

Consent to Donate Eggs

Purpose of the Egg Donor Program

Egg donation is the process whereby eggs are retrieved from a donor's ovary and given to a woman who cannot have children because she does not have any eggs or the eggs she has are of poor developmental potential.

Medical Procedures

I understand that I will donate eggs to one or more infertile women. Any offspring will be genetically a mixture of my eggs and the sperm from the infertile recipient's intimate partner or of the sperm of an anonymous donor. I understand that in order to donate my eggs they must be retrieved from my ovaries. This is accomplished by using ultrasound to guide a special needle through the back wall of the vagina into the ovarian follicles under conscious sedation (anesthesia). The follicles are fluid-filled sacs which contain the eggs within the ovary. The fluid from each follicle will be aspirated and examined to find the egg. I understand that the donated eggs will then be fertilized in the laboratory with the sperm from the recipient's intimate partner or the sperm from an anonymous donor. The resulting embryos will be grown in the laboratory for five to six days. Embryos deemed to have good developmental potential would be either (1) transferred into the uterus of an infertile recipient in the hope and expectation of generating a pregnancy or (2) cryopreserved with the intention of being thawed at a future date and transferred to the uterus of an infertile recipient in the hope and expectation of generating a pregnancy or (3) allowed to expire in the laboratory and/or disposed of in an ethical manner.

I understand that the eggs can be retrieved only after they have matured for the proper length of time in the ovaries. Otherwise, they will not be able to fertilize. I also understand that it is necessary to regulate my menstrual cycle as is regularly done during in vitro fertilization treatment cycle. I understand that the precise date of the egg retrieval is difficult to predict and requires some flexibility on my part.

I understand that I will be required to undergo a general medical work-up that includes, but is not limited to, disclosure of a complete family medical history, a physical examination, ultrasonography to determine the status of my ovaries, a blood test to determine various hormone levels, psychological testing to determine my mental and emotional suitability as an egg donor and a blood test to screen for infectious and sexually transmitted diseases (including hepatitis and AIDS).

I understand that, during the menstrual cycle preceding the cycle for egg donation, I will take daily oral contraceptive pills to induce a resting state for my ovaries. Then, beginning about a week before my menstrual period and continuing until the egg retrieval, I understand that I will take daily, subcutaneous injections of a medication (Lupron) that prevents me from ovulating. I understand that upon the beginning of my menstrual cycle, I will take a daily, subcutaneous injections of a medication (Menotropins) that stimulates my ovary to produce multiple eggs. These injections may continue for as long as 12 days. I understand that I will periodically have ultrasound examinations of my ovaries to determine the size of my ovarian follicles. I understand that I will be required to provide periodic blood samples to determine the levels of various hormones and to more precisely monitor and project appropriate time of the egg retrieval.

Financial Responsibilities and Compensation:

I understand that the recipient of the donated eggs is financially responsible for the cost of all my screening tests, medications, blood tests, ultrasound examinations, anesthesia and the egg retrieval procedure. However, I agree that if, after initially consenting to donate my eggs, I change my mind and later refuse to donate my eggs, I am financially responsible for all my screening tests, medications, blood tests and ultrasound examinations.

I understand that as a requirement for acceptance into the Egg Donor Program I must have valid health insurance coverage throughout the time of the egg donation process and for at least one month after the egg retrieval. Medical complications from egg donation are extremely rare. However, should a medical complication arise from the egg donation process, I understand that I am financially responsible (through my medical insurance) for any subsequent medical care I may require as a result of medical complications of the egg donation process. I agree to release North Hudson IVF Center, its directors, physicians, and employees from any liabilities that may occur as a result of the egg donation process.

I understand that the egg donation process will result in a certain amount of discomfort and inconvenience on my part and for that I will receive compensation. I understand that if my ovarian stimulation and egg retrieval are successful, I will receive compensation in the form of \$2,500.00. I understand that if I initiate ovarian stimulation, but fail to have my eggs retrieved (due to poor ovarian response to the medications), I will receive a modest compensation for my trouble.

Waiving of Rights and Claims:

I understand that my identity will be kept in the strictest confidence and will never be released to the recipient unless North Hudson IVF Center is placed under court order to do so. I understand that I waive any right and relinquish any claim to my donated eggs, namely, my genetic material or any pregnancy or offspring that might result from them. I agree that the recipient may regard the eggs and offspring as her own. I agree never to attempt to determine the identity of the recipient of the donated eggs or any offspring that may result from them.

Risks:

The potential risk or discomforts of egg donation and related procedures include, but are not limited to the following:

1. Blood Sampling - Frequent blood sampling can cause discomfort and bruising at the site of venipuncture.
2. Ultrasound Examination - There are currently no known risks associated with ultrasound examination of the ovaries.
3. Medications – Several medications are used before and during ovarian stimulation. Any medication can cause side effects and the medications associated with infertility treatment are no exception. However, major side effects are very rare.

