



INVUL-
AV-E

APPLICATION FOR TREATMENT THROUGH SURROGACY FOR INTENDED PARENTS

Dear,

We have received your application for fertility treatment through surrogacy. May we kindly ask you to complete the questionnaire and return it to the address or e-mail address below.

Based on the information you have provided in the questionnaire, it will be determined whether you will be invited for an interview. Your request will be discussed by the multidisciplinary team responsible for surrogacy (composed of a fertility physician, obstetrician, psychologist and 2 midwives). This usually takes some time. If your request for treatment is not accepted, we will inform you by telephone. If the team decides to carry out more extensive screening, you will be contacted in order to arrange the necessary consultations.

Please also add the complete medical file of both future parents. Please also request the surrogate mother's medical/obstetric file from her attending physician and attach it.

To discuss your application, a medical file will be opened for you and an administrative fee of 125 euros will be charged by invoice, regardless of a positive or negative decision. Upon approval of your application and during the treatment process, an additional cost of 500 euros will be charged in total.

Kind regards

The Multidisciplinary Team Gestational Surrogacy

Please return to:
Universitair ziekenhuis Brussel
Brussels IVF – Contact Centre
Laarbeeklaan 101
B-1090 Brussel
België

info@brusselsivf.be

APPLICATION FOR TREATMENT THROUGH SURROGACY FOR INTENDED PARENTS

General data intended parent 1

Name ▶

First name ▶

Address ▶

.....

Date of birth ▶

Nationality ▶

Telephone number ▶

E-mail ▶

Education ▶

Profession ▶

General data intended parent 2

Name ▶

First name ▶

Address ▶

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Date of birth ▶

Nationality ▶

Telephone number ▶

E-mail ▶

Education ▶

Profession ▶

Are you:

- Married
- Legally cohabiting since:
- Cohabiting since:
- Not cohabiting

What is the duration of your relationship?
..... years

What is the duration of your desire to have children?
..... years

Are there already children in this relationship?

- No
- Yes - How many and what age do they have?
▶

Are there children for a previous relationship?

- No
- Yes,
Specify ▶

From what age? ▶

Why are you opting for surrogacy?

▶

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If required; How do you wish to provide an oocyte donor?

▶

.....

Do you have frozen cellular material?

- No
- Yes, specify ▶

Have you sought any legal advice?

- No
- Yes, at ▶

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Medical data intended parent 1

Can you describe any conditions you have suffered from in the past? Please also note when the condition arose and if you underwent any surgery for it.

Are you currently suffering from any (chronic) illnesses?

- No
- Yes - Which? ▶

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Are you taking any medication for your physical and/or mental health?

- No
 - Yes - Wherefore and since when?
- ▶

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Are you currently in follow-up with a medical specialist?

- No
- Yes - Which? ▶

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Are you currently in follow-up with a psychologist/psychiatrist/psychotherapist?

- No
 - Yes
- Specify why and with whom? ▶

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Medical data intended parent 2

Can you describe any conditions you have suffered from in the past? Please also note when the condition arose and if you underwent any surgery for it.

Are you currently suffering from any (chronic) illnesses?

- No
- Yes - Which? ▶

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Are you taking any medication for your physical and/or mental health?

- No
 - Yes - Wherefore and since when?
- ▶

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Are you currently in follow-up with a medical specialist?

- No
- Yes - Which? ▶

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Are you currently in follow-up with a psychologist/psychiatrist/psychotherapist?

- No
 - Yes
- Specify why and with whom? ▶

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Please also attach the complete medical dossier (doctor's reports, examinations, conducted procedures, ...) of both the intended parents.

APPLICATION FOR TREATMENT THROUGH SURROGACY FOR INTENDED PARENTS

ONLY TO BE COMPLETED BY THE PROSPECTIVE PARENTS IF APPLICABLE

Have you been pregnant before?

- No
- Yes - Specify?
 - Spontaneous pregnancy
 - Fertility treatment

Have you already given birth?

- No
- Yes, how many times? ▶

Have you already had pregnancies that were ended early?

- No
- Yes, because of? ▶
.....
.....

CANDIDATE SURROGATE

Have you found a woman willing, as a candidate surrogate, to undergo fertility treatment, to complete a pregnancy and give birth with the purpose of handing over the child to you, as well as to start a legal adoption procedure?

- No, not yet. I/we wish an informative meeting on the possibilities within surrogacy.
- Yes
 - If yes, what kind of relationship do you have with the surrogate?
 - Family, specify? ▶
 - Friendship, specify ▶
 - Other ▶
 - If yes, is there any compensation for the surrogate??
 - No
 - Yes, what kind of arrangements where made?
▶
.....

TO BE COMPLETED BY THE SURROGATE MOTHER – IF APPLICABLE

General data of the surrogate

Name ▶
 First name ▶
 Address ▶

 Date of birth ▶
 Nationality ▶
 Telephone number ▶
 E-mail ▶
 Education ▶
 Profession ▶
 Civil state ▶

General data of the surrogate's partner

Name ▶
 First name ▶
 Address ▶

 Date of birth ▶
 Nationality ▶
 Telephone number ▶
 E-mail ▶
 Education ▶
 Profession ▶
 Civil state ▶

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MEDICAL DATA OF THE SURROGATE

Have you been pregnant before?

- No
- Yes - How many times? ▶
- Spontaneous pregnancy Fertility treatment

Have there been any complications during these pregnancies?

- No
- Yes - Specify? ▶

Have you already had pregnancies that were terminated prematurely?

- No
- Yes - Specify? ▶

Have you already given birth?:

- No
- Yes - How many times? ▶

Did any complications occur during the delivery(s)?

- No
- Yes - Specify? ▶

Did you undergo a caesarean section?

- No
- Yes - How many times? ▶

Do you and your partner still have an active desire to have children?

- No
- Yes - Specify? ▶

Have you been a surrogate mother in the past?

- No
- Yes

If yes, how many times? ▶

If yes, in what kind of situation? ▶

Can you describe any conditions you have suffered from in the past?
Please also note when the condition arose and if you underwent any
surgery for it.

▶

Are you currently suffering from any (chronic) illnesses?

- No
- Yes - Which? ▶

Are you taking any medication for your physical and/or mental
health?

- No
- Yes - Wherefore and since when? ▶

Are you currently in follow-up with a medical specialist?

- No
- Yes - Specify? ▶

What is your height? ▶ cm

What is your weight? ▶ kg

Do you smoke? Yes No

How many/day? ▶

Do you consume alcohol? Yes No

How many/day? ▶

Do you use drugs? Yes No

Which? ▶

How much/day? ▶

Please also request the surrogate mother's full medical/obstetric file from her attending physician and attach it.