INTRODUCTION
The Delaware Valley Institute of Fertility and Genetics (DVIF&G) Donor Oocyte program was designed to assist women in becoming pregnant who would otherwise be infertile due to certain medical conditions, but who are able to carry a pregnancy. These conditions include premature menopause, genetic disorders, and failure to produce adequate numbers of normal eggs. Other individuals that may require this treatment option is single males, or same-sex male couples. Oocytes (eggs) are retrieved from the donor, fertilized in the laboratory, and resulting embryos are transferred to the recipient or gestational carrier.

Potential recipients will be included on a waiting list, undergo a “prep” cycle (if you have never undergone a treatment cycle), matched with an oocyte donor, and then enrolled into the program. This information was designed to assist you in completing your donor oocyte recipient cycle and to answer some of the questions that may arise during the process. We encourage you to keep these instructions with you for reference.

WHO’S WHO

**Oocyte donors** are consenting healthy women between 21 and 34 years of age who ovulate normally and have had either had a prior successful donation cycle or at least one biological child. Women approved for being an oocyte donor in our program have a normal health history, no family history of significant genetic disorders, and a normal physical examination. Laboratory screening for sexually transmitted diseases must all be negative.

**Oocyte recipients** are women who will receive eggs from the oocyte donor. These women have medical conditions which prevent normal conception, but are otherwise able to carry a pregnancy. This individual may be the intended parent or a gestational carrier.

The **IVF Team** is comprised of the Program Director (Dr. George Taliadouros, M.D), the Nurse Coordinator (Elizabeth Shrader, APN-C) Dr. Akas Jain, M.D., additional nursing personnel, and laboratory technicians. The team works closely together to match the donor and recipient, monitor the stimulated cycles of the donor and recipient, retrieve the oocytes from the donor, fertilize the oocytes in the laboratory, and transfer the embryos to the recipient. The Program Director directly supervises all members of the IVF Team.
BEFORE YOU START YOUR OOCYTE RECIPIENT CYCLE

All patients interested in the Oocyte Donation Program at AFS must first make an appointment to see Dr. George Taliadouros or Dr. Akas Jain. At that time, he will review the details of the program with you, and schedule any tests that need to be performed before the start of the process. If you have been treating with our practice prior to entering the donor oocytes program, most of these tests will have already been obtained. All oocyte recipients must have the following tests performed:

1. Hysterosalpingogram (HSG), sonohysterogram (SHG) or hysteroscopy
2. Recent semen analysis on husband (within 12 months)
3. Transvaginal ultrasound
4. Rubella titer
5. Blood type and RH
6. HIV (AIDS) testing (male partner(s) and/or female partner)
7. Hepatitis-B surface antigen (male partner(s) and/or female partner)
8. Hepatitis-C (male partner (s) and/or female partner)
9. Cytomegalovirus serum titer
10. Serum RPR (Syphilis) (male partner(s) and/or female partner)
11. Chlamydia screen of the cervix
12. Gonorrhea culture of the cervix
13. Trichomonas culture of the cervix

Hormone evaluation may be necessary. In addition, specific genetic testing on your husband may be required. The costs of these tests are **not** included in the treatment cycle charges.

After the results of all screening tests are received, all potential oocyte recipients must make a follow-up appointment with Dr. Taliadouros or Dr. Jain. At this visit, we will discuss all test results. In addition, the medications you will need to take to prepare your endometrium (uterine lining) for pregnancy will be reviewed, “prep” cycle will be scheduled (if necessary), and financial arrangements finalized.

RECIPIENT MEDICATIONS

All oocyte recipients will take hormones (estrogen and progesterone) to simulate the normal hormonal changes that occur with ovulation and early pregnancy. Most patients are prescribed estradiol (taken orally 1, 2 and then 3x/day), and later, Progesterone in Oil (taken intramuscularly each day) and Prometrium (oral progesterone 3x/day). Recipients who have any residual ovarian function will also take daily leuprolude acetate (Lupron) injections to suppress their own hormone production. You will be given specific instructions about the medications that are best for you. All of these medications are injections that we will be happy to teach you or your partner how to give. If your pregnancy test is positive, you will continue on the estradiol and progesterone for about the first 10-12 weeks of pregnancy. You will be instructed before your cycle exactly what medications to take and when.
"PREP" CYCLE

In order to maximize the chance for pregnancy, oocyte recipients that have never undergone an IVF cycle at our practice must first undergo a preparation ("prep") cycle. In this cycle, the oocyte recipient will take the prescribed medications and undergo monitoring to make sure the endometrium is prepared appropriately for a pregnancy to implant. The monitoring includes transvaginal sonography and blood tests (serum estradiol, lutenizing hormone and progesterone levels). Each of these tests must be performed at a specific time in your medication cycle.

