

KUTTEH KE FERTILITY ASSOCIATES OF MEMPHIS, PLLC

80 Humphreys Center, Suite 307
 Memphis, Tennessee 38120-2363
 (901) 747-2229

AND

MEMPHIS FERTILITY LABORATORY, INC.

**IN VITRO FERTILIZATION/EMBRYO TRANSFER (IVF/ET) WITH DONOR OOCYTES
 CONSENT FORM for the DONOR**

1. I (*name*), _____, the undersigned, am a healthy female and request, authorize, and consent to donating my ova (eggs) for the performance of donor oocyte (egg) in vitro fertilization and embryo transfer (IVF/ET) intending to create pregnancy for a recipient couple. Donation of some of my eggs will provide an opportunity for pregnancy for a couple who could not otherwise conceive or, because of the risks of transmitting a genetic disorder, wishes not to conceive her own genetic child.
2. I understand that the recipient couple are legally married wife and husband. They have requested eggs from a donor to use at time of IVF/ET and are the intended parents of any child(ren) conceived and delivered through this procedure.
3. I understand and acknowledge that Kutteh Ke Fertility Associates of Memphis, PLLC (FAM) is a medical practice in reproductive endocrinology and will be managing my egg donation and performing my procedures. Memphis Fertility Laboratory, Inc. (MFL) is an independent laboratory responsible for my IVF/ET laboratory testing and services including blood hormone assays and oocyte (egg) identification.
4. I understand and agree that I will be evaluated for medical and psychological characteristics that might make me unsuitable as an egg donor. The evaluation will include a detailed medical history and physical examination, laboratory tests including tests for HIV, substance abuse, psychological evaluation, and genetic screening. The evaluation will enable FAM to make an optimal recipient/donor match. I represent and warrant that, to the best of my knowledge and belief, all medical and genetic information I provide to FAM and MFL will be true, correct, and complete. I understand and agree that the physician in charge at FAM will make the final approval of my egg donation to the recipient couple and his/her decision will supercede all other prior arrangements.
5. I understand the following to be a general outline of the steps that may be required in this procedure. I consent to the performance of these steps:
 - a. A detailed medical history and physical examination will be performed on me to determine if I am a suitable candidate for egg donation.
 - b. In addition, laboratory tests including (but not limited to) tests for HIV, substance abuse and genetic disease as well as psychological evaluation will be performed to determine if I am a suitable candidate for egg donation. If I am married, my husband may be asked to attend the psychological session.
 - c. The use of medications to stimulate and mature multiple eggs(s) from my ovaries. Many of these medications will require me to perform self-injection on a daily basis. Before the eggs are released from the ovaries, collection (retrieval) of my egg(s) will be performed.

Wife's Initials _____

Husband's Initials _____

- d. The use of blood tests to monitor growth of my ovarian follicle(s) containing the egg(s).
 - e. The performance of ultrasound examinations to assist in timing the maturity of the egg(s). Ultrasonography is a diagnostic procedure using sound waves that provides a "picture" of the ovaries and the growing follicle(s)
 - f. Retrieval of the eggs from my follicles, which may be done by one or more of the following methods:
 - i. Ultrasound-guided trans-vaginal aspiration through a needle directed through the vagina into the follicle.
 - ii. Ultrasound-guided trans-abdominal aspiration where the needle is directed through the skin of the lower abdomen and into the follicle.
 - iii. Laparoscopy, a procedure, in which a tube containing a light and lenses is introduced through the navel to allow seeing the ovaries and tubes. This procedure has been separately explained, and a separate consent will be obtained as is routine.
 - g. After retrieval, my involvement is complete and all of my eggs will be retained by MFL for donation to the recipient couple(s).
6. Because there is a possibility that I could become pregnant during or immediately after egg donation, I understand that unless I have undergone a form of permanent sterilization, I must properly use a barrier form of contraception (condom or diaphragm) or practice complete sexual abstinence during this time. No other form of contraception is acceptable during egg donation. Furthermore, I agree that if I inadvertently expose myself to unprotected sexual intercourse during egg donation, I will immediately inform my physician at FAM.
7. I understand that a number of risks and discomforts may be associated with this procedure, including:
- a. From the blood tests:
 - i. mild discomfort and bruising at the needle site.
 - ii. anxiety and stress from the revelation of underlying disease not previously known to me.
 - b. From the psychological evaluation:
 - i. anxiety and stress from the questions asked during the examination.
 - ii. marital stress if my spouse is asked questions during the examination.
 - c. From the self-injected medications:
 - i. mild discomfort and bruising at the needle site.
 - ii. a small risk (1 in 200 women) of developing ovarian hyper-stimulation syndrome (OHSS), the consequences of which may be serious and, if untreated, include strokes and death;
 - iii. the possibility of an increased risk of developing an ovarian tumor later in life has been proposed in women who have been exposed to long-term "fertility drugs." Although recent studies do not demonstrate any association of ovarian tumors with fertility treatment, this risk has not been conclusively disproved.
 - d. From the ultrasound-guided egg retrieval or the laparoscopy:
 - i. the moderate discomfort after the procedure;
 - ii. the risk (1 in 400) of bleeding, infection, or injury to the abdominal organs that may require immediate major surgery;
 - iii. the risks associated with the general or local anesthesia;
 - iv. the