

Consent Form for Oocyte Donation
Palm Beach Center for Reproductive Medicine/Palmetto Fertility Center of South Florida

I _____, agree to voluntarily participate in the Donor Egg Program at the Palm Beach Center for Reproductive Medicine/Palmetto Fertility Center of South Florida, Inc. (Palmetto Fertility Center), and undergo treatment by Scott Roseff, MD and/or Michael Graubert, M.D.

I understand this process means that some of my oocytes (eggs) will be removed from my ovaries and donated to cause pregnancy in one or more infertile women. I understand that my eggs will be fertilized in the laboratory by sperm for the designated infertile woman (Recipient). If fertilization takes place, the embryo(s) will be transferred to the uterus of the Recipient in hopes that a pregnancy will occur.

I believe that I am a low-risk candidate for sexually transmitted diseases (STDs) such as hepatitis, genital herpes, and HIV. I agree to be screened for STDs including (and not limited to) HIV antibodies and understand that I will be informed of positive results. I am fully aware that I cannot contract these diseases by being an egg donor. I agree to inform Palm Beach Center for Reproductive Medicine/Palmetto Fertility Center if I engage or have engaged in any activities that put me at risk for STDs. I agree to report any information about genetic factors which were not detected during the screening process to the Palm Beach Center for Reproductive Medicine/Palmetto Fertility Center even though these changes may not affect my health status.

Treatment Cycle Recommendations:

I understand the following recommendations must be followed during the oocyte donation process:

1. I should take a prenatal vitamin on a daily basis.
2. Smoking must be avoided before and during treatment.
3. Recreational drugs are absolutely contraindicated.
4. Ingestion of aspirin or aspirin-like products (e.g. Motrin, Advil, Anaprox, Naprosyn, Aleve, etc.) should be avoided during treatment. Tylenol is a suitable alternative, if necessary.
5. The use of alcohol should be eliminated.
6. The use of all prescription and over-the-counter medications should be discussed with a physician before starting a treatment cycle.
7. I understand that during the month I use fertility medications, I must abstain from sexual intercourse as there is a risk of conception and multiple pregnancy if I do not abstain.

Risks of this procedure: I understand that there are several processes involved in the in vitro fertilization procedure, and potential risks and complications include, and are not limited to, those listed below:

Ovulation Induction

In order for IVF to be successful, fertility medications will be used to induce the development of more than one egg. This is termed ovulation induction. I understand that a variety of medications are available for the induction of ovulation process including clomiphene citrate (Clomid, Serophene), follicle stimulating hormone (Follistim, Gonal-F), human menopausal gonadotropins (Menopur), human chorionic gonadotropin (hCG), GnRH-agonists (Lupron), and GnRH antagonists (Ganirelix, Cetrotide). I understand that some women have a poor response to ovulation induction agents and may not stimulate enough eggs to undergo IVF. Since these medications must be given by intramuscular (in the muscle) or subcutaneous (under the skin) injections, I understand there may be bruising or discomfort at the injection site, as well as

allergic reactions. I understand that some ovaries may be extremely sensitive to fertility medications and can enlarge more than expected. This is called ovarian hyperstimulation syndrome (OHSS). If the IVF team notices these signs or symptoms early in the cycle, they may withhold the hCG injection and cancel the cycle to reduce the risks of this disorder. If hyperstimulation is mild to moderate, the symptoms will be managed at home on rest. In the severe form of OHSS, dehydration, large amounts of fluid accumulation in the abdomen and lung cavities, blood clotting disorders, and kidney damage can occur. I understand that if severe OHSS occurs, hospitalization may be necessary for careful monitoring and treatment.

I understand there may be a link between ovarian cancer and the use of fertility drugs. This includes reports of an increase in borderline ovarian cancer in women who use both clomiphene and injectable gonadotropins for prolonged periods of time. However, I have been advised by the IVF team that exposure to these medications will be minimized as much as possible.

Monitoring Protocol

I understand that while receiving the medications listed above, I will be closely monitored by the IVF team. I understand that this monitoring will include daily blood drawing, which carries the risk of mild discomfort, infection, and bruising at the puncture site. I understand that transvaginal (through the vagina) ultrasound examination of the ovarian follicles and the uterus will be performed frequently. These examinations may at times be uncomfortable, but there is presently no known risk to the eggs from ultrasound technology. I understand that if monitoring suggests a low probability for successful egg retrieval, the stimulation cycle will be stopped and no egg retrieval will occur.

Egg Retrieval

I understand that at a time determined by the IVF team, I will have a transvaginal egg retrieval procedure done by Michael Graubert, M.D. or one of his associates at the Palmetto Fertility Center. This uses an ultrasound guided needle puncture of the ovarian follicles through the wall of the vagina under conscious sedation (IV sedation). This procedure can cause mild to moderate discomfort. I understand that complications during this procedure are uncommon, but can involve the risk of complications from anesthesia as well as injury to bowel, bladder, or blood vessels. Some blood vessel or organ injuries may require additional surgery (laparoscopy or laparotomy) to repair. Limited bleeding from the ovary may occur, but the need for transfusion is rare. The risk of complications from anesthesia may include paralysis, adverse reactions to medication, and, in infrequent cases, death. Infections following transvaginal egg retrieval are also possible but rare. I understand I will receive an antibiotic around the time of retrieval to reduce the risk of infections, and the antibiotic may result in side effects or allergic reactions. I understand that infection or hemorrhage could result in the loss of one or both of my ovaries, my uterus and fallopian tubes, resulting in partial or complete loss of fertility. The chance for this complication is extremely remote. Despite seeing normal development of follicles on ultrasound, not all follicles are capable of being retrieved due to effects of medication or technical difficulties.

Reporting/Confidentiality: Federal requirements for participation in certain organizations require IVF programs to report their IVF cycle specific data to the Centers for Disease Control (CDC). I understand that all of my IVF cycle specific data will be provided to the CDC using a unique personal identifier that will be confidential and protected under the U.S. Privacy Act. Likewise, I understand that any research publication resulting from this procedure will not identify me individually.

I agree not to seek a) the identity of the women for whom I am donating, b) whether any child or children result from the donation, and c) the identity of any such child or children. I understand that my identity will

be kept confidential unless disclosure is required by law. I understand that I will not be given any information on the fertilization or pregnancy outcome.

Release: I waive and relinquish any and all parental or custodial rights in any child or children who may result from the fertilization and implantation of my eggs/embryos in the Recipient. I acknowledge that the Recipient shall treat the donated eggs and any resultant child or children as her own. Likewise, I acknowledge that the Recipient of the eggs has released me from liability for any problem occurring during her pregnancy and for any mental or physical disabilities, financial support, care, custody or living expenses, education, health, and welfare of the child or children born as a result of the donor egg procedure.

The Palmetto Fertility Center is regulated pursuant to the rules of the Florida Board of Medicine as set forth in rule Chapter 64B8, F.A.C., Standards of Care for Office Surgery.

I certify by my initials on the previous pages and by my signatures that I have read and fully understand the Oocyte Donation consent and the procedure(s) initialed above. I certify that the risks and alternatives to the procedure have been fully explained to me. I recognize that I am free to ask questions, my participation is voluntary, and that I may withdraw at any time. I hereby agree to participate in the Oocyte Donation procedure subject to the following limitations and conditions:

Oocyte Donor's
Signature _____ Date _____

Witness's
Signature _____ Date _____