



Partner Stamp or Label

Patient Stamp or Label

Center for Infertility and Reproductive Surgery

EGG DONATION CONSENT – DONOR

General:

By signing below, I am/we are saying that I/we have:

- Read and understood the information in the In Vitro Fertilization and Egg Donation sections of the *Education Booklet for Informed Consent for Assisted Reproduction*, Version 02-2013.
- Read and understood the information in the booklet about the overall risks of assisted reproductive treatments.
- Had the procedures fully explained to me/us.
- Had all of my/our questions completely answered.

Evaluations:

By signing below, I am/we are saying that I/we understand:

- That the results of my/our medical evaluations and screening for hereditary and sexually transmitted diseases will be reviewed with me/us.
- That I/we will be asked if the recipient couple may be given the results.
- That if I/we do not agree to this, the information will not be given. In that case, I/we will not be allowed to be a donor.
- That I/we may not be allowed to be a donor based on the results of the medical or psychological evaluations. If this happens, the recipient couple will not be told the reasons for this unless I/we agree that they may be told.
- That donating an egg is a fairly new procedure. The psychological and emotional risks of this are not known at this time. This is especially true if the egg donor and the recipient(s) have a social relationship after the child is born.

Care:

By signing below, I am/we are saying that I/we agree:

- That I must not have unprotected sexual intercourse during the month ***before*** egg retrieval.
- That the BWH CIRS has the right to decide to accept and treat me as an egg donor. The BWH CIRS also has the right to decide to stop this treatment at any time.



<i>Partner Stamp or Label</i>	<i>Patient Stamp or Label</i>
-------------------------------	-------------------------------

Costs:

By signing below, I am/we are saying that I/we understand:

- That all costs for the egg donation including medicines, blood tests, medical and psychological evaluations, and surgical procedures will be paid for by the recipient.
- That there may be complications that cause additional medical and hospital expenses. That the recipient must buy extra insurance to cover these expenses.

Legal:

By signing below, I am/we are also saying that I/we have:

- Spoken with a lawyer before signing this Documentation of Informed Consent.
- Had a chance to get information and advice about the legal part of my decision to be an egg donor.
- That the BWH CIRS has not given me/us information about any law or legal matters having to do with my being an egg donor.
- I am not/We are not asking the BWH CIRS to give me/us legal advice in giving this consent.

Claims:

By signing below, I/we agree:

- To give up any rights and claims to any donated eggs and frozen embryos. I/We also give up any rights and claims to any child(ren) that come(s) from them. This is also true for my/our heirs, administrators, or executors.
- That after the donation the eggs, embryos, and child(ren) belong to the recipient(s).

Confidentiality:

By signing below, I am/we are saying that I/we have been told:

- That information about me/us and my treatment will be kept confidential. This will be done as allowed as required by law.
- That information will be provided to the Centers for Disease Control and Prevention (CDC) for ongoing studies, and to assess treatment efficacies and demographic information.



<i>Partner Stamp or Label</i>	<i>Patient Stamp or Label</i>
-------------------------------	-------------------------------

My/Our Decision:

By signing below, I am/we are saying that I/we have:

- Had the chance to talk about this decision with a physician and a social worker/psychologist.
- Asked the BWH CIRS to perform the procedures described in the In Vitro Fertilization and Egg Donation sections of the *Education Booklet for Informed Consent for Assisted Reproduction*, Version 02-2013.

Donor's Signature Date_____ Time_____ AM/PM

Donor's Partner (if applicable) Signature Date_____ Time_____ AM/PM

By my signature I am saying that I reviewed the above information with the patient, the patient verbalized understanding, and was provided opportunity to ask any questions.

Physician's Signature

--	--	--	--	--

 Date_____ Time_____ AM/PM