



## 1. Gestational Carrier

Gestational surrogacy is an elective procedure in which one woman (the “Gestational Carrier”) carries a pregnancy created by the egg and sperm of two other individuals. Gestational surrogacy has been recommended as a way to have a baby because it is medically inadvisable or impossible for the intended parent(s) to carry a pregnancy to term. This decision was made after a review of your history and testing and, where appropriate, included your partner’s history and testing. A Gestational Carrier cycle involves retrieving eggs from the intended parent (or an ovum donor selected by the intended parent(s)), and these eggs will be fertilized in the laboratory by sperm from an intended parent (or a sperm donor selected by the intended parent(s)). One or more fertilized egg(s) will then be transferred into the uterus of the Gestational Carrier selected by the intended parent(s) in the hope and expectation that a pregnancy will occur. A child born as a result of this process will not have any of the Gestational Carrier’s genetic material.

## 2. Collection of Medical Information

Prior to commencement of the in vitro fertilization process (“IVF”), comprehensive medical information will be obtained from the Gestational Carrier, from the Gestational Carrier’s medical records, from physical examinations and other tests to determine whether the Gestational Carrier is a suitable candidate for this procedure. Lucile Salter Packard Children’s Hospital at Stanford (“Stanford”) cannot guarantee the reliability or accuracy of the medical history given by the Gestational Carrier. In addition, some medical conditions may not be known when the information is gathered.

The Gestational Carrier will also be tested for certain diseases including a blood test for HIV (the virus that causes AIDS). However, there is still a risk that, despite precautions taken, an infectious disease, including HIV, could be transmitted to the fetus during a pregnancy. LPCH reserves the right to reject any Gestational Carrier who does not meet its screening standards.

Comprehensive medical information will also be obtained from medical records, physical examinations and clinical tests to determine the suitability of the intended parent(s) and/or donor(s) to supply the eggs and sperm to be used in the in the IVF and embryo transfer procedures. This determination may include testing for infectious and sexually transmitted diseases. These tests may require samples of blood, urine, semen, cervical mucus or cells.



Fertility and Reproductive Health

CONSENT • GESTATIONAL CARRIER INTENDED PARENT

Medical Record Number

Patient Name

Addressograph or Label - Patient Name, Medical Record Number

3. IVF and the Transfer of Embryos

The intended parent who will be the source of the eggs (or the ovum donor) will go through the IVF stimulation and egg retrieval process outlined in The In Vitro Fertilization Consent Booklet. The Gestational Carrier will go through the embryo transfer process, including hormonal support of the uterine lining, also outlined in The In Vitro Fertilization Consent Booklet.

By signing below, I/we certify that:

- I/we have read and understood the applicable information outlined in The In Vitro Fertilization Consent Booklet and this Gestational Carrier Consent. I/we have had the procedures and related risks and benefits fully explained to me/us and had all of my/our questions completely answered.
I/we have consulted with legal counsel before signing this Gestational Carrier Consent. I/we have had the opportunity to receive legal advice about my/our use of a Gestational carrier to conceive a child. I/we have entered into an assisted reproduction agreement with the Gestational Carrier meeting the requirements set forth in California Family Code 7962.
Stanford has not given me/us any information about any law or legal matters having to do with using a Gestational Carrier and I/we are not relying on Stanford for legal advice. Although this form and The In Vitro Fertilization Consent Booklet are medical consent forms, these consent forms could have unintended and important legal consequences which you should discuss with a lawyer.
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. I/we will pay for all services provided to the Gestational Carrier, including any medical complications related thereto, to the extent such

Intended Parent Signature

Date

Intended Parent Name

Time

Intended Parent Signature

Date

Intended Parent Name

Time

Witness Signature

Date

Witness Name

Time