donor Embryo matches on your behalf. This process may take some time, as our Donated Embryo Program, as most others, has a waiting list of Recipients wishing to adopt embryos.
- Our office will do our very best to ensure you are matched as quickly as possible, in order to be on the way to realizing your dream of a baby and family. Please feel free to inquire with our Third Party Reproductive Coordinator, as to what steps *you* can take to assist in the process. Amy Wootten, WHNP, can be contacted via e-mail at [AWootten@thenewhopecenter.com](mailto:AWootten@thenewhopecenter.com) or by telephone at our main number: (757)496-5370.

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