Provenance
REPRODUCTIVE PSYCHOLOGY

The Provenance Evaluation Protocol

Standards for independent egg donor psychological evaluations — Version 1.0, January 2027

Every Provenance evaluation follows the same written protocol, whoever the evaluator and whatever the clinic. This brief sets out that protocol so your medical director and risk reviewers can see exactly what stands behind each report. Provenance evaluates egg donor candidates only; we do not evaluate intended parents or gestational carriers under this protocol.

ALIGNMENT

The protocol is built on the American Society for Reproductive Medicine (ASRM) guidance for the psychological evaluation of gamete donors: psychosocial and psychiatric history, substance-use history, family history, the candidate's motivations, and her understanding of the medical process, anonymity, genetics, and the possibility of future contact. Where ASRM leaves room for judgment, this protocol fixes a single standard so that reports are comparable across cases.

COMPONENT 1 — OBJECTIVE TESTING

- Instrument: the Personality Assessment Inventory (PAI), administered online through PAR's secure PARiConnect platform before the interview.
- Validity first: consistency (ICN), infrequency (INF), negative impression (NIM), and positive impression (PIM) scales are screened before any clinical scale is interpreted. Donor candidates have reason to present well; defensiveness is measured, named in the report, and weighed — never ignored.
- Invalid protocols: if a protocol cannot be interpreted, the clinic is told early, with the options stated plainly — retesting after a defined interval, or proceeding with the limitation documented. An invalid result is never buried in a report.

COMPONENT 2 — STRUCTURED CLINICAL INTERVIEW

Before the interview, the candidate completes the Quickview® Social History (Pearson), a standardized psychosocial history inventory covering developmental and family history, educational and marital history, occupational and financial status, legal and military history, and a symptom screen; its narrative summary frames the history portion of the interview. A 60–75 minute telehealth interview covering, in fixed order: informed consent and the limits of confidentiality; personal and psychosocial history and current stability; medical and psychiatric history, including family history of heritable conditions; substance use; prior donation history, including the ASRM six-cycle checkpoint; motivations and expectations; understanding of the stimulation and retrieval process, of anonymity terms, and of genetic and future-contact realities; support system; coping and resilience; and a dedicated coercion screen. The interview ends with an explicit alignment check against the testing data, which appears as its own section in every report.

RECOMMENDATIONS

- Four categories only: Recommended; Recommended with Conditions; Deferred; Not Recommended.
- Every recommendation states its basis. Every set of conditions is specific and verifiable (for example: documented stability period, prescriber confirmation, additional records). Every deferral states what would

change it.

- Not Recommended is reserved for genuine contraindications — such as coercion or an active, untreated serious mental illness. Time-limited concerns are deferred, not denied.
- Our psychologists recommend; your medical director decides. The fee is never contingent on the outcome of the evaluation.

INDEPENDENCE SAFEGUARDS

- No evaluator has any contact with a donor outside her own evaluation — no workshops, no prior relationships, no dual roles. Donor education is recorded content, delivered separately from evaluation.
- If an evaluator has had any prior professional contact with a candidate, the case is reassigned.
- Evaluators are licensed doctoral psychologists, PSYPACT-credentialed for the states they serve, trained on this protocol, with supervised review of their initial evaluations.

QUALITY ASSURANCE AND TURNAROUND

Every report is reviewed before release by a second psychologist acting as Quality Assurance Reviewer, checking protocol completeness, validity interpretation, and the match between evidence and recommendation. Standard turnaround is two weeks from the completed interview and testing; the clock and its definition are stated in the services agreement. Reports are transmitted to the clinic through secure channels and retained in accordance with applicable law and professional standards.

Provenance Reproductive Psychology

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