

# Pacific Reproductive Services

## Photo-match / Donor Consult Request Form

To obtain photo-matching assistance in donor selection, please complete **PART 1 AND PART 2** of this form. Please provide two (2) color photos of the person to whom you desire a donor match and label all photos with your name. We will use the photographs submitted to determine a short list of donors, which have physical characteristics similar to those of the individual used for matching. Results will be completed within three (3) business days of receipt by PRS, and photos will be returned with results.

There are two ways to complete a Photo Request Match:

**1. Mail this form along with two (2) photos and a form of payment (credit card info or check):**

Pacific Reproductive Services  
Attn: Photo Matching  
444 De Haro Street, Suite 222  
San Francisco, CA 94107

**2. Email this form and two (2) digital photos to: [Donors@PacRepro.com](mailto:Donors@PacRepro.com) (Email submission may only be paid with credit card authorization.)**

### PART 1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Check appropriate box for preferred method to receive Photo Match results:

US Mail  Fax #  E-mail

Indicate method of payment:

Check enclosed (\$65.00 made payable to PRS)

MC/Visa/Discover Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature: \_\_\_\_\_

Review PRS current donor catalog and narrow your choices to four (4) donors. Your photographs will be compared with photographs of the donors you selected and the donors ranked in the order of highest to lowest degree of resemblance to the photographs provided. We will recommend donors that are not listed below if they are potential matches.

(1) # \_\_\_\_\_ (2) # \_\_\_\_\_ (3) # \_\_\_\_\_ (4) # \_\_\_\_\_

### PART 2

Complete the following respective items that you feel are important. Any information listed below that you feel is not important should not be completed.

Race (Caucasian, Black, Asian, other) \_\_\_\_\_

Ethnic preferences \_\_\_\_\_

Religion preferences \_\_\_\_\_

Please list the order of importance (# 1 – 3) next to each applicable item and check the appropriate information:

1= very important    2= somewhat important    3=not important

Willing To Be known \_\_\_\_\_

- \_\_\_ Height       Less than 5'9"     5' 10" to 6'0"     6'0 to 6'4"       6'4" or taller
- \_\_\_ Weight       Less than 150     150 to 190       greater than 190
- \_\_\_ Skin tone     Fair               Medium           Medium/Dark     Dark
- \_\_\_ Eye color     Blue               Green             Hazel             Brown           Black
- \_\_\_ Hair Color    Blonde           Brown             Black             Red

Please list any other characteristics you feel are important:

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**PRS USE ONLY:**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Evaluated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Result Sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_