

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Egg Donor Consent for Therapy Southwest Florida Egg Donation & Surrogacy Program

This is to certify that I, _____, hereby agree to a form of treatment commonly known as the **Egg Donation**.

After a detailed and complete discussion with the medical staff of *Specialists in Reproductive Medicine & Surgery, P.A. (SRMS)*, I hereby request this procedure be performed, understanding that there are potential risks and benefits.

I hereby agree to donate my oocytes (eggs) and authorize SRMS to use them for the following purposes:

Disclosed, Designated Recipient (Name of Individual: _____)

OR

Non-Disclosed (anonymously) to an infertile patient/patients selected by SRMS

By participating in this anonymous egg donation program, I understand and agree that once my oocytes are retrieved and accepted for donation, they may be used by any individual or couple seeking fertility treatment to build their family.

I acknowledge that I will not be provided with identifying information about the intended parent(s) or recipient(s) and will not have the right to specify or limit who may receive or utilize my donated oocytes. The recipient(s), under the guidance of their medical provider and this program, will have complete discretion over how the oocytes are used, including the creation of embryos and potential long-term storage or donation of unused embryos.

In the state of Florida, the egg donor has no parental rights to the offspring from egg donation. Upon signing this consent, I voluntarily relinquish all legal, parental, and custodial rights to the oocytes and any resulting embryos or offspring. I acknowledge that I have no role in future decisions regarding their use and will not be consulted regarding embryo disposition, future donations, or reproductive outcomes.

While I cannot receive any specific financial *payment* for egg donation, the recipient has agreed to **reimburse** me for reasonable costs associated with the ovarian stimulation and removal of my eggs.

I understand that the egg recipient will cover the full cost of the supplies and professional services, and that none of these expenses will be my responsibility.

Egg Donor Consent for Therapy (*cont.*)

I understand that the Florida Statutes require that human tissue donated for transfusion or transplantation into another person must be tested for Human Immunodeficiency Virus (HIV) as well as other communicable diseases. Specific standards of medical care also dictate that I may be repeatedly screened for inherited diseases. I consent to be tested for such diseases.

I also clearly state that I have not engaged in any of the following:

- Bisexual activity
- Recreational intravenous drug use
- Sexual activity in exchange for money or drugs
- Sexual activity or exposure from an open wound within the previous 12 months with individuals who had or were at risk for carrying HIV or Hepatitis
- Been treated for a sexually transmitted disease within the last 12 months
- Had a tattoo or body piercing in non-sterile conditions within the last 12 months
- Incarcerated in jail for more than 72 hours.
- Been with a partner who had been treated for syphilis or gonorrhea within the past 12 months
- Received a human organ or tissue transplant
- Have consumed animal brains (yes this really is a question!)
- History of change in cognition, speech or gait

By signing this consent, I acknowledge that I have read the above list and questions and answered them truthfully. If uncertain, I asked questions and received answers to my satisfaction. I agree not to participate in any of the above activities during the month before and the month of the actual egg donation cycle. If I violate these restrictions, I may be excluded from the egg donation process and may be required to refund any reimbursements I have received during the cancelled cycle.

General Steps:

The following is a general outline of the most common steps required to perform my egg donation procedure.

Medications:

Some types of hormonal contraceptives are given a few weeks before the egg donation cycle starts to control my menstrual cycle. The use of “fertility drugs” such as Human Menopausal Gonadotropins (Follistim, Gonal-F, Menopur, and), Human Chorionic Gonadotropin, HCG (Pregnyl, Novarel), Leuprolide (Lupron) and/or Ganirelix Acetate may be administered. Most of these hormones are the same as, or very similar to, the natural hormones that are released during a normal menstrual cycle. The medications are administered by injection. Specific information about each drug will be provided.

Medications will be given before surgical procedures by direct or IV injection, which will relax me, minimize discomfort, and help to prevent nausea or infection. These may include, but are not limited to, Diazepam (Valium), Midazolam (Versed), Lidocaine (Xylocaine), Cefazolin (Ancef), Fentanyl (Sublimaze), Meperidine (Demerol), and Promethazine (Phenergan). I will also likely receive intravenous antibiotics just before the egg retrieval procedure.

Egg Donor Consent for Therapy (*cont.*)

Blood Specimens:

Blood specimens are needed for screening before starting the donation procedure, at the start of the cycle, and occasionally during the egg donation cycle. Bruising at the needle site may occur.

