

Online Donor Questionnaire:

Name: _____

Address: _____

Phone: _____

Age: _____

Ethnic Background: Maternal: _____ Paternal: _____

Are your periods regular: Yes _____ No _____

How many days does your period flow last: _____

Pregnancy History:

Number of Total Pregnancies: _____

Number of Miscarriages: _____

Number of Abortions: _____

Number of Deliveries: _____

Number of Children: _____

Briefly explain your reasons for wanting to donate.