



CNY FERTILITY  
CENTER

[www.cnyfertility.com](http://www.cnyfertility.com)

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Thank you for expressing interest in our donation program. This program will help infertile people that would otherwise have no chance of achieving a pregnancy. Most recipients considering egg donation have experienced years of infertility and frustration. Egg donation will allow such recipients to experience pregnancy and to become parents. Participation in this process can be a source of great personal satisfaction for the donor.

The questionnaire that you fill out will provide recipients with your personal and medical history. This questionnaire may someday be given to children that may have resulted from your donated egg(s). While not all recipients will choose to disclose this information to the child(ren) all parents want to be able to provide accurate medical information. If children are told that they are born through your donation, the information contained within this questionnaire may be very important to them for medical and psychological reasons. It is for these reasons that we ask you to answer each question as carefully and thoroughly as you are able.

All information requested is voluntary and will remain anonymous. Any identifying information such as name, social security number, and address will be omitted from the copy of the questionnaire given to the recipients.

Donating your eggs is a caring and generous act, given in spite of some risk and discomfort. The recipients feel deep gratitude and respect for the gift you give so willingly. Naturally, most recipients and their children want to know as much as possible about the medical history of the woman who made their family possible. Thank you for letting them know you a little better.

**Please fill out the three part questionnaire neatly and legible** and return it to our office in the prepaid envelope. We will then contact you and set up an appointment to discuss in greater depth what the screening process entails and answer any questions you may have regarding the procedure itself. **Please include a photograph of yourself along with the questionnaire.** Thank you.

We look forward to hearing from you.

Robert J. Kiltz, MD, FACOG  
Medical Director, CNY Fertility Center