

DATA COLLECTION FOR PRIVACY POLICY

Data includes from the moment donors enters our website and fills in the questionnaire (including every detail of questionnaire data we collect) and then all the waythrough the donation process and post donation. Example Personal Data (name, address ect.), Genetic Data (family, genetic test of xx genes ect.)

NOTE: **'They'** refers to the donor candidates or approved donors. ED = Egg Donor, SD = Sperm Donor

WHAT PERSONAL DATA WE COLLECT	HOW WE COLLECT THEM	THE PURPOSE	TO WHOM DOES CRYOS DISCLOSE THE DATA
Name and Surname	Online application	For identification	To the doctor, Counsellor, and IVF clinic staff (when applicable) To Central test for the EQ test (in case of Extended Profiles) To the laboratory in connection with the initial test Also, if the donor is ID-Release (non-anonymous), this information will be given to the child if he/she requests it when he/she researches the age of 18. For anonymous donors, this information will not be disclosed to anyone.
Date of Birth	Online application	For identification	To the doctor and IVF clinic staff (when applicable) Laboratories Also, if the donor is ID Release (non-anonymous), this information will be given to the child if he/she requests it when he/she researches the age of 18. For anonymous donor this information will not be disclosed to anyone.
Address	Online application	For identification	To the doctor and IVF clinic staff (when applicable) Also, if the donor is ID Release (non-anonymous), this information will be given to the child if he/she requests it when he/she researches the age of 18. For anonymous donor, this

			information will not be disclosed to anyone.
Phone number	Online application	For identification	Counsellor Also, if the donor is ID Release (non-anonymous), this information will be given to the child if he/she requests it when he/she researches the age of 18. For anonymous donor, this information will not be disclosed to anyone.
Email address	Online application	For identification	To Central test for the EQ test Also, if the donor is ID Release (non-anonymous), this information will be given to the child if he/she requests it when he/she researches the age of 18. For anonymous donor this information will not be disclosed to anyone.
If they have donated before	ED: Online application SD: Consent form	For the ED' health since the law states that each donor can donate up to 6 times. For the purpose of keeping the pregnancy quota in Cyprus.	This data will be available for pregnancy quota for patients Counsellor
If they are using implanted/injected contraception- ED only	ED: Phone call question	For medical reasons	This data is not disclosed to anyone, it is for Cryos internal use and host clinic doctor
Sexual activity (if they had sex with a man who had sex with another man) – ED only	and Second questionnaire	For medical reasons. Required by legislations in receiving country	This data is not disclosed to anyone, it is for Cryos internal use

Sexual activity (if they had sex with another man) – SD only	Second questionnaire	For medical reasons. Required by legislations in receiving country	This data is not disclosed to anyone, it is for Cryos internal use
If they had offered sex to others in exchange for money or drugs	Second Questionnaire	For medical reasons. Required by legislations in receiving country	This data is not disclosed to anyone, it is for Cryos internal use
If they have had sex with a person who may be assumed to have an HIV or hepatitis B or C infection, within the last 6 months	Second questionnaire	For medical reasons. Required by legislations in receiving country	This data is not disclosed to anyone, it is for Cryos internal use
If they have had sex with a person who belongs to one of the last four categories mentioned above, within the last 12 months	Second Questionnaire	For medical reasons. Required by legislations in receiving country	This data is not disclosed to anyone, it is for Cryos internal use
If they have done any tattoos, piercings or similar within the last 12 months	ED: Phone call question, SD: Second questionnaire	For medical reasons. Required by legislations in receiving country	This data is not disclosed to anyone, it is for Cryos internal use
Was sterile techniques and sterile needles used when they have done their piercing or tattoo? Date done	ED: Initial appointment information form SD: Second questionnaire	For medical reasons. Required by legislations in receiving country	This data is not disclosed to anyone, it is for Cryos internal use
If they had or have had genital warts/condyloma	n Second questionnaire	For medical reasons. Required by legislations in receiving country	To the doctor

If they or anybody in their family suffer from hereditary diseases	Online application	To limit the risk of transmitting hereditary diseases	To anybody through Cryos' website (confirming no hereditary diseases) and to the doctor
If they or anybody in their family, have a mental illness	ED: phone call questions SD: Second questionnaire	To limit the risk of transmitting hereditary diseases	To anybody through Cryos' website (confirming no mental illnesses) and to the doctor
If they or anybody in your family have any birth defects	ED: phone call questions SD: Second questionnaire	To limit the risk of transmitting hereditary diseases	To anybody through Cryos' website (as above) and to the doctor
If they have or had allergies	Second questionnaire	For medical reasons	To anybody through Cryos' website (as above) and to the doctor
If they drink and how many units, they drink per week	Second questionnaire	For medical reasons. Required by legislations in receiving country	To anybody through Cryos' website
If they are smoking, how many cigarettes and for how long	ED: Online application and phone call questions SD: Extended profile	For medical reasons	To anybody through Cryos' website
If they use or have used any illegal drugs and how often and how much	Second questionnaire	For medical reasons	This data is not disclosed to anyone, it is for Cryos internal use
If they are taking any medication, and if yes to state what medication do, they take	ED: Online application SD: Second questionnaire	For medical reasons	Cryos staff and to the doctor
Highest education level	second questionnaire	Extended donor profile	To anybody through Cryos' website
If they have regular menstrual cycle and how often is their cycle. ED only	Phone call question	For medical reasons	Doctor