Oral Contraceptive Pills (Desogen, etc.)

This medication is a low dose estrogen/progesterone pill taken during menstrual cycle prior to initiating ovarian stimulation in order to induce a quiescent, baseline hormonal state and to prevent the development of ovarian cysts. The potential risks associated with *long term* exposure to oral contraceptive pills include, but are not limited to, the following: development of blood clots, heart attack, stroke, gall bladder disease and very rarely, liver tumors. However, since exposure to this medication will be brief (21 days), the potential risks are very low. Side effects may include vaginal bleeding, fluid retention, spotty darkening of the skin, nausea and vomiting, change in appetite, headache, nervousness, depression, dizziness, loss of scalp hair, rash and vaginal infections.

Leuprolide Acetate (Lupron for subcutaneous injection)

This medication is a synthetic hormone that temporarily stops the body from producing other hormones that stimulate the ovaries. When the medication is stopped, hormone levels will return to normal. This medication may cause side effects that include, but are not limited to: nausea,

vomiting, hot flashes, night sweats, bone pain, swelling of feet and ankles, headache or difficulty urinating. These symptoms usually disappear as the body adjusts to the medication.

Menotropins (Pergonal, Gonal F, Follistim, Repronex, etc., for subcutaneous injection)

This medication (follicle stimulating hormone and luteinizing hormone) is used to stimulate the growth and maturation of the ovarian follicles. This medication may cause side effects that include, but are not limited to: fever, breathing trouble, bloating, stomach pain or upset, enlarged ovaries, irritation at the site of injection and/or skin rash. These symptoms usually regress without treatment in two to three weeks after egg retrieval. Ovarian Hyperstimulation Syndrome (OHHS) is distinct from enlarged ovaries and is characterized by an increase in vascular permeability that results in the rapid accumulation of fluid in the peritoneal cavity, thorax and potentially, the pericardium. Early symptoms of OHHS include severe pelvic pain, severe bloating, nausea and vomiting and rapid weight gain. OHHS occurs in 0.4 – 1.3% of women taking menotropins. Any egg donor experiencing symptoms of OHHS should immediately contact Jane Miller, M.D. at 201-907-3577.

Chorionic Gonadotropins (hCG, Profasi, Pregnyl, etc. for subcutaneous injection)

This medication (hormone) is used to induce the final maturation of the eggs. This medication may cause side effects that include, but are not limited to: headache, stomach pain, irritability, restlessness, mood changes, fatigue, acne and pain or irritation at the injection site.

4. Anesthesia – Certain complications may result from the use of any anesthetic agent including, but not limited to, respiratory problems, adverse reaction to the medication, paralysis, brain damage or even death.
5. Egg Retrieval - Egg retrieval is a minor surgical procedure that carries the small risk of bowel or bladder perforation, internal bleeding or infection. The procedure, performed under anesthesia, usually takes 15 to 20 minutes to complete. Upon awaking from anesthesia, some patients experience slight to moderate pelvic pain. Vaginal bleeding after the egg retrieval is common. Any discomfort usually disappears within 24 hours.
6. Pregnancy – It is impossible to retrieve all the mature eggs from the ovary at the time of the egg retrieval. Therefore, any remaining eggs may be ovulated following the egg retrieval. If the donor is sexually active after the egg retrieval, these eggs may fertilize and result in a pregnancy. If pregnancy is not desired, the donor should abstain from sexual activity or practice a barrier method of contraception to prevent pregnancy.

Consent

1. I understand that certain medical screening tests such as, blood tests and ultrasound examination of the ovaries will be performed prior to acceptance into the Egg Donor Program at North Hudson IVF Center and that these tests carry associated risks. I certify these risks have been explained to me and I hereby consent to participate in these screening tests.
2. I understand that in the course of my participation in the Egg Donor Program I will be required to take specific medications that result in the stimulation of my ovaries to develop multiple follicles that contain my eggs. These medications carry associated risks. I certify that these risks have been explained to me and I hereby consent to participate in this procedure.
3. I understand that in order to donate my eggs I must undergo a minor surgical procedure (egg retrieval) and that this procedure carries associated risks. I certify that these risks have been explained to me and I hereby consent to participate in this procedure.
4. I understand that egg(s) will be taken from my ovaries and mixed in the laboratory with sperm from the recipient's intimate partner or the sperm from an anonymous donor to achieve fertilization. If the eggs fertilize, and if the embryos develop appropriately, two or more embryos will be transferred to the uterus of the recipient in the hopes of initiating a pregnancy. Any remaining embryos deemed to have good

