BRIGHAM AND WOMEN'S HOSPITAL
73 Francis Street, Boston, MA 02115

Partner Stamp or Label	*Partner Stamp or Label*

Center for Infertility and Reproductive Surgery

EGG DONATION CONSENT – RECIPIENT

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 BWH CIRS cannot promise that the medical histories given by the egg donor or her partner are truthful. In addition, some medical conditions may not be known when the histories are given.
- That the egg donor and her partner are tested for certain diseases. This includes HIV which is the virus that causes AIDS. However, there is still a risk of this and other communicable diseases and infections being given to me. Getting any of these diseases may mean that treatment including surgery is needed. In some cases, these diseases could lead to death.
- That putting an embryo into the uterus of an unrelated woman 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 understand:

- That the BWH CIRS has the right to decide to accept and treat me as a donor egg recipient.
- That the BWH CIRS also has the right to decide to stop this treatment at any time.

Costs:

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

- That insurance may not cover all treatments. I/we understand that if I/we agree to undergo a treatment which is not covered by my/our insurance company that I/we will be responsible for paying for it before treatment is performed.
- That all costs for the egg donation cycle including medicines, blood tests, medical and psychological evaluations, and surgical procedures will be paid for by me/us.
- That there may be complications that cause additional medical and hospital expenses for the donor. That I/we must buy extra insurance to cover these expenses.

Legal:

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

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

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.

Embryo freezing:

I/We <u>do</u> □ <u>do not</u> □ plan on freezing embryos.

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Body Fluids and Tissue: By signing below, I/we do or do not agree to the following:

Agree	***Do not Agree***	
☐	☐	➢ That pictures may be taken of tissue or body fluids during surgery. Such tissue or body fluids may also be used and/or saved for diagnostic, scientific, or teaching purposes.
☐	☐	➢ To donate my/our discarded embryos to the BWH IVF Lab for diagnostic, scientific, or teaching purposes. Such tissues are not destined for clinical use (either embryo transfer or cryopreservation) and would otherwise be disposed of in accordance with standard hospital policy.

If I/we do not agree to donate my/our body fluids and/or tissues, they will be disposed of in accordance with standard hospital policy.

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 help me/us conceive a child through the use of an egg donor performing 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.

_____ Date_____ Time_____ AM/PM
Patient's Signature

_____ Date_____ Time_____ AM/PM
Partner's Signature

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.

_____ ☐☐☐☐☐ Date_____ Time_____ AM/PM
Physician's Signature