Their height and weight	ED: Phone call questions SD: Clinical examination questionnaire	Extended donor profile	To anybody through Cryos' website
Their hair and eye colour	Clinical examination	Extended donor profile	To anybody through Cryos' website
Their ethnicity	clinical examination	Extended donor profile and for medical reasons.	To anybody through Cryos' website. Laboratories Race is disclosed to the doctor
If they have been convicted of a crime	Second questionnaire	To assess history of behaviour	This data is not disclosed to anyone, it is for Cryos internal use
If they are employed at on Cryos' departments	Second questionnaire	For anonymity	This data is not disclosed to anyone, it is for Cryos internal use
Education in progress	Second questionnaire	Extended donor profile	To anybody through Cryos' website
Mother and father race and ethnicity	Second questionnaire	Extended donor profile	To anybody through Cryos' website. IVF clinic staff
Their medical history (see appendix 1)	Second questionnaire	To limit the risk of transmitting hereditary diseases	The doctor
Question about infectious diseases and lifestyle (see appendix 2)	Second questionnaire	To limit the risk of transmitting diseases	This data is not disclosed to anyone, it is for Cryos internal use
Maternal and paternal grandparents age, if they are alive and their health	Second questionnaire	Extended donor profile and to limit the risk of transmitting hereditary diseases	To anybody through Cryos' website and to the doctor
Mather and father age, if they are alive and their health	Second questionnaire	Extended donor profile and to limit the risk of transmitting hereditary diseases	To anybody through Cryos' website and to the doctor

Siblings age, if they are alive and their health	Second questionnaire	Extended donor profile and to limit the risk of transmitting hereditary diseases	To anybody through Cryos' website
Children (Age, if they are alive and their health)	Second questionnaire	Extended donor profile and to limit the risk of transmitting hereditary diseases	To anybody through Cryos' website and to the doctor Counsellor
Their family medical history (see appendix 3)	Second questionnaire	To limit the risk of transmitting hereditary diseases	To anybody through Cryos' website and to the doctor
ID or passport number	Consent form	For identification	To the doctor and IVF clinic staff
If they are married or in a civil partnership	Consent form	Extended donor profile. Required by local legislation.	To anybody through Cryos' website
Spouse or civil partner has to give his/her consent on specific consent form.	Consent form	Required by local legislation	This data is not disclosed to anyone, it is for Cryos internal use
If they have had encephalitis or encephalitis of unknown causes	Clinical examination questionnaire	To limit the risk of transmitting hereditary diseases	To anybody through Cryos' website and to the doctor
Family medical history (see appendix 4)	Clinical examination questionnaire	To limit the risk of transmitting hereditary diseases	To anybody through Cryos' website and to the doctor
Religion	Clinical examination questionnaire	Extended donor profile	To anybody through Cryos' website
Last menstrual period	ED: Initial appointment information form	For medical reasons	To the doctor

Expected next period	ED: Initial appointment information form	For medical reasons	To the doctor
Emergency contact name, their relationship, his/her phone name	ED: Initial appointment information form	For emergency	This data is not disclosed to anyone, it is for Cryos internal use
Doctor name and phone number	ED: Initial appointment information form	For emergency	This data is not disclosed to anyone, it is for Cryos internal use
If they have had traveled outside CY in the past 30 days and where	Change in Risk Behavior Form	To limit the risk of having a disease	This data is not disclosed to anyone, it is for Cryos internal use
Childhood photos	By email or they sent them to Cryos mobiles	Extended donor's profile	To anybody through Cryos' website
Adult photos	By email or they sent them to Cryos mobiles	Extended donor's profile	To anybody through Cryos' website
Voice recording	By email or we make the recording in our offices	Extended donor's profile	To anybody through Cryos' website
Handwritten message	By email or they hand it by person to donor coordinator	Extended donor's profile, their motivation	To anybody through Cryos' website
Donor characteristics (build, facial shape, hair, hair colour as a child, colour of eyebrows, lips, shoe size, clothing size and if they wear glasses or lenses)	Donor extended profile	Extended donor's profile	To anybody through Cryos' website
Education and occupation (see appendix 5)	: donor extended profile CY link	Extended donor's profile	To anybody through Cryos' website
Personality (see appendix 6)	: donor extended profile CY link	Extended donor's profile	To anybody through Cryos' website
Health information (see appendix 7)	: donor extended profile CY link	Extended donor's profile	To anybody through Cryos' website



