

Medical Records Checklist

Gestational Carrier

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 Gestational Carrier Medical Records to GCReview@ormfertility.com

Gestational Carrier Intake Information

Agency Name _____ Agency Contact (Name & Email) _____
Carrier Full Legal Name _____ Carrier DOB ____/____/____
Carrier Address _____
City _____ State _____ Zip _____
Carrier Phone _____ Carrier Email _____
Partner Full Legal Name _____ Partner DOB ____/____/____
Partner Phone _____ Partner Email _____
IP Name(s) _____

Please check which required records are included. Please included comments if needed.

Records Included	Additional Comments
<input type="checkbox"/> Current application and/or profile	
<input type="checkbox"/> Height & weight within the last year documented by a medical faciiltiy	
<input type="checkbox"/> Psychology evaluation if complete	
<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 & #5 (if applicable)	
<input type="checkbox"/> All records from all previous surrogacy cycle(s) or IVF cycle(s) - screening, treatment, outcome, if canceled cycle, if embryos tested or not, age of egg provider; <i>should include labs, flow sheets, ultrasounds, progress notes</i>	
<input type="checkbox"/> Most recent or up to date pap smear and any/all follow up treatment records for any abnormal pap	
<input type="checkbox"/> Annual exam within the last 3 years (only required if no prenatal records in the last three years)	
<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	