If the test results from the "prep" cycle are normal, the same medication protocol will be repeated for the actual treatment cycle. If the test results are abnormal, the medication protocol will be adjusted, and a repeat "prep" cycle will be performed. The charges incurred during the "prep" cycle are not included in the treatment cycle charges.

SCREENING FOR THE OOCYTE DONOR

The process of screening for oocyte donors involves the following:

1. A Telephone Interview is conducted by our nurse practitioner (Elizabeth Shrader, APN-C). The interview form is then reviewed with the Program Director. If approved, further information and a more detailed questionnaire are mailed to the potential oocyte donor.

2. The Oocyte Donor Questionnaire asks in-depth questions related to the personal, medical, social and family history of the potential oocyte donor. This form is completed by the potential donor and returned by mail to the IVF Team. Once reviewed by the Program Director, an interview will be scheduled.

3. The Interview with the Program Director provides an opportunity for Dr. Jain or Dr. Taliadouros and the potential oocyte donor to meet face to face. The interview includes confirmation and clarification of the information from the telephone interview and questionnaire. Other aspects of oocyte donation and the exact procedures involved will also be discussed. A thorough medical examination and transvaginal ultrasound will be performed at this visit.

4. Intelligence testing is performed on all prospective oocyte donors. Only women scoring a minimum of 100 are allowed to continue in the oocyte donation program.

5. Personality Assessment Inventory is performed by a licensed psychologist on all prospective oocyte donors. This is usually performed once, unless there has been a major life-change (i.e. marriage, divorce or childbirth), at which time it will be repeated.

5. Laboratory evaluation includes the following tests:
   1. Blood type and Rh
   2. HIV (AIDS) testing
   3. Hepatitis-B
   4. Hepatitis-C
   5. Serum RPR (Syphilis)
6. Chlamydia screen urine
7. Gonorrhea culture urine

Additional tests may include hormonal testing and other indicated tests, such as screening for sickle cell, cystic fibrosis, thalassemia, and Tay-Sachs traits.

5. Consent to anonymous oocyte donation will be signed by each potential oocyte donor accepted into the program.

MATCHING OF RECIPIENT AND DONOR

The recipient and donor will be matched by choice of the recipient. The recipient and the nurse coordinator will discuss the characteristics important to the recipient and the genetic father. The nurse coordinator will then provide the donor profiles that match those characteristics for the recipient to review. The respective phenotypes (physical characteristics) of the donor and recipient will be matched as much as possible within the constraints of the number of donors and recipients in the program. No guarantees of phenotypic matching can be made. Matching with respect to blood type and Rh status will be done in a manner to maximize blood type matching and minimize the risk of Rh disease. The entire matching process is strictly confidential. You will be provided with basic non-identifying information about the donor; a infancy or childhood photograph may be provided. Of course, the recipient couple has the right to reject the donor, and your name will be placed on the waiting list for the next appropriate match.

USING AN OUTSIDE DONOR AGENCY

Occasionally, recipients are not able to find a suitable donor within our database. Should this occur, you can ask the nurse coordinator for a list of suitable donor agencies. Please be aware that this use of an outside agency will incur costs that are in addition to what DVIF&G charges. Also, the donor from the outside agency will have to undergo the same testing we require of our in-house donors; should they fail any of these tests, you will be required to pick an alternate donor.

THE OOCYTE DONATION CYCLE

Donor Procedures

Once screened and matched with the recipient, the oocyte donation process will be initiated based on the menstrual cycle of both the oocyte donor and recipient. Both will take oral contraceptives to synchronize the cycles. Because there is evidence that the success rate is improved when more than one egg is obtained per cycle, medications are used to stimulate the growth of more than one follicle. Each follicle contains one egg. By using the injectable medications Lupron, Folliostim/Gonal-f, and Menopur, multiple follicles, and therefore, multiple eggs, develop.

