

Family Beginnings, PC
CONSENT FOR ANONYMOUS OOCYTE (EGG) DONATION

I (Donor) _____ hereby consent to have my oocytes (eggs) donated to an anonymous patient/(partner) for her/their use in attempting to establish a pregnancy. I understand and accept that medical testing, (including testing for infectious diseases such as HIV, hepatitis, and other diseases), genetic evaluation, and a psychological assessment of myself (and spouse if applicable) as well as the recipient (couple) must be completed prior to my donating eggs. I understand that results from such testing may result in my not being able to donate oocytes. I acknowledge that I have undergone testing, and that I have provided truthful answers to any questions asked.

I understand that oocyte donation involves taking different medications under a physician's direction to stimulate production of multiple follicles within my ovaries. I further understand that an ultrasound-guided oocyte retrieval is performed to retrieve the oocytes, and that I will be required to sign a separate consent for the oocyte retrieval procedure that lists the potential risks of the procedure.

I understand that I should use barrier forms of contraception or abstain from intercourse during the time of ovarian stimulation. I understand that, because multiple follicles are stimulated to grow in my ovaries, it is possible that I could become pregnant if I do not use appropriate contraceptive measures. I release Family Beginnings, PC from any responsibility if I become pregnant during this procedure.

I acknowledge that, once my oocytes are donated, I relinquish any parental rights to any children that may be born from these oocytes.

I understand that the couple or individual receiving the donated gametes will be considered the legal parent(s) of any children that may be born through use of the donated oocytes.

I understand that Family Beginnings, PC will provide financial compensation (\$3000.00) to me for my participation in the program. This compensation is for the time, inconvenience, physical and emotional demands, and risks associated with oocyte donation.

I understand that Family Beginnings, PC have not provided, either orally or in written form, any advice as to my legal rights or those of the recipient (couple) and specifically disclaim any responsibility to do so. I acknowledge that I should consult legal counsel if I have any questions as to my legal rights and obligations, as well as rights and obligations of the recipient (couple).

I have had the opportunity to read this consent form, and to ask any questions I have about the procedure. I acknowledge that my questions have been answered to my satisfaction. By signing this consent form, I agree to have oocytes donated to another individual or couple for use in establishing a pregnancy.

(Donor) _____ (date)

(witness) _____ (date)