Donor Questionnaire Part 1
(Assessment of Donor Eligibility)

Thank you for your interest in becoming a sperm donor at Berliner Samenbank GmbH.

Please answer the following questions **truthfully and to the best of your knowledge**. Answering individual questions with "yes" does not automatically lead to exclusion. If you are deemed suitable, additional examinations may be carried out if necessary.

Donor ID (assigned by BSB): _____

Personal information:

Last name _____

First name _____

Date of birth _____

Place of birth _____

Nationality _____

Adress _____

Telephone _____

E-mail-adress _____

Marital status _____

Fathers ethnic origin _____

Mothers ethnic origin _____

What is your motivation for donating sperm?

Personal Profile

Height (cm)	Weight (kg)
Hair color □ Blonde □ Dark blonde □ Light brown □ Brown □ Black □ Red	Hair texture □ Straight □ Wavy □ Curly
Eye color □ Blue □ Blue/Grey □ Brown □ Green □ Green/Brown	Do you consume alcohol? □ No □ Yes How often?
Is there any abuse of illicit drugs or prescription medication? □ No □ Yes Which?	Do you smoke? □ No □ Yes Quantity per day:
Have you ever been or are you currently undergoing psychological or psychiatric treatment? □ No □ Yes If so, why?:	Were you adopted or conceived via gamete donation? □ No □ Yes
Have you previously applied to or already donated at another sperm bank? □ No □ Yes	Have you ever donated sperm privately in the past? □ No □ Yes

Highest level of education / qualification: Occupation:	Hobbies and interests:

Sexual History

Have you ever had any of the following sexually transmitted infections: HIV, hepatitis B or C, gonorrhea, syphilis, chlamydia, genital warts, cytomegalovirus, trichomoniasis, herpes, or others?	No Yes Which? _____When? _____
Are you at increased risk of sexually transmitted infections due to homosexuality, use of hard drugs, or unprotected sexual intercourse with frequently changing partners?	□ No □ Yes If yes, due to? _____

Reproductive History

Have you ever achieved a pregnancy?	□ No □ Yes When? _____
Do you have children?	No Yes Years of birth: _____

Do your children have any significant illnesses? ☐ No ☐ Yes

Which? _____

Have there been any cases of miscarriage, stillbirth, or sudden infant death syndrome in your family? ☐ No ☐ Yes

Health

Are you currently taking any medication? No Yes

Which? _____

Have you ever been treated with human growth hormone or any other pituitary hormone? ☐ No ☐ Yes

Are you currently participating or have you participated in clinical trials for medications or new therapeutic approaches? No ☐ Yes

Which? _____

Have you undergone any invasive medical examinations or treatments (e.g. endoscopy, biopsy) within the last 12 months? ☐ No ☐ Yes

Which? _____

Have you traveled outside Europe within the last 12 months? No ☐ Yes

Where? _____

Have you ever donated blood, platelets, or plasma?	□ No □ Yes Date of last donation? _____

Family Medical History

Do **you or any of your blood relatives** suffer from any of the following conditions? Please tick all that apply and indicate the affected relative and age at first diagnosis.

□ Hypertension	□ Color blindness	□ Cancer	□ Depression or mania
□ Cleft Lip and/ or palate	□ Down syndrome	□ Cystic fibrosis	□ Polycystic kidney disease
□ Cardiac infarction	□ Lesch-Nyhan syndrome	□ Schizophrenia	□ Glaucoma
□ Congenital heart defects	□ Arthritis	□ Hemophilia	□ Alzheimer‘s disease
□ Stroke	□ Rheumatic disease	□ Alcoholism	□ Parkinson’s disease
□ Clubfoot	□ Asthma	□ Muscular dystrophy	□ Noonan syndrome
□ Spinal malformations	□ Marfan syndrome	□ Drug addiction	□ Creutzfeld-Jacob disease (BSE)
□ Blindness	□ Deafness	□ Epilepsy	□ Type I diabetes
□ Gout	□ Bloom syndrome	□ Sickle cell anemia	□ Type II diabetes
□ Short stature	□ Klinefelter syndrome	□ Thalassemia	□ Turner syndrome
□ Allergies	□ Multiple sclerosis		

Condition / affected relative and age at first diagnosis:

Additional significant illnesses:

_____

Family History

	Age (living or deceased)	Cause of death
Paternal grandfather		
Paternal grandmother		
Maternal grandfather		
Maternal grandmother		
Father		
Mother		
Siblings		
Siblings		
Siblings		

I hereby confirm that the information provided is complete and accurate.

_____ _____

Date **Signature (Donor)**

I consent to the storage of my personal data in accordance with the EU GDPR. A copy of my passport / identity card may remain in my file for the purpose of verifying my identity at follow-up appointments, as well as to prevent any risk of confusion that could have serious consequences in the context of our services (Art. 6 Para. 1 GDPR).

I agree to the processing of my collected sperm sample for the purpose of assessing my sperm quality:

□ Yes □ No

The sample collected today will be destroyed after processing in all cases.

I consent to the anonymized use of my data for scientific purposes:

□ Yes □ No

_____	_____
Date	**Signature (Donor)**

The medical history was discussed in detail with the donor during the contractual consultation, and donor eligibility was assessed accordingly.

_____	_____	_____
place, date	**Signature Donor**	**Signature Physician §8d TPG**

What Happens Next?

As sperm quality must meet exceptionally high standards even after cryopreservation and thawing, only approximately 4–8% of applicants are deemed suitable as donors.

If your test donation is suitable, blood and urine samples will be collected to exclude infections. If these results are also satisfactory, a contract may be concluded at a subsequent appointment. The donor contract defines the donor's legal status and regulates sperm donation procedures, health monitoring, and compensation.

Following successful contract conclusion, regular donation begins. Donations are usually performed weekly over several months. Please note that sexual abstinence of 3–5 days is required prior to each donation (i.e., the last ejaculation must have occurred 3–5 days beforehand). Before each donation, a first-stream urine sample must be provided, and after each donation, a blood sample will be taken.

Please inquire about the results of today's test donation by phone, stating your donor ID number (Tel. +49 30 301 88 83).

We wish you and ourselves every success.

Berliner Samenbank GmbH

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