Egg Retrieval:

The vaginal ultrasound is used to guide a slender needle, which enters the vaginal space and then the ovary itself. This procedure is accomplished using local and IV medications. Per national guidelines, I will be discouraged from donating more than six times.

Fertilization:

A wide variety of procedures may be performed in combining the donor eggs and the sperm and then placing them in the woman's uterus or Fallopian tube:

IVF (In Vitro Fertilization)

The eggs and sperm are placed together in a culture dish to accomplish fertilization. Some of the fertilized embryos are then later transferred into the uterine cavity through the use of slender catheters.

Micromanipulation:

A wide variety of assisted technologies have been developed, including micromanipulation of eggs, sperm, and embryos to enhance fertilization and improve implantation rates. The following are some examples:

ICSI (Intra-Cytoplasmic Sperm Injection)

A single sperm is directly injected into the donated egg to maximize fertilization. This procedure is commonly performed where there are significant male-factor concerns.

AH (Assisted Hatching)

The outer covering of the embryos is dissolved in a specific region to allow the cell mass to "hatch" and implant on the uterine wall.

PGT-a [Preimplantation Genetic Testing for Aneuploidy (abnormal chromosome number)]

Some of the cells from the outer trophoctoderm are sent for genetic analysis, seeking embryos with a normal number of chromosomes, and also determining the sex of the early embryo.

Egg Freezing:

Any or all of my oocytes may be cryopreserved before fertilization. I am aware that thawing frozen oocytes carries a risk that not all will survive and be able to be fertilized.

Eggs, Embryos, Body Tissues and Fluids:

Eggs and/or embryos that appear structurally abnormal will not be transferred to the uterus nor preserved by cryopreservation techniques. Abnormal eggs and/or embryos have a high frequency of genetic abnormalities, and if placed in the uterine cavity, will frequently be miscarried or result in the formation of an abnormal offspring. Abnormal eggs and/or embryos may be examined to understand the reasons for their abnormal development. I, therefore, consent to the disposal of egg(s) that are not

Egg Donor Consent for Therapy (*cont.*)

capable of surviving. In addition, I consent to the disposal or utilization of other cells, body tissues, or fluids that may be obtained during the egg donation procedures.

Potential Complications:

Ovarian Hyperstimulation:

Fortunately, this complication now rarely occurs. This concern is specifically addressed in “Ovarian Hyperstimulation Precautions.” If hyperstimulation develops, complications can include low blood pressure, abnormal blood clotting, abdominal pain with fluid retention, swelling, and very rarely death.

Egg Retrieval:

Neither removing the eggs via a slender needle placed through the vaginal walls under ultrasound guidance nor the transfer of the actual eggs/sperm/embryos are high-risk procedures. Pelvic discomfort and slight vaginal bleeding may be experienced. Infrequent and rare surgical complications include, but are not necessarily limited to, infection, blood loss, the incision of vital organs, and anesthetic risks. AT SRMS, the surgical complication rate with the egg retrieval procedure is less than 1%.

Unexpected Events:

I understand that, despite reasonable precautions, any of the following may occur, which would prevent the establishment of an egg donor pregnancy:

- Realizing this is an elective procedure, my physician reserves the right to cancel my cycle at any time if he feels my health is at risk.
- The time of ovulation may occur at unexpected times, thus making it impossible to obtain the already ovulated egg(s).
- Even with ideal timing, some follicles do not contain eggs.
- The eggs may not be normal, or they may not be able to be fertilized.
- Even if fertilization occurs, cell growth and division may not occur.
- Even if cell growth and division occur, the embryo may not develop normally.
- If the embryo transfer is delayed, it will not be possible to maintain the life of the embryo.
- Loss or damage to the embryos may occur during the actual transfer process.
- Even if the embryos develop and are placed back into the uterine cavity, actual implantation of the embryos on the uterine walls may not occur.
- While the most extreme precautions are taken, a laboratory accident may still result in the loss or damage of sperm, eggs, or embryos.
- The medical staff of SRMS will not be held accountable for acts of God, which do not allow for any of the outlined procedures to take place.

Psychological Concerns:

Egg donors undergo a psychological evaluation before the stimulation cycle. I am aware that the preparation for and the egg donation procedure itself may have psychological consequences involving my family, my friends, and myself. Psychological counseling for me is always available upon request during the egg donation process and for up to six weeks following the retrieval procedure.

