



# ORM FERTILITY

## Gestational Carrier Match & Medical Records Checklist

Thank you for your partnership with ORM Fertility. We ask that you gather the records and present them only when they are complete. Additionally, we ask that you include all records for any screening or treatment performed at a REI clinic. Please include any explanation or outcome information on previous carrier attempts.

Please send completed ORM Match Sheet and Medical Records to [GCReview@ormfertility.com](mailto:GCReview@ormfertility.com)

### MATCH INFORMATION

Agency Name:	Agency Contact (name + email):
Carrier Full Legal Name:	Carrier Date of Birth:
Carrier Complete Address (Street, City, State, Zip):	
Carrier Mobile:	Carrier Email:
Carrier Partner Full Legal Name:	Partner Date of Birth:
Partner Mobile:	Partner Email:
IP Name(s):	

### PLEASE CHECK WHICH REQUIRED RECORDS ARE INCLUDED. ADD COMMENTS IF NEEDED.

<input type="checkbox"/>	Current application and/or profile, including proof of citizenship/residency	
<input type="checkbox"/>	Height and weight within the last year documented by a medical facility	
<input type="checkbox"/>	Psychology evaluation if complete	
<input type="checkbox"/>	Release of Information Completed and Submitted for:	
<input type="checkbox"/>	Prenatal and delivery records from Pregnancy #1	
<input type="checkbox"/>	Prenatal and delivery records from Pregnancy #2	
<input type="checkbox"/>	Prenatal and delivery records from Pregnancy #3	
<input type="checkbox"/>	Prenatal and delivery records from Pregnancy #4 and #5 (if applicable)	
<input type="checkbox"/>	All records from all previous surrogacy cycles or IVF cycle(s) - screening, treatment, outcome, if a canceled cycle, if embryos tested or not, age of egg provider; should include labs, flow sheets, ultrasounds, progress notes	
<input type="checkbox"/>	Most recent up to date pap smear and all follow up treatment records for any abnormal pap	
<input type="checkbox"/>	Annual exam within the last 3 years that includes vitals, problem list, physical exam	
<input type="checkbox"/>	Specialist records or Other Records (e.g. neurology, hematology, cardiology, endocrinology, maternal-fetal medicine) if applicant has seen a specialist at any time for any reason	