



# THE CENTER FOR HUMAN REPRODUCTION (CHR)

21 East 69<sup>th</sup> Street, New York, NY 10021 T: 212-994-4400; F: 212-994-4499

## *Egg Donation Process, Risks, Consent and Agreement*

Updated on: 10/8/2014

Date:	_____		
Egg Donor <b>Last Name:</b>	_____	<b>First Name:</b>	_____
Date of Birth:	_____		
Address:	_____		
	_____		
	_____		

Donor Egg (DE) therapy has become an established treatment for infertility due to egg problems or certain genetic issues. The main goal of DE is to allow a patient the opportunity to become pregnant using eggs from a donor and sperm from her partner or from a donor. This is an elective procedure designed to result in the patient's pregnancy when other treatments have failed or are not appropriate.

## **Egg Donation Process**

### **Donor Screening**

Potential egg donors undergo careful screening for genetic, psychological, hormonal and physical screening before being accepted as an egg donor. This screening process involves several office visits over a month or more to assess these factors.

## Ovarian Stimulation

- Injections of the natural hormones FSH and/or LH (gonadotropins) are used to cause a group of eggs to develop to maturity.
- Additional medications are used to prevent premature ovulation.
- An overly vigorous ovarian response can occur, or conversely an inadequate response.

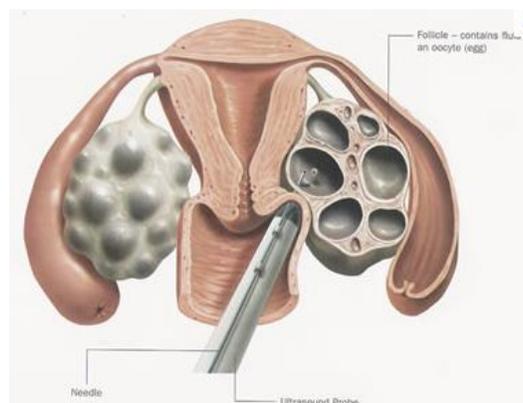
- **“Fertility drugs”** are used to stimulate the ovary in hopes of inducing the simultaneous growth of several oocytes (eggs) over the span of 8 or more days. Monitoring of your ovaries’ response by ultrasound is important. A typical pattern of office visits is shown below:



This process does not cause you to run out of eggs sooner in the future. The eggs that are induced to grow by these medications were already ‘linked’ to this cycle and would have been lost anyway had they not been induced to grow.

## Egg Retrieval

- Eggs are removed from the ovary with a needle under ultrasound guidance
- Anesthesia is provided to make this comfortable
- Complications are rare



A transvaginal ultrasound probe is used to visualize the ovaries and the egg-containing follicles within the ovaries. A long needle is guided into each follicle and the contents aspirated. The aspirated material includes the egg.

For the egg donor, the retrieval is the last step. In about 2 weeks, your normal period will begin, and by that time your ovaries will often be back to normal size.

## Next

Your eggs then become the property of the Recipient, to be used by her for procreation. Sperm are placed with your eggs, and one or two of the resulting embryos are transferred into a uterus (either hers or a gestational carrier's). Extra embryos can be frozen for later use. In some cases, the recipient is not yet identified at the time your eggs are removed; instead, your eggs can be frozen and stored to be used by someone to have a baby in the future.

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# Consent to Donate Eggs

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Date:	_____		
Egg Donor Last Name:	_____	First Name:	_____
Date of Birth:	_____		
Address:	_____		
	_____		
	_____		

I, the undersigned, request, authorize and consent to the donation of my eggs to The Center for Human Reproduction, and as appropriate, its employees, contractors, consultants and authorized agents, for use by an infertile couple or individual in their attempts to achieve a pregnancy.

### *How will the eggs be used?*

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I understand, agree and consent that the selection of the recipient will be determined at the sole discretion of the The Center for Human Reproduction, and as appropriate, its employees, contractors, and consultants, unless I have listed a specific designated recipient couple or individual below.

Please check the appropriate choice and initial:

- The Center for Human Reproduction may determine the recipient(s) (the person or persons who will receive the eggs) of these eggs.

Donor's initials: \_\_\_\_\_

- I designate the individual's listed below as the recipient(s) of these eggs.

Designee \_\_\_\_\_

Donor's initials: \_\_\_\_\_

I understand, agree and consent that the eggs that I donate may be used fresh or frozen by the recipient (the couple or individual (female or male) who is using the eggs) and that once they have been retrieved, that I will have no further control over these eggs. The recipient may use them in any way she thinks appropriate, and because of confidentiality issues, I will not be notified of how they are used. I understand that the recipient may decide to discard the eggs, donate them to research, or donate them to someone else in the future and that I will not be notified of that decision or asked for my approval. I understand that the eggs may first be frozen and stored in an Egg Bank before being used by a recipient, and that the recipient may not yet be identified at the time of my donation. Moreover, several different recipients may receive my eggs.

In Case my eggs are destined to be frozen for future use, I agree to return for a repeat infectious disease screen, including a blood test and a cervical culture; six(6) months after egg retrieval, this is a FDA mandate.

The recipient may decide to donate the eggs or embryos to research, including stem cell research. Neither I (the egg donor) nor the recipient of my eggs will receive any information about subsequent testing on the embryo or the resulting stem cells. Stem cells and cell lines may be kept for many years. It is possible the donated material may have commercial potential, but the donor will receive no financial or other benefit from any future commercial development. Stem cell research is not intended to provide direct medical benefit to the embryo donor. Embryos donated for research will not be transferred to a woman's uterus, nor will the embryos survive the human pluripotent stem cell derivation process.

If I am not comfortable with unrestricted use as described above, I may not be permitted to donate my eggs.

**Non-Viable Eggs.** I understand that some non-viable eggs may be used as a teaching aide for laboratory personnel before being discarded. We (I) understand that non-viable eggs and embryos will be discarded according to ASRM Ethical Guidelines.

**Cells and Biological Materials that Would Normally Be Discarded.** I understand that some cells (such as granulosa cells which are cells from the ovary that are retrieved along with eggs) and biological materials such as follicular fluid (the fluid that the egg is found in), which are normally discarded, may be used for research studies. These materials would never be used for any procedures that involve fertilization or creation of an embryo or a cell line without my written consent in advance. When these studies are completed, the materials will be discarded.

**Research Use of Viable Eggs**, I understand that the viable eggs will not be used for any research without my express written consent in advance. I understand that I would be asked to sign a separate consent to donate my eggs to research instead of donating them for use to produce a pregnancy.

If you disagree with such potential use for educational or research purposes, please initial between both arrows. → ←

### **Description of the Procedure:**

The following is a general outline of the steps that may be required in the process of egg donation. I consent to the performance of these steps:

1. Complete history and physical examination, which will include questions about my age, medical, psychological, genetic and sexual history and my family medical and genetic history.
2. Administration of fertility drugs including but not limited to Gonal-F®, Menopur®, Bravelle®, Follistim® (also called gonadotropins) and other medications including but not limited to oral contraceptive pills (OCPs), GnRH agonists, GnRH antagonists (including but not limited to ganirelix and Cetrotide®), and hCG, to mature the eggs. Some of these drugs require daily injections.
3. The use of blood tests to monitor hormone levels, often on a daily basis.
4. Ultrasound examinations of the ovaries to monitor growth of the developing follicles. Ultrasonography is a diagnostic procedure using sound waves that provides a “picture” of the ovaries and the growing follicles. This procedure may need to be performed daily.
5. Strict adherence to the medication injection and monitoring (blood tests and ultrasounds) schedule prescribed by the physicians.
6. Retrieving the eggs using ultrasound guided transvaginal egg retrieval. This procedure utilizes anesthesia and the insertion of a needle, through the vaginal wall, into the ovary (ovaries) to obtain the eggs.
7. The eggs may be used fresh or may be frozen for later use by the recipient (the couple or individual who is receiving the egg donation).
8. The use of antibiotics to reduce the risk of infection after the egg retrieval.
9. Federally mandated screening and testing for infectious diseases performed within 30 days of the egg retrieval.
10. Use of a condom throughout the treatment cycle to avoid pregnancy and possible disease transmission.

### **Situations that could make egg donation impossible**

There are a number of reasons egg donation may not be possible:

1. Despite the fact that all instructions are followed faithfully, the ovaries may not respond to the medication, there may not be enough eggs developing, and the cycle may need to be canceled before the egg retrieval. The ovaries may respond too well to the medications and this could lead to a potentially serious complication known as ovarian hyperstimulation syndrome (OHSS) that so the cycle may need to be cancelled before the egg retrieval.
2. Ovulation (release of the eggs) may occur spontaneously before the eggs can be retrieved.
3. In rare cases, no eggs may be retrieved.
4. The eggs may not be normal.
5. Infectious disease testing performed within 30 days of the retrieval may be positive.

### **Risks of Egg Donation**

The following are risks and discomforts associated with this procedure:

1. Blood drawing and medication injections- mild discomfort and a risk of developing a bruise at the needle site.
2. Fertility drugs and other medications used to stimulate the ovaries may cause:

- a) **Hyperstimulation** - The fertility drugs/medications previously described may cause excessive ovarian enlargement (“hyperstimulation”), which may cause discomfort (because more than one follicle is growing). Hyperstimulation may result in ovarian enlargement requiring therapy including hospitalization and possible surgery with removal of an ovary.
  - b) **Cyst formation**- The medications described above may result in large cysts forming on the ovaries. In the majority of cases, ovarian cysts induced by fertility drugs/medications disappear spontaneously without requiring any intervention. In very rare instances (less than 1% of cycles) these cysts could result in significant abdominal discomfort that could result in the need for hospitalization for observation purposes. One of these cysts could rupture requiring emergency surgery to stop the bleeding and could result in a need for blood transfusions and possible loss of one or both ovaries (this occurs in less than 0.1% of cycles).
  - c) **Ovarian Hyperstimulation Syndrome (OHSS)**- Fluid shifts within the body may require close observation and even hospitalization for further observation and treatment (1%-3% of cycles). The high levels of estrogen associated with the use of these medications may alter the way in which the body handles fluids. More specifically, the blood vessels may become “leaky” resulting in the accumulation of fluid within the abdominal cavity (ascites) or around the lungs (pleural effusion). This accumulation of fluid may result in abdominal distension and discomfort with associated shortness of breath (due to the diaphragm being pushed upward by the accumulation of fluid in the abdomen). In severe cases, removal of this fluid from the abdomen or from the space around the lungs may be required using a small needle (0.5% of cycles). The “leaky” vessels may also result in the individual becoming dehydrated because the fluid is in the wrong place, i.e. in the abdomen instead of in the blood vessels. Intravenous fluid administration may be required to maintain adequate blood flow to vital organs such as the kidneys. Severe dehydration could result in irreversible organ failure or blood clot formation leading to a pulmonary embolus (blood clots in the lung) or stroke (less than 0.1% of cycles). There are extremely rare reports in the literature of death occurring as a result of complications of OHSS. **OHSS is a risk that is inherent to ovulation induction therapy; prevention cannot be guaranteed.** At times, when monitoring shows that the risk of OHSS is unacceptably high, a cycle may be canceled. Severe OHSS will rarely occur if hCG administration is withheld. Close monitoring of your cycle by the clinic and following its instructions is imperative to reduce these risks.
  - d) **Cancer** --Many have worried that the use of fertility drugs could lead to an increased risk of cancer—in particular, breast, ovarian, and uterine (including endometrial) cancers. One must be careful in interpreting research studies of women taking fertility drugs. Since all of these cancers are more common in women with infertility, simply comparing women taking fertility drugs with women in the general population inevitably shows an increased incidence of cancer. When the analysis takes into account the increased cancer risk due to infertility per se, the evidence does not support a relationship between fertility drugs and an increased prevalence of breast or ovarian cancer. More research is required to examine the long-term impact fertility drugs may have on breast and ovarian cancer prevalence rates. For uterine cancer, the numbers are too small to draw conclusions.
  - e) **Adnexal Torsion (Ovarian Twisting)**: Less than 1 percent (1%) of the time, the stimulated ovary can twist on itself, cutting off its own blood supply. Surgery is required to untwist or even remove it.
3. Egg retrieval has risks including:
- a) Moderate discomfort after the procedure.
  - b) Possibility of bleeding, infection, or injury to the abdominal organs that may require immediate major surgery with possible resulting loss of the uterus and/or ovaries, hospitalization for antibiotic therapy, blood transfusion or, in rare cases, death.
  - c) The egg retrieval requires the use of anesthesia. Risks associated with anesthesia including nausea, difficulty breathing, respiratory distress or very rarely death.

4. The utilization of antibiotics at the time of egg retrieval may result in an allergic reaction, which may result in a rash. In its most severe form, an allergic reaction may be life threatening. The utilization of tetracycline/doxycycline is associated with an increased sensitivity to the sun and, therefore, caution should be taken to avoid prolonged sun exposure. The utilization of antibiotics may also be associated with nausea, vomiting, diarrhea, loss of appetite and vaginal yeast infections.
5. Federally mandated screening and testing for infectious diseases within 30 days of my egg retrieval may need to be repeated more than once to meet the timing requirements.
6. Psychological stress.

### ***Special Considerations in Egg Donation:***

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**Infectious Disease Testing Of The Egg Donor.** I understand and consent that I must be subjected to federally mandated infectious disease testing within 30 days of the egg retrieval and then again after the retrieval. I understand and agree that if I test positive for any of the infectious diseases tested for as mandated by federal law that my eggs cannot be donated and that the eggs must be disposed of according to American Society for Reproductive Medicine (ASRM) Ethical Standards. I further understand that if I do not come for the testing required for these infectious diseases within 30 days of the retrieval, the eggs cannot be used and will be discarded and this might cause severe stress for the recipient.

**Donor Screening and Testing.** I understand and agree that as an egg donor, I have been asked extensive questions about my age, medical, genetic, psychological, sexual and family history. My truthful answers to these questions are critical to the health and safety of the recipient and the child that may be conceived as a result of this egg donation. I agree to answer these questions truthfully. I agree to notify The Center for Human Reproduction of any medical condition or disease, particularly genetic diseases, which may arise in my immediate family or in me. I agree to provide medical updates and relevant information to the Center for Human Reproduction should the Center for Human Reproduction contact me in the future.

**Unknown Family History.** I understand and agree that if I do not have knowledge about my genetic parents' medical history (for example if I was adopted or conceived with donor gametes) that my eggs may not be suitable for donation to produce a pregnancy.

I further acknowledge and consent that medical, psychological, genetic/infectious disease, technical or other considerations may contraindicate or preclude (make impossible) the donation of these eggs to a recipient despite my request. I agree that the disposition of these eggs will ultimately rely on the best medical judgment of the Center for Human Reproduction, and as appropriate, its employees, contractors, consultants and authorized agents, at the time of the potential donation.

### ***Identity of the Donor and the Recipient(s).***

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Unless I have designated the recipient(s) of my eggs above, I understand that I will not be informed of the identity (identities) of the recipient(s) by the Center for Human Reproduction. I also understand that the Center for Human Reproduction will protect my identity and will not intentionally reveal it to the recipient(s) or to any child or children born from this donation, except as allowed below or if a court orders otherwise.

I understand that my identity might be revealed independently of the Center for Human Reproduction by, for example, through advances in Internet searches or by my own choice by my registering voluntarily with a website.

I understand that if a child born from this donation has a medical or psychological need that might be met by me, that the Center for Human Reproduction may elect to contact me to make a request that my identity be revealed. Such requests may be for a medical need such as a bone marrow transplant or to obtain family history based, for example, on newly discovered genetic information.

Because of the potential medical or psychological need of a child born from this donation, I also agree to promptly provide the Center for Human Reproduction with any changes of address and/or contact information for me over the next 18 years.

I understand that **once any child or children born from this donation are deemed legal adults**, they may request to know the identity of the egg donor (me). I understand that I am under no obligation to agree to respond or reveal my identity pursuant to any request.

At this time, I am indicating my willingness to do the following (please initial all that apply):

<input type="checkbox"/>	I agree to provide non-identifying information limited to medical and biographical information to the Center for Human Reproduction.
<input type="checkbox"/>	I agree to provide photographs and/or short video recording of myself to the Center for Human Reproduction; both may be posted on Center's website.
<input type="checkbox"/>	I agree to have <u>non-identifying</u> contact with the child when the child becomes a legal adult if both the child and I agree to the disclosure.
<input type="checkbox"/>	I agree to have <u>identifying</u> contact with the child when the child becomes a legal adult if both the child and I agree to the disclosure.

I understand that I am under no obligation to agree to any request and that I am free to change my choices in writing in the future. I also understand that future face recognition technologies may create the possibility that my identity may be discoverable from posted photos and/or short video recording. My choices indicated on this form will remain valid unless and until I submit a change in my choices in writing to the Center for Human Reproduction. I also understand that any choices I have indicated herein may be altered or voided by changes in the law or by court orders.

**Parental Rights and Responsibilities.** I understand that all rights and responsibilities for the care of any child resulting from the donation of my eggs will be the responsibility of the recipient(s). This includes any financial responsibilities and obligations associated with the care and upbringing of such a child.

I am aware that there are or may be laws in the state of New York or other applicable states governing the legitimacy and legal status of children born following the use of donor eggs.

By my signature below, I give up all rights to use or make decisions about my donated eggs following this procedure. Should a child be born as a result of my egg donation, by my signature(s) below, I give up any and all rights and claims I have or may be deemed to have to such a child.

It is also possible that laws may be enacted in the future that would require the Center for Human Reproduction to reveal my identity to the recipient couple (woman) or resulting child. If such laws are enacted, the CHR might be required to adhere to those requirements. I understand that I might not be notified in such circumstances.

Information on all cycles of Assisted Reproductive Technology treatment, along with data identifying recipients and women who undergo ART with their own eggs, is currently collected into a national database under the 1992 Fertility Clinic Success Rate and Certification Act. As part of this process, the Society for Assisted Reproductive Technology plans to begin to collect identifying information on all egg donors. As with recipient cycles and cycles for women using their own eggs, this information may be used to track outcomes. For this purpose, certain donor identifying information such as name, date of birth, and social security number will be reported to a Registry by SART member clinics for data aggregation. ASRM guidelines currently require permanent records be kept for all egg donation cycles. Efforts to collect this information are intended to respect donation confidentiality and not to disclose confidential identifying information to recipients, donors, or offspring. Control of such information in the future may, however, depend on applicable law.

The Center for Human Reproduction does not offer legal advice on these matters and if I need or want legal advice I must consult an attorney with expertise in family law related to assisted reproductive technologies.

**Responsibilities of the Egg Donor.** I understand and agree that additional responsibilities and requirements described in the “Egg Donor Agreement” must be met as part of the egg donation process. I further understand that adherence to the terms of that agreement will not affect the medical care that I receive, as described in this consent.

I may change my mind at any time prior to the point at which the eggs have been retrieved and donated.

### ***Other Considerations:***

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**Confidentiality.** I understand the confidentiality of medical records, including any photographs, X-rays or recordings, will be maintained in accordance with applicable state and federal laws. Anonymous data from the ART procedure will also be provided to the Centers for Disease Control and Prevention (CDC) in compliance with the 1992 Fertility Clinic Success Rate and Certification Act, which requires that CDC collect data on all assisted reproductive technology cycles performed in the United States annually and report success rates using these data.

I expect this procedure to be performed with not less than the customary standard of care. I understand the risks and benefits as outlined, and further understand and agree that the Center for Human Reproduction shall be responsible only for acts of negligence on its part and the part of its employees, contractors, consultants and authorized agents.

I have had the opportunity to review this treatment and ask questions of our (my) physician concerning the alternative options to utilization of donated eggs, including adoption and no treatment. The full egg donation process has been explained to us (me), together with the known risks. I understand the explanation that has been given to us. I have had the opportunity to ask any questions I might have and those questions have been answered to my satisfaction. Any further questions may be addressed to the Center for Human Reproduction at (212) 994-4400. I acknowledge that utilization of donated eggs is being performed at my request and with my consent.

X

\_\_\_\_\_  
Egg Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Egg Donor Name

\_\_\_\_\_  
Date of Birth

### Notary Public

Sworn and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Spouse Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Date of Birth

### Notary Public

Sworn and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

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# *Anonymous Egg Donor Agreement*

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Date: _____
Egg Donor <b>Last Name:</b> _____ <b>First Name:</b> _____
Date of Birth: _____
Address: _____ _____ _____

I, the undersigned, have executed (signed) an informed consent to act as an Anonymous Egg Donor (AED) in the program of the Center for Human Reproduction. I understand that the consent describes the medical aspects, some legal issues and the risks of the treatment that I will receive as part of acting as an Anonymous Egg Donor.

I understand that this document (called an agreement) describes the specific responsibilities and requirements to which I have agreed in acting as an egg donor. I understand that I will be compensated for my time and effort only if I meet these responsibilities.

By signing this agreement, I state again that I have been completely truthful in all the information I have given in my application to be an egg donor regarding my age, personal medical, psychological, sexual and genetic history and that of my family where requested.

As part of my continued participation as an egg donor, I agree to:

- Submit to any urine tests, cervical cultures, blood tests, or physical examinations required.
- Continue to truthfully disclose aspects of my age, medical, psychological, genetic, sexual and family history.
- Refrain from smoking.
- Refrain from use of recreational drugs.
- Respond to requests for follow-up information in a timely fashion.
- Keep all scheduled appointments and arrive promptly.
- Follow all instructions precisely and ask for assistance if I do not understand those instructions.
- Refrain from any attempt to learn the identity of the recipients.
- If I tell others that I am an egg donor, I will not share the exact timing of my cycle or the day of my egg retrieval (except with those that live with me and the person that transports me to and from my egg retrieval).

I understand that, from the beginning of my drug treatment with GnRH agonist, antagonist or birth control pills, I must:

- Refrain from intercourse or if I have intercourse, use a condom to avoid both pregnancy and disease transmission.
- Avoid high impact and strenuous activities such as running.

- Take all medications at the prescribed time.
- Have blood tests and ultrasounds at intervals determined by the physicians, which may be daily for several weeks.
- Be available for egg retrieval on the day determined by the physicians, on 36 hours notice.

I understand that:

- As an anonymous egg donor and patient of the Center for Human Reproduction, I will receive medical care according to the standards set by SART.
- All reasonable efforts will be made to maintain my confidentiality and protect my identity unless at some time in the future I agree to reveal it.
- There are or may be laws in the state of New York or other applicable states governing the legitimacy and legal status of children born following the use of donor eggs. It is also possible that laws may be enacted in the future that would require the Center for Human Reproduction to reveal my identity to the recipient couple (individual) or resulting offspring. If such laws are enacted, the Center for Human Reproduction might be required to adhere to those requirements.
- The Center for Human Reproduction does not offer legal advice on these matters and if I need or want legal advice I must consult an attorney with expertise in family law related to assisted reproductive technologies.
- I will be treated with respect and care throughout the process.

I understand that:

- If I require any additional treatment for any complications that arise, I may be covered by short-term oocyte donor health insurance that will be provided to me by the program within the terms, limits and conditions of the plan. (I have been given a copy of limitations of that policy and understand that conditions that do not directly relate to egg donation may not be covered).
- I am solely responsible for the cost of any additional treatment required that is unrelated to my egg donation (that is, treatment outside of the terms, limits and conditions of the short-term oocyte donor health insurance plan provided to me by the Center for Human Reproduction).
- Treatment will be provided to me by a member of the Center for Human Reproduction medical team or other physician as indicated.
- I will be responsible for all costs associated with all deductible, co-payments and other amounts related to non-covered services (services unrelated to my donation of eggs).

I understand that in exchange for the time and effort I expend during this cycle, the Recruiting Program will control my reimbursement if they recruited me, or the Center for Human Reproduction if they recruited me.

If the Center for Human Reproduction recruits me, I understand that the reimbursement rules below will apply:

- Donors are compensated \$8000 for time and effort involved in a completed Egg Donation cycle.
- Payment will be made immediately following the Two-Week Post Retrieval check up.
- Donors will receive IRS Form 1099 from the Center for Human Reproduction listing the compensation earned from egg donation. The Egg donor (me) will be responsible for all federal, state or local taxes associated with payments received from the Center for Human Reproduction.
- In performing the services, duties and obligations of an egg donor it is understood that the donor and the Center for Human Reproduction are acting and performing as an independent contractor with respect to the other and that no relationship of partnership, joint venture or employment is created under this agreement.
- A complete donation cycle is defined as one where the donor completes the three stages of a donor cycle: screening to become an egg donor, ovulation induction (taking the fertility drugs

with required monitoring), and egg retrieval (including federally mandated infectious disease testing performed within 30 days of the egg retrieval).

- Participation is purely voluntary and refusal to participate or withdraw from the program at any time will not involve any penalty from the CHR other than loss of compensation amount.

- Breakdown of donor compensation for a completed cycle:

Completion of Screening, Ovulation Stimulation and Egg Retrieval	\$8000.00
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- When a completed cycle is not achieved the following compensation guidelines will apply:

Determining Party	Cause	Cycle Stage	Compensation
Donor	Self select out	Anytime	-\$0-
MD /Donor	Donor non-compliance	Anytime	-\$0-
MD	Donor complication	Before stimulation start	-\$0-
MD	Donor poor response		\$1,000.00
MD	Donor hyperstimulation		-\$0-
MD	Donor tests positive for infectious diseases		-\$0-
Recipient	Cancels/withdraws		\$1,000.00
MD	Stimulation cycle interrupted for non donor related		\$1,000.00

I have read this agreement, understand my responsibilities and agree to these conditions of being an Egg Donor. I have received a copy of this agreement.

<p><b>X</b></p> <p>_____</p> <p>Egg Donor Signature</p> <p>_____</p> <p>Egg Donor Name</p> <p>_____</p> <p>Clinic Representative Signature</p>	<p>_____</p> <p>Date</p> <p>_____</p> <p>Date of Birth</p> <p>_____</p> <p>Date</p>
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