Egg Donor Consent for Therapy (*cont.*)

Inadvertent Consanguinity:

It is theoretically possible that an egg donor could donate enough times to statistically increase the risks of half-brothers and sisters (same egg donor mother but different fathers) could meet and reproduce.

According to existing guidelines, it is recommended that we limit a single donor to producing no more than 15 offspring per 500,000 population. We here at SRMS limit a single donor to no more than six successful donated offspring. Please recall that SRMS caters to a large population conservatively estimated at over 1,000,000 throughout Southwest Florida, not including other states and countries. According to guidelines, we could easily have over 30 offspring per egg donor before retiring the donor.

Legal Concerns:

I shall indemnify SRMS for any attorney's fees, court costs, damages, judgments, or any other losses or expenses incurred by SRMS, or for which SRMS, may be responsible with respect to any "third party" claim, legal action or defense thereto, arising out of egg donation procedures herein contemplated, including, but not limited to any claim or legal action brought by the child or children resulting from the egg donation procedures.

Should I suffer a physical injury as a result of the donation process, unless otherwise agreed upon, the recipient assumes responsibility for all of my reasonable medical expenses.

Education, Publication, and Confidentiality Concerns:

It is possible that our participation in this program may contribute to the development of techniques that benefit other couples, and that new and useful information may be gained from our procedures. Therefore, realizing that my identity will **not** be disclosed, I agree to the taking and publication of photographs, slides, or videotapes and/or the active/passive participation of medical/laboratory guests SRMS. I realize that specific medical details may be included in medical discussions or publications without our consent. Only with prior consent will our identity be purposefully disclosed. These photographs may be used for general medical records documentation or for educational purposes such as publications and/or lectures at a national, state, or local level.

Data from your ART procedure will also be provided to the Centers for Disease Control and Prevention (CDC) and the Society for Assisted Reproductive Technologies (SART). The 1992 Fertility Clinic Success Rate and Certification Act requires that the CDC collect data on all assisted reproductive technology cycles performed in the United States annually and report success rates using these data. Because sensitive information will be collected on you, the CDC applied for and received an "assurance of confidentiality" for this project under the provisions of the Public Health Service Act, Section 308(d). This means that any information that the CDC has that identifies you will not be disclosed to anyone else without your consent.

Unless specific arrangements have been made, the egg recipient will never be told my identity.

The confidentiality of medical records will be maintained in accordance with Florida law.

General Concerns:

I understand that medicine is not an exact science, and my physician has recommended egg donation.

Egg Donor Consent for Therapy (cont.)

I understand that I may elect not to continue with the egg donation procedures at any time and that this decision will not affect present or future medical care at SRMS. Likewise, I acknowledge that our acceptance and continued participation in the program is at the sole discretion of the ART team.

I have read the above materials and understand the possible complications of the proposed procedures. I have had the opportunity to ask questions and to inquire about the risks and benefits of the egg donation program. My questions have been answered to our satisfaction, and I understand the information given to us.

I understand that this **Egg Donor Consent for Therapy** is to be considered valid for **all** future egg donation procedures, unless specifically revoked by me.

Relationship:

I fully understand and agree that I am not an employee of SRMS or any recipient, and that in my relationship with SRMS or any recipient, my status is that of a patient, or if anything, additionally or alternatively, as that of an independent contractor. I also understand and agree that I shall be issued a Form 1099 to evidence any compensation or remuneration received by me with respect to this Egg Donor Consent for Therapy. I further understand that I, not SRMS or a recipient, am solely and exclusively responsible for any and all taxes or other obligations resulting from any compensation or remuneration received by me as a result of the Egg Donation process herein. I also understand and agree that I am free to pursue full-time employment for pay while going through an egg donation cycle and am only required to visit SRMS for specified appointments. All of the blanks in this consent have been filled prior to the signing of the signatures below:

_____	_____	___/___/___
Egg Donor's Signature	Egg Donor's Name (print)	Date
_____	_____	___/___/___
Coordinator Signature	Coordinator Name (print)	Date
_____	_____	___/___/___
Practitioner's Signature	Practitioner's Name (print)	Date

* Please see below for total compensation models:

Specialists in Reproductive Medicine & Surgery use with recipients:

- \$1,500.00 received at the beginning of cycle.
- \$5,500.00 received at the end of the recipient cycle.

OR

Everie Egg Bank:

- \$9,000 at the end of the recipient cycle

OR

- The amount agreed upon through your outside agency is paid directly to you through them.