Family information (see appendix 8)	: donor extended profile CY link	Extended donor's profile	To anybody through Cryos' website
HFEA forms	: HFEA forms	HFEA	To UK IVF clinics

Appendix 1: Medical history questions

- Have you ever had a blood transfusion?
- Do you take or have you taken medicine daily?
- If yes, state which kind? (e.g. asthma/anti-epileptic medicine)
- Have you ever had an operation?
- If yes - what kind of operation?
- Do you have or have you had any allergy/allergies? (this is question is also asked in the initial appointment information form)
- If yes - to what and is/was treatment needed?
- Are you being or have you ever been treated with psychoactive drugs?
- Are you currently or have you been treated with growth hormones? (this question is also asked in the clinical examination questionnaire)
- Do you or have you had asthma/chronic atopic dermatitis?
- Have you had cancer?
- Do you have or have you had a heart disease?
- Do you have or have you had a kidney disease?
- Do you have diabetes?
- Have you had jaundice/enlarged liver?
- Do you have or have you had a skin disease?
- Do you have or have you had high blood pressure?
- Did you have seizures as a child?
- Do you have or have you had, epilepsy or a seizure?
- Do you have or have you had mental diseases?
- Do you have a hearing impairment?
- Do you have an impaired vision?
- Do you have any congenital malformations?
- Do you have or have you had any other long-term diseases?

Appendix 2: Questions about infectious disease and lifestyle

- Do you have or have you had chlamydia?
- Do you have or have you had genital warts/condyloma?
- Do you have herpes? Do you have or have you had gonorrhea?
- Do you have or have you had syphilis?
- Have you had sexual relations with a prostitute, or have you engaged in sex for money or drugs?
- Do you use, or have you ever used, non-prescription medicine for injection?
- Are you/have you been treated with hemophilia medicine?
- Have you had a sexual relation with a person mentioned in one of the 4 categories above, within the last 6 months??
- Have you been pierced, had a tattoo, scarification and/or acupuncture performed by a non-healthcare professional within the last 12 months in which sterile procedures were not used?
- Have you had sexual intercourse without using a condom with anyone other than a steady partner within the last 6 months?
- Do you use or have you used non-prescribed narcotic drugs?
- Have you been exposed to known or suspected HIV, hepatitis B and/or hepatitis C infected blood through percutaneous inoculation within the last 6 months, e.g. a needlestick incident? (this question is also asked in the clinical examination questionnaire)
- Have you had sexual relations with a person who you knew or suspected was HIV or hepatitis B or C positive?
- Have you tested positive or reactive for West Nile Virus infection using a donor screening test in the preceding 120 days?
- Have you received a transfusion of blood or blood components in the United Kingdom or France between 1980 and the present?
- Are you a current or former U.S. military member, civilian military employee, or dependent of a military member or civilian employee who resided at U.S. military bases in Northern Europe (Germany, United Kingdom., Belgium, and the Netherlands) for 6 months or more from 1980 through 1990, or elsewhere in Europe (Greece, Turkey, Spain, Portugal, and Italy) for 6 months or more from 1980 through 1996?
- Have you lived cumulatively for 5 years or more in Europe from 1980 until the present? Europe includes: Albania, Austria, Belgium, Bosnia-Herzegovina, Bulgaria,

Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Macedonia, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, and the Falkland Islands), and Yugoslavia.

- Were you or any of your sexual partners born, or have you or any of your sexual partners lived in Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, and/or Nigeria after 1977?
- Have you received a blood transfusion or any medical treatment that involved blood in the countries listed in the preceding question between 1980 and the present?
- Are you or any close contacts a recipient of a xenotransplantation product? Note: Xenotransplantation involves the surgical removal of an organ or tissue from one species and transplanting it into a member of a different species: for example, the use of a baboon heart in a human being.
- Have you been bitten by an animal suspected of rabies in the last six months?
- Have you had significant, potentially toxic exposure to lead, mercury, and/or gold?
- Have you had more than one sexual partner within the last six months?
- Have you been an inmate of correctional facilities for 72 consecutive hours or longer within the preceding 12 months?
- Within the preceding 12 months, have you been a heterosexual partner of HIV-positive individuals or of individuals who use narcotic drugs, have been treated with blood or products derived from blood, engaged in high risk behavior for HIV infection, etc.?

Appendix 3: Question about donors' family medical history

If anybody in their family suffer from one or more of the below illnesses or malformations?

