



## **IDP™ Request Form**

### **Embryo Recipient Request**

#### **Introduction:**

You agreed to participate in the embryo donor Identity Disclosure Program (IDP™). The IDP™ allows Embryo Donation International (EDI) to release the donor's contact information when the donor-conceived offspring (DCO) reaches the age agreed upon by both you and the embryo donors. You need to complete this form to request the identifying information.

This form should be completed when:

- **You are the recipient(s) of the donated embryos and seeing the identifying information of your embryo donors**
- The DCO is at least the age the donors agreed upon but is less than 18 years old (If the DCO is 18 or older, the Donor-Conceived Offspring Request should be completed)

#### **Disclosure Concerns:**

Once you receive the embryo donor contact information, it will again be your decision whether or not to disclose to the DCO that you have this information. You are free to directly contact the embryo recipients or have the DCO initiate contact. Counseling by a skilled mental health professional is available and encouraged upon request.

#### **Previous Registration of the DCO:**

It should be recalled that you must have registered the births of the DCO with EDI to process this request. If you did not register their births within three months of delivery, no guarantee will be provided that the identifying information will be released. The lack of registration makes it very difficult for EDI to release the private identifying information about the donors to you.

#### **Your Rights Under The IDP™ Agreement:**

The following is the protocol of contact EDI will initiate between embryo donors and recipients:

1. After processing your completed request, we will attempt to contact the embryo donors and ask them what their preferred method of contact with you shall be.

2. If 90 days pass after our first attempt at contact of the donors or if they are successfully contacted but refuse to respond to EDI, their identifying information will be released to you.
3. If you are provided a means of contacting the donors but they do not ever respond (documentation of date of contact will be requested), the identifying information will be released to you after 90 days have passed since the documented contact attempt.
4. When the DCO reaches 18 years of age or older, regardless of the level of contact between you or the DCO with the embryo donors, identifying information will be provided to the DCO upon request.

### Remember That Identification is Required:

We ask that the embryo recipient and their partner at the time of the procedure each provide a copy of a photo ID (e.g. Driver's License) so we can confirm that you are indeed the recipients of donated embryos.

**-Please complete the information below-  
(Please print legibly!)**

### Embryo Donor Information:

Donor number: \_\_\_\_\_  I do not know  
Year of embryo transfer resulting in conception: \_\_\_\_\_

### DCO Birth Information:

Date of DCO birth: \_\_\_\_\_  
Registration of DCO was performed within three months of birth date:  Yes  No  
Child/Children's full name(s):  
Child #1: \_\_\_\_\_ Gender:  Male  Female  
Child #2: \_\_\_\_\_ Gender:  Male  Female  
Child #3: \_\_\_\_\_ Gender:  Male  Female

### Embryo Recipient Information:

Mother's full name when embryo donation procedure was completed at EDI:  
\_\_\_\_\_  
Mother's full name at the time of DCO's birth [Name on DCO's Birth Certificate(s)]:  
\_\_\_\_\_  
Mother's current full name:  
\_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

### Partner Information (When applicable):

Partner's full name when embryo donation procedure was completed at EDI:  
\_\_\_\_\_  
Partner's current full name:

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

I did not have a partner at the time of the embryo donation procedure:

### Current Contact Information:

Only provide information that you will allow us to use to contact you-

Current Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

Email address: \_\_\_\_\_

Other preferred form of contact: \_\_\_\_\_

### In Conclusion:

I/We am/are hereby requesting that EDI release to me/us the embryo donor's identity. EDI has also asked the embryo donor's to keep their contact information up-to-date but EDI cannot be held responsible if the information we send you is outdated or incorrect.

I/we do hereby release and hold harmless any physical or psychological effects that may result from my/our receiving the requested information.

_____ Mother's Signature	_____ Mother's Name (Print)	____/____/____ Date
_____ Partner's Signature	_____ Partner's Name (Print)	____/____/____ Date
_____ EDI Coordinator's Signature	_____ EDI Coordinator Name (Print)	____/____/____ Date

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