

REPOSITORY FOR GERMINAL CHOICE

Trustees:  
Maurice W. Nugent, M.D.  
Marta Everton, M.D.  
Robert Graham, Secretary

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Recipient Information and Consent:

Date \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Height \_\_\_\_\_ Weight \_\_\_\_\_

I.Q. \_\_\_\_\_

General Health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hereditary or partially hereditary traits in my ancestry:

haemophilia? \_\_\_\_\_ diabetes mellitus? \_\_\_\_\_

sickle cell anemia? \_\_\_\_\_ Huntington's chorea? \_\_\_\_\_

Tay-Sachs? \_\_\_\_\_ Trisomy-Alkaptonuria? \_\_\_\_\_

Cystic Fibrosis? \_\_\_\_\_

Other pathological traits? \_\_\_\_\_

Do you consume alcohol? \_\_\_\_\_ nicotine? \_\_\_\_\_ caffeine? \_\_\_\_\_ marijuana? \_\_\_\_\_

Serious illnesses? \_\_\_\_\_

Other traits, including potentially constructive or advantageous ones (cooperativeness, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health of parents at this date: Father \_\_\_\_\_ Mother \_\_\_\_\_

Other pertinent information (achievements, etc.): \_\_\_\_\_

\_\_\_\_\_

Full Consent: My husband and I agree for ourselves and for any heirs, to my artificial insemination, realizing that no assurance is possible with respect to quality of offspring, or even that there will be offspring. We further agree to hold harmless the semen donor and his agents, including the Repository and inseminating doctor.

We further agree to respond fully to questionnaires regarding offspring which the Repository may submit from time to time.

\_\_\_\_\_  
Husband

\_\_\_\_\_  
Wife

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness