CONSENT TO USE OF OVA FROM A KNOWN DONOR WHO HAS RISK FACTORS FOR, OR EVIDENCE OF, INFECTION WITH CERTAIN COMMUNICABLE DISEASES
(Directed Donation)

STATEMENT OF OVUM DONOR

I have been advised that I have risk factors for, or evidence of infection with, the disease(s) checked above. The nature of the disease(s), including symptoms and severity, has been explained to me. I have also received an explanation of the risk of transmission of the disease to the above-named patient, and (if pregnancy results) to her fetus, based upon my specific risk factors for, or evidence of, infection. I have been advised of the measures (if any) that can be taken to reduce the risk, and have had all of my questions answered. Having received this information, I nonetheless wish to proceed and hereby consent to donate my ova to the above-named patient so that she may become pregnant.

Signature of Ovum Donor

Date

Time

Medical Record Number

Patient Name

Lucile Salter Packard Children’s Hospital

Fertility and Reproductive Health

Addressograph or Label - Patient Name, Medical Record Number