Family includes siblings, nephews, nieces, father, paternal grandfather, paternal grandmother, uncles, aunts, mother, maternal grandfather, maternal grandmother, maternal uncles, maternal aunts, cousins and their children.

- Down's syndrome (mongolism)
- Rheumatic diseases (Morbus Bechterew)
- Spina bifida
- Cleft lip and/or palate
- Club foot
- Congenital heart defect
- Heart disease
- Cystic fibrosis (hereditary lung disease)
- Gastrointestinal disease
- Kidney disease
- Diabetes (insulin-dependent)
- Diabetes (non-insulin-dependent)
- Cataracts (before the age of 40)
- Hearing impairment (deafness) before the age of 5
- Reduced muscular strength or changed muscular coordination
- Schizophrenia
- Manic-depressive / bipolar disease
- Autism/ Asperger's syndrome
- Disease with tremor
- Senility before the age of 60
- One or more incidents of premature death (e.g. blood clot, brain haemorrhage, cancer)

Appendix 4: Family medical history in the clinical examination questionnaire

- Cardiovascular diseases like AMI, apoplexia, vein transplants, etc. at a young age (<50 years)?
- Sudden death in the family at a young age (<50 years)?
- Creutzfeldt-Jakob disease or other prion diseases, Alzheimer, Parkinson's, neurofibromatosis, Huntington chorea or other neurodegenerative disease?
- Neuromuscular disease?
- Inherited metabolic disorder (Inborn Errors of Metabolism)?
- Diabetes Mellitus?
- Malformations (e.g. cleft lip and/or palate, spina bifida, etc.)?
- Blindness or cataract (especially at a young age <50 years)?
- Deafness (especially at a young age <50 years)?
- Mental retardation?
- Psychoses, especially schizophrenia and bipolar (manic depressive) psychoses?
- Allergies? Especially if treatment is needed

Appendix 5: Question for donor education and occupation in the egg donor extended profile CY link

- Which year did you finish primary and lower secondary school?
- What did you do immediately after you finished primary and lower secondary school?
- Did you attend or are you attending high school, business school, technical school, or similar? If yes, please state which, If yes, which year did you graduate or plan to graduate? If yes, what did you do immediately after you graduated?
- Are you attending or have you finished a trainee program/apprenticeship? If yes, please state which, If yes, which year did you graduate or plan to graduate? If yes, what did you do immediately after you graduated?
- Please describe your current education and/or job
- How many years of education have you had in total (including primary and lower secondary school)?
- How many additional years do you plan to spend on education?
- What is/are your education/career goal(s)?
- What is your native language?
- Which other languages do you speak?
- Which jobs have you had (please list all)?
- Have you attended any courses and/or carried out voluntary work (please state which)?
- Have you been in the military? If yes, please state rank

Appendix 6: Question for donors' personality in the egg donor extended profile CY link

- Which words describe your personality? (minimum 5 words)
- Describe your strong sides
- Describe your weak sides

- Marital status?
- Which types of sports do you play or have played?
- Which other types of sports are you interested in?
- List any other hobbies you may have or have had
- List which musical instruments you play or have played
- How many hours of sleep do you get on an average night?
- Do you eat healthy?
- Do you smoke?
- Do you ride a bicycle?
- How much alcohol do you drink on average per week?
- Which countries have you visited?
- Describe the best holiday you have had
- Describe the things you like the most about your country
- Who are your idols, heroes and heroines, and why?
- What were your childhood dreams?
- What is/are your goal(s) in life?
- Which value(s) do you rank the highest?
- Which childhood experience made the biggest impression on you?
- What is your favorite colour, animal, food, music, car, pet, time of year, book and/pt author, movie and/or director?
- Which experience/moment in your life was your greatest, happiest, funniest, scariest, proudest, greatest sorrow, most dangerous
- If you have something to add regarding your personality or type, please feel free to add it here

Appendix 7: Questions regarding health information in the egg donor extended profile CY link

- Do you have any allergies? If yes, please state which and if medical treatment is required
- Do you have any physical abnormalities? If yes, please state which
- Do you suffer from any illnesses? If yes, please state which and if medical treatment is required

Appendix 8: Question regarding family information in the egg donor extended profile CY link

- Information regarding age, alive, education(s), occupation(s), race, ethnicity, height, weight, hair colour (original), eye colour, health for their paternal grandfather, paternal grandmother, maternal grandfather, maternal grandmother, father, mother and siblings (full or half . In health indicate "good" for healthy and they write shortly about any disease or cause of death. if he/she is no longer alive, they indicate age at time of death.
- If they have children then they have to describe each child thoroughly in terms of height, weight, hair and eye colour, personality, interests, strong and weak sides, growth and development, and medical information