

## Sperm Donor Application

**Why become a sperm donor?** If you are young & healthy, between the age of 21 & 35, love sport or academic activities, feel you have something to offer families or individuals who are struggling to start a family, then donation may well be something you'd like to consider. Artificial Reproductive Procedures has become a widely acceptable option for couples, or single persons yearning to become parents. Equally, LGBT couples wishing to start their own families may follow the same route.

**People struggle with infertility for various reasons** – ranging from genetic disorders, general health problems, stress, lifestyle changes or due to illnesses such as cancer. As a sperm donor you are offering these people the hope of conceiving their own child.

**What is the process?** You will be taken through a series of interviews, tests and evaluations to ascertain your suitability, genetic background, health and lifestyle. These are done at no cost to you. During the course of our evaluation we will determine whether or not you can be considered as a suitable candidate to join our programme. The following conditions result in automatic exclusion as an applicant. Hereditary diseases, Asthma, High Cholesterol, Hypertension/ Heart disease and certain medication please query during initial enquiry to avoid disappointment. During the initial contact the process will be explained and you will be offered an opportunity to ask any and all questions you may have.

**Which tests are conducted?** We screen for inheritable diseases and genetic disorders, sexually transmitted diseases. The mandatory HIV and Hepatitis test results are strictly private, and will be disclosed to you only. Psychological and emotional assessments are also done.

**Can I remain anonymous?** All sperm donor information is treated as private and confidential. In South Africa sperm donor identity is protected by law and it is an offence to make such information known. Sperm donors do have to identify themselves to Androcryos in order to donate. Apart from physical descriptions as outlined in the sperm donor data list, recipients and sperm donor children do not have access to an anonymous sperm donor's private information. ***This is not the case for non-anonymous sperm donors. A non-anonymous sperm donor gives explicit consent to disseminate his personal contact, last known address and identity number to progeny having reached the age of 18 years.***

**Will I have rights or obligations towards the progeny?** No, sperm donors renounce their parental rights and obligations during the donation process through a signed letter of consent allowing their reproductive material to be used during artificial reproductive procedures. The law makes provision to this effect.

**How many times do I donate?** Up to 10 times, with one week intervals. Donations do not have to occur consecutively, allowing time for holidays, exams, and work deadlines. It is preferable that sperm donors abstain from ejaculation for at least three days prior to donating.

**Do I have to donate at your premises?** **Yes, absolutely, sperm donor specimens are produced on-site in the rooms provided** to ensure correct identification of the donor.

**How do you collect sperm?** You produce a specimen through masturbation, you are not assisted during this process. The ejaculate is collected, analysed, and prepared for cryogenic storage.

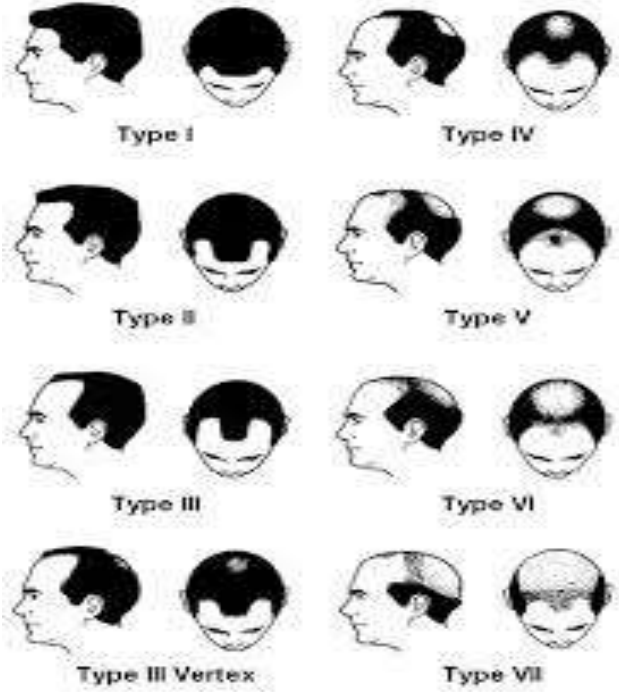
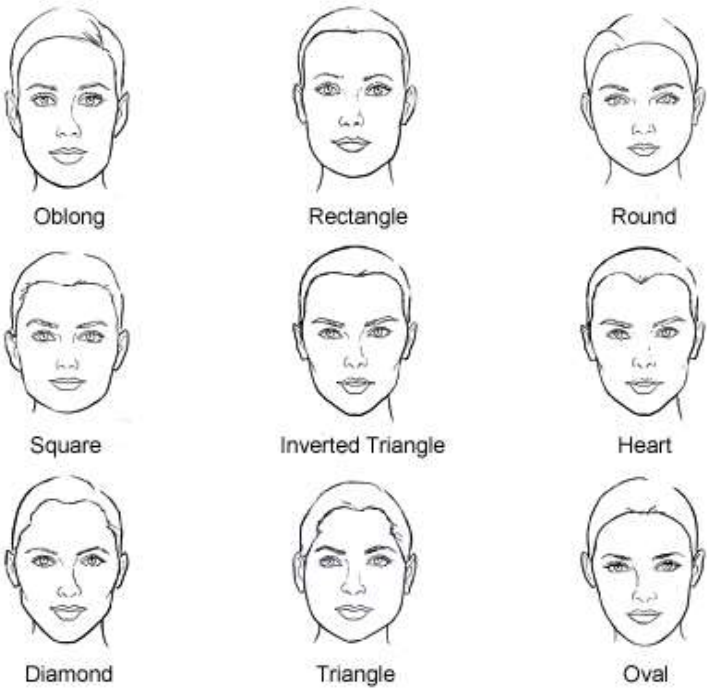
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**When can I start?** When all tests are concluded successfully and our medical doctor gives you a clean bill of health after a full medical examination – you are registered as an Anonymous Sperm donor at Androcryos. During your donation program, routine tests are conducted. Specimens are kept in quarantine until they are cleared for use in artificial reproductive procedures. Donations are received strictly by appointment, and weekend donations can be arranged.

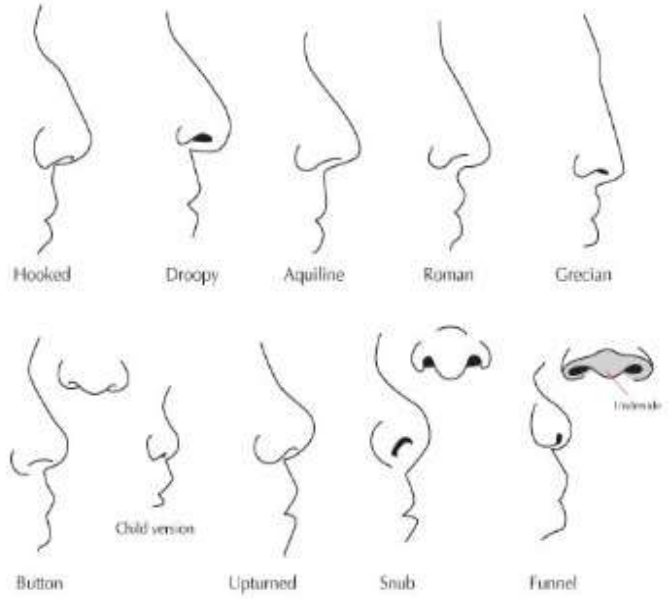
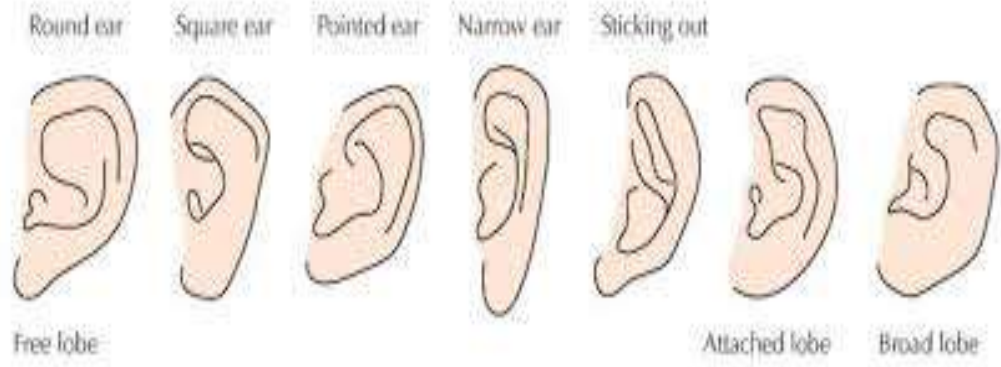
**How do I start?** Complete the form below. We will contact you to arrange a suitable time for your first “Audition” – **bring along your ID/Passport and completed, signed copy of this application as well as recent colour photograph and proof of qualifications and/or current enrolment.**

IDENTITY NUMBER		YEAR OF BIRTH		AGE	
FULL NAMES		SURNAME			
POSTAL OR PHYSICAL ADDRESS				HOME TEL	
				WORK TEL	
				CELLULAR	
E-MAIL					
ALTERNATE CONTACT PERSON NAME				CONTACT	
NATIONALITY/ CITIZENSHIP			ETHNICITY / HERITAGE		
RACE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> INDIAN	<input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> AFRICAN	<input type="checkbox"/> MIXED RACE
				BLOOD GROUP AND RHESUS FACTOR	<input type="checkbox"/> AB <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
HOBBIES/INTERESTS					

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HEIGHT		WEIGHT		ARE YOU AT YOUR USUAL WEIGHT	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL BUILD	<input type="checkbox"/> ATHLETIC <input type="checkbox"/> MUSCULAR <input type="checkbox"/> LARGE FRAME <input type="checkbox"/> STOCKY <input type="checkbox"/> MEDIUM FRAME <input type="checkbox"/> SMALL FRAME	EYE COLOUR	<input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> HAZEL <input type="checkbox"/> GREEN/BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE/GREEN <input type="checkbox"/> BLUE	NATURAL HAIR COLOUR	<input type="checkbox"/> BLOND <input type="checkbox"/> LIGHT BROWN <input type="checkbox"/> BROWN <input type="checkbox"/> DARK BROWN <input type="checkbox"/> BLACK <input type="checkbox"/> RED
HAIR TYPE 			FACE TYPE 		

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<p><b>NOSE TYPE</b></p> 		<p><b>EAR TYPE</b></p> 			
<p><b>HAIR TEXTURE</b></p> <p><input type="checkbox"/> COURSE   <input type="checkbox"/> WAVY   <input type="checkbox"/> THICK  <input type="checkbox"/> STRAIGHT   <input type="checkbox"/> THIN   <input type="checkbox"/> CURLEY</p>	<p><b>SKIN COMPLEXION</b></p> <p><input type="checkbox"/> DARK BLACK   <input type="checkbox"/> MED BLACK  <input type="checkbox"/> LIGHT BLACK   <input type="checkbox"/> DARK BROWN  <input type="checkbox"/> MED BROWN   <input type="checkbox"/> LIGHT BROWN  <input type="checkbox"/> OLIVE   <input type="checkbox"/> TANNED   <input type="checkbox"/> FAIR   <input type="checkbox"/> LIGHT</p>	<p><b>ANY OTHER DEFINING TRAITS?</b></p>			
<p><b>HAVE YOU DONATED SPERM BEFORE?</b></p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p><b>IF SO, WHERE?</b></p>	<p><b>ARE YOU SEXUALLY ACTIVE?</b></p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>			

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ARE YOU CURRENTLY IN A RELATIONSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP	<input type="checkbox"/> MARRIED <input type="checkbox"/> GIRLFRIEND <input type="checkbox"/> BOYFRIEND <input type="checkbox"/> NEITHER	<input type="checkbox"/> MONOGAMOUS <input type="checkbox"/> POLYGAMUS <input type="checkbox"/> SINGLE PARTNER <input type="checkbox"/> MULTIPLE PARTNERS <input type="checkbox"/> CELIBATE
DO YOU HAVE ANY CHILDREN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT ARE THEIR AGES?		WHAT IS YOUR OCCUPATION?
DO YOU CONSIDER YOURSELF TO BE INTELLIGENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU CONSIDER YOURSELF TO BE EMOTIONALLY SENSITIVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHY DID YOU DECIDE TO DONATE YOUR SPERM?				
QUALIFICATIONS ACHIEVED AND AT WHICH INSTITUTION?		QUALIFICATION IN PROGRESS		
PLANNED QUALIFICATIONS		FUTURE QUALIFICATIONS CONSIDERED		
ARE YOU ADOPTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU KNOW YOUR BIOLOGICAL PARENTS /SIBLINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
FATHER: AGE?		ETHNICITY	ALIVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEALTH?		CAUSE OF DEATH?		

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MOTHER: AGE		ETHNICITY		ALIVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEALTH?		CAUSE OF DEATH			
SISTERS: AGE		ETHNICITY		ALIVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEALTH?		CAUSE OF DEATH?			
BROTHERS AGE?		ETHNICITY		ALIVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEALTH?		CAUSE OF DEATH			

I,....., the undersigned, hereby confirm that the information provided above is true and correct.

.....  
DATE (day/month/year)

.....  
SIGNATURE (print & sign)