



1. Egg Donation

Egg donation is recommended as a way to have a baby when an individual is unable to produce eggs or because the eggs are unlikely to lead to a normal pregnancy. This recommendation is made after a review of the medical history and testing and, where applicable, the partner's history and testing. Lucile Salter Packard Children's Hospital at Stanford ("Stanford") will retrieve egg(s) from a known or anonymous donor (the "Donor") selected by the Recipient and her partner, if applicable. The donated eggs are then fertilized by sperm from the Recipient partner or a donor. If fertilization occurs, the fertilized egg(s) will then be transferred into the Recipient's uterus in the hope and expectation that a pregnancy will occur.

Child(ren) conceived by egg donation will not have any of the Recipient's genetic material but will have the genetic material of the Donor and either the Recipient's partner or the sperm donor, as applicable. The psychological and/ or physical characteristics of any child(ren) resulting from egg donation may not match those of the Recipient, the Recipient's partner, if applicable, or those of the Donor, or sperm donor, if applicable. Hidden unknown or undesired genetic characteristics of the Donor or the Recipient's partner or sperm donor, as applicable, might be expressed in a baby resulting from egg donation. Any baby resulting from egg donation has the usual risks of developmental, psychological and physical disabilities and/or illness like any child conceived other than through egg donation.

2. Collection of Medical Information

Prior to commencement of the egg donation process, comprehensive genetic and medical information will be obtained from the Donor. Stanford cannot guarantee the reliability or accuracy of the medical history of the Donor. In addition, some medical conditions may not be known when the information is gathered.

Medical information will be obtained from medical records, physical examinations and clinical tests to determine the suitability of the intended parent(s) and Donor. These tests, and others, may require samples of blood, semen, cervical mucous or cells. The Donor and her partner, if applicable, will be tested for certain diseases including a blood test for HIV (the virus that causes AIDS). However, there is still a risk that a Recipient of donated eggs could acquire HIV and/or other infectious diseases.

3. Egg Donation and IVF

The Donor who will be the source of the eggs will go through the IVF stimulation and egg retrieval process outlined in *The In Vitro Fertilization Consent Booklet*. Recipients of donor eggs go through the embryo transfer process, including hormonal support of the uterine lining, also



Medical Record Number

Patient Name

Addressograph or Label - Patient Name, Medical Record Number

outlined in *The In Vitro Fertilization Consent Booklet*. Recipients of donated eggs do not undergo stimulated egg development and egg retrieval. Otherwise, the risks accompanying the preparation of the recipient and the embryo transfer procedure are very similar, if not identical, to those of a woman using her own eggs to achieve a pregnancy through IVF.

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 Recipient of Donor Oocyte 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 Recipient of Donor Oocyte Consent. I/we have had the opportunity to receive legal advice about my/our use of an egg donor in order to conceive a child.
- Stanford has not given me/us any information about any law or legal matters having to do with using an egg donor 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 egg donor, including any medical complications related thereto, to the extent such fees are not covered by insurance.

Recipient Signature

Date

Recipient Name

Time

Recipient Partner Signature

Date

Recipient Partner Name

Time

Witness Signature

Date

Witness Name

Time