Since the medications will cause several follicles to grow at the same time, the development must be monitored with sonography and hormone testing. Donors must be frequently monitored in our office with blood tests and ultrasound examinations.
The egg retrieval is performed in our office. The procedure is guided by transvaginal ultrasound. A needle is advanced through the vagina and into each ovarian follicle. All mature follicles will be aspirated. The eggs retrieved will be inseminated with the sperm of the recipient's husband (or a sperm donor, if warranted).

Recipient Procedures

After completing all of your screening and your prep cycle, we will contact you when we have a donor match for you. If there is not a suitable match, and you decide to use an outside donor agency, please call the office once you have signed a contract and have chosen a donor. Once you accept the donor, please call Elizabeth Shrader when you begin your menstrual cycle for instructions on exactly when to begin taking the prescribed medications. When the date of the oocyte retrieval is determined, you will be notified when to begin progesterone injections. A couple of days prior to the donor’s retrieval, we will contact you to arrange an appointment for your husband to provide his semen sample. We will contact you following the donor’s retrieval to let you know how many eggs were retrieved. All eggs retrieved will be inseminated with the sperm of the recipient's husband. We will again contact you the day after the egg retrieval to let you know how many eggs fertilized and schedule the time of your embryo transfer. Generally, two or three embryos are transferred.

During the treatment cycle, your office visits will include an enrollment visit, a baseline ultrasound, two pre-transfer monitoring visits, the embryo transfer itself, and pregnancy test visits. Of course, your husband will come in on the day of the donor’s egg retrieval to provide his semen sample, and you are welcome (but not required) to be with him on that visit.

EMBRYO TRANSFER

The embryo transfer is usually performed three or five days after the donor’s egg retrieval. This procedure involves placing the embryo up through the cervix into uterus using a thin plastic catheter. Prior to this day, you will be given a prescription for an antibiotic (Doxycycline) and a steroid (Medrol). Please let your doctor and nurse know if you have any allergies to antibiotics. You will take one capsule the morning of the embryo transfer and the other one before you go to bed that night.

One of our nurses will tell you what time to arrive for your embryo transfer. This procedure does not require any anesthesia. At DVIF&G, embryo transfers are performed under ultrasound guidance; therefore, please arrive at our office with a full bladder. A speculum will be inserted into your vagina and your cervix cleaned with a sterile solution. A “practice” embryo transfer with an empty catheter will be performed first. Then, the catheter with the embryos will be inserted into your uterus, and the embryos deposited. This procedure usually takes about 5-10 minutes and is very similar to having an intrauterine insemination. Any discomfort from the transfer is minimal. Following the procedure, you will be taken to the recovery room to lie down for 20 minutes before being discharged home.

Extra Embryos
You have the option of cryopreserving (freezing) extra embryos that are not transferred during the cycle in which these embryos are created. The DVIF&G embryologists will determine which extra embryos are suitable for freezing. A separate consent form for embryo cryopreservation must be signed by the recipient and her husband and payment must be made prior to beginning the treatment cycle. You will be billed quarterly for cryopreservation and the storage of the embryos.

**ACTIVITY**

Following the embryo transfer, we recommend that you relax for the remainder of the day and the following day, as if you are recovering from a minor surgical procedure. We also recommend that you abstain from intercourse until fetal heart motion is confirmed. You may otherwise resume any normal activity except excessive physical exertion.

**CYCLE CANCELLATION**

An oocyte donation cycle may be cancelled for any of the following reasons:  
- development of only one or two follicles by the donor  
- premature ovulation by the donor  
- inadequate follicle growth/poor response by the donor  
- failure of sperm to fertilize eggs  
- inadequate endometrial growth or estrogen level by the recipient  
- unforeseen circumstances beyond the control of DVIF&G  

If the oocyte donation cycle is cancelled because of a poor response by the recipient, the oocytes will be retrieved from the donor, fertilized with the sperm of the recipient's husband, and cryopreserved for embryo transfer in a subsequent cycle.

**FINANCIAL AGREEMENT**

A deposit of $1000 must be paid prior to being included on the oocyte donation waiting list. This fee is non-refundable, but will be applied to the total charges for the cycle. Once a donor is matched, all remaining fees for the oocyte donation cycle must be paid before a donor begins any treatment medications. Once the cycle has begun, these fees are non-refundable. Charges for a cancelled cycle will be prorated. A detailed description of the charges is attached.

**CONFIDENTIALITY**

The identity of the donor and recipient, as well as all other information obtained in the oocyte donor screening process will be kept strictly confidential. The identity of the donor will not be made know to the recipient, nor will the recipient be identified to the donor.

**QUESTIONS**

Any questions may be directed to Elizabeth Shrader, APN-C or to Drs. Taliadouros or Jain at (856)988-0072.
# Oocyte Recipient Fees

The following fees must be paid in advance of beginning an IVF treatment cycle:

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT Code</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transvaginal Oocyte Retrieval</td>
<td>58970</td>
<td>2000</td>
</tr>
<tr>
<td>Ultrasound Guidance for Oocyte Retrieval</td>
<td>76948</td>
<td>375</td>
</tr>
<tr>
<td>Complete Semen Analysis</td>
<td>89320</td>
<td>135</td>
</tr>
<tr>
<td>Complex Sperm Prep for IVF</td>
<td>89261</td>
<td>200</td>
</tr>
<tr>
<td>Oocyte Identification</td>
<td>89254</td>
<td>300</td>
</tr>
<tr>
<td>Insemination of Oocytes</td>
<td>89268</td>
<td>800</td>
</tr>
<tr>
<td>Culture of Oocyte/Embryos &lt; 4 days</td>
<td>89250</td>
<td>2500</td>
</tr>
<tr>
<td>Preparation of Embryos for Transfer</td>
<td>89255</td>
<td>450</td>
</tr>
<tr>
<td>Embryo Transfer</td>
<td>58974</td>
<td>1000</td>
</tr>
<tr>
<td>Ultrasound Guidance for Embryo Transfer</td>
<td>76942</td>
<td>375</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>8,135</strong></td>
</tr>
</tbody>
</table>

In addition, the following fees are based upon one recipient versus two recipients for a single donor:

<table>
<thead>
<tr>
<th>Description</th>
<th>One Recipient</th>
<th>Two Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Fee *</td>
<td>$1,500</td>
<td>$1,200</td>
</tr>
<tr>
<td>Donor Screening (including laboratory screening)</td>
<td>2,500</td>
<td>1,250</td>
</tr>
<tr>
<td>Legal Contract for recipient and donor</td>
<td>2,000</td>
<td></td>
</tr>
<tr>
<td>Donor Medications</td>
<td>4,000</td>
<td>2,500</td>
</tr>
<tr>
<td>Donor Monitoring</td>
<td>1,500</td>
<td>750</td>
</tr>
<tr>
<td>Donor Compensation</td>
<td>5,000-8000</td>
<td>1,500</td>
</tr>
</tbody>
</table>

*5,000 for first time, 6,500 for 2nd, $8,000 for 3rd successful donation

**TOTAL DUE AT START OF CYCLE** $19,700 $14,400

* Administrative Fee includes donor evaluation, donor/recipient matching, donor/recipient medical/nursing management. **This is new to us, so we may want to charge more or less**

The following fees must be paid in advance of beginning an IVF treatment cycle, if recommended by the physician:

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT Code</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intracytoplasmic Sperm Injection, ≤ 10 eggs</td>
<td>89280</td>
<td>1250</td>
</tr>
<tr>
<td>Intracytoplasmic Sperm Injection, &gt; 10 eggs</td>
<td>89281</td>
<td>2500</td>
</tr>
<tr>
<td>Assisted Embryo Hatching</td>
<td>89253</td>
<td>500</td>
</tr>
<tr>
<td>Extended Embryo Culture</td>
<td>89272</td>
<td>2000</td>
</tr>
</tbody>
</table>

If you are using an Out-of-town/state donor, the following are additional fees not included in the total cost: (Please note these costs are approximate)

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare for out-of-town donor and Companion</td>
<td>TBD</td>
</tr>
<tr>
<td>Lodging for 4 days (2 days prior to donation and 1 day following)</td>
<td>~$600</td>
</tr>
<tr>
<td>Car rental for 4 days</td>
<td>~$150</td>
</tr>
<tr>
<td>Food</td>
<td>~$200</td>
</tr>
</tbody>
</table>
Please note that all fees are subject to change without notice.

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embryo Cryopreservation (includes one year storage)</td>
<td>89258</td>
<td>750</td>
</tr>
<tr>
<td>Annual Embryo Storage Fee (per year)</td>
<td>89342</td>
<td>600</td>
</tr>
<tr>
<td>Thaw/Prepare Frozen Embryos for Transfer</td>
<td>89352</td>
<td>600</td>
</tr>
<tr>
<td>Sperm Cryopreservation</td>
<td>89259</td>
<td>150</td>
</tr>
<tr>
<td>Thawing of Cryopreserved Sperm/Semen</td>
<td>89352</td>
<td>600</td>
</tr>
<tr>
<td>Annual Sperm Storage Fee (per year)</td>
<td>89343</td>
<td>600</td>
</tr>
</tbody>
</table>
Consent to Receive Embryos Obtained from Oocyte Donation

Delaware Valley Institute of Fertility and Genetics

We voluntarily authorize and direct Dr. George Taliadouros, Dr. Akas Jain, or his associates or assistants to perform procedures necessary for the transfer of embryos obtained from oocyte (egg) donation to the female partner or the gestational carrier.

1. Explanation of Procedure
Both partners understand that donor oocytes are used to achieve a pregnancy in a woman who is infertile due to certain medical conditions, but otherwise able to carry a pregnancy. These donor oocytes may also be for use to a gestational carrier. In this procedure, oocytes obtained from another woman will be mixed with the sperm of ______________________________ (male partner) and the fertilized eggs will be transferred to ____________________________ (female partner or gestational carrier), who has been treated with hormones to prepare her uterus to implant and maintain a pregnancy.

2. Selection of Oocyte Donor
Both partners consent and authorize Dr. George Taliadouros, Dr. Akas Jain, or his associates or assistants to select an appropriate oocyte donor. I understand that basic, non-identifying characteristics of the oocyte donor will be provided, and we have the right to decline to use a particular donor prior to beginning the treatment cycle.

3. Risks and Discomforts
Discomfort: Mild discomfort may result from blood drawing, medicine injections, ultrasound examinations, and the embryo transfer.

Reaction to Medications(s): Adverse reactions may result from the prescribed medications. We understand that any drug can cause side effects. In rare cases, treatment with estrogen or progesterone may result in blood clots in the legs, heart, lung or brain. We understand that there is also a risk of liver disease, gallstones, high blood pressure, and minor side effects such as abdominal bloating or breast tenderness. The most common side effects of leuprolide are hot flashes and vaginal dryness. We understand that other risks, not reasonably identifiable by the physician, may exist.

Pregnancy Complications and Birth Defects: The risk of birth defects from pregnancy arising as a result from oocyte donation is not known to be greater than that in spontaneously (naturally) occurring pregnancies. We understand, however, that any pregnancy may result in a child with birth defects. In addition, not all congenital defects are known at birth, and some physical and mental disorders present in adolescence or adulthood. If more than one embryo is transferred, the potential for multiple pregnancy exists. We understand that, if pregnancy does occur, there is a possibility of complications during the pregnancy and childbirth and that, despite screening of oocyte donors for genetic disorders, there is a possibility of the birth of an infant who is abnormal or who has undesirable hereditary tendencies.
**Sexually Transmitted Diseases:** We understand that although oocyte donors are screened for sexually transmitted diseases, including HIV (AIDS), gonorrhea, syphilis, chlamydia, and hepatitis, there is no way to protect the oocyte recipient completely or guarantee that the oocyte and infant are free from such disease.

**Other Complications:** We understand that other problems may prevent successful completion of the treatment cycle, such as ovulation occurring before the egg retrieval procedure is performed, inability to retrieve an egg, failure of the eggs to fertilize, an accident resulting in the loss or damage of the egg(s) and/or embryo(s), or unforeseen complications that are unavoidable. Additionally, implantation (pregnancy) may not occur.

4. **Confidentiality**
We understand that the medical records pertaining to the oocyte recipient shall be kept confidential and shall be subject to inspection only upon an order from the court for good and just cause shown. In the case of anonymous egg donation, both partners understand and agree not to seek the identity of the donor(s) and that the oocyte donor has been advised and has agreed not to seek the identity of the oocyte recipient(s).

Data from your ART procedure will also be provided to the Centers for Disease Control and Prevention (CDC). The 1992 Fertility Clinic Success Rate and Certification Act requires that 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, 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 CDC has that identifies you will not be disclosed to anyone else without your consent.

5. **Rights and Responsibilities of the Oocyte Recipient and Spouse**

**Cryopreservation:** We understand that any embryo that is not transferred, but continues to develop normally, may be cryopreserved (frozen) for future attempts to achieve pregnancy in accordance with the policies and procedures of the In Vitro Fertilization (IVF) Program at Delaware Valley Institute of Fertility and Genetics. A separate consent form must be signed by both the partners to allow this procedure. We agree that if we do not consent to cryopreserve any extra embryos, then the control and direction of these embryos will be relinquished to Delaware Valley Institute of Fertility. We acknowledge that non-payment of the storage fees for 12 consecutive calendar months, will result in abandonment of the embryos, and these embryos will be relinquished to the Delaware Valley Institute of Fertility and Genetics.

**Legitimate Children and Heirs:** We understand and agree that any children conceived or born as a result of this treatment shall be considered as naturally conceived and born of their union and confer on both parents and child all the rights, privileges, duties and obligations thereto.

**Financial Responsibility:** We understand that Dr. George Taliadouros, Dr. Akas Jain, and DVIF&G. have made no provision for monetary compensation in the event of physical injury from the procedure and, in the event of such injury, medical treatment shall be provided, but shall be the financial responsibility of the patient.
6. Authorization for Successive Procedures
We understand that it may be necessary to undergo the procedures more than once, and hereby consent to each successive procedure until such time as consent is withdrawn by written notification of Dr. George Taliadouros or Dr. Akas Jain. Consent is given for the performance of the procedures, and to operations and procedures in addition to or different from those now contemplated, whether or not arising from presently unforeseen conditions, which Dr. Taliadouros, Dr. Jain or his associates or assistants may consider necessary or advisable in the course of treatment.

7. Acknowledgment and Understanding
We acknowledge that we have received full explanation of the procedures and risks described herein, and that they are understood. We acknowledge that no warranty or guarantee has been made as to the results of these procedures. We acknowledge that we have had a full opportunity to discuss and ask questions about the procedures, their purposes, and nature, as well as reasonably foreseeable risks, and that all questions have been answered to our satisfaction. We have read this consent and fully understand the contents. We execute this consent of our own free will and accord.

Signature of Female Partner

Signature of Male Partner

Signature of Gestational Carrier (if applicable)

Signature of Witness
By signing this consent form, you agree to undergo a Shared Anonymous Egg Donor In Vitro Fertilization (IVF) cycle at Delaware Valley Institute of Fertility and Genetics (DVIF&G). In this treatment cycle, an anonymous egg donor will have her eggs retrieved, and the eggs will be shared among two infertile patients, who will attempt to get pregnant using the donated eggs. You understand and agree to the following aspects of this treatment cycle:

The number of eggs will be split fairly and equitably by DVIF&G between the two infertile patients. Only anonymous donors who have previously produced and donated good quality eggs, and whose donation cycle has resulted in a successful pregnancy, will be used for this treatment cycle. However, due to variations in number of eggs obtained and differences in fertilization rates among patients, it is possible that one infertile patient may receive more eggs or embryos than the other patient.

DVIF&G makes no guarantee that either patient will receive eggs or embryos during this treatment cycle.

If this treatment cycle is canceled before completion, your account will be credited for any services not performed.

You will be informed of the number of eggs obtained from the anonymous egg donor in this treatment cycle, but you will not be informed of whether the eggs used by the other infertile patient sharing the eggs in this cycle fertilized, whether the other infertile patient in this treatment cycle got pregnant, or any other information about the anonymous egg donor or the other infertile patient involved in this treatment cycle except as specified in the DVIF&G IVF Patient Information Brochure, or as deemed medically necessary by the IVF Program Director.

You are not waiving any of your legal rights by signing this consent form. Your signature below indicates that you agree to undergo this treatment. You will receive a copy of this informed consent.

__________________________  _________________________
Signature of Female Partner        Date

__________________________  _________________________
Signature of Male Partner (if applicable)      Date

__________________________  _________________________
Signature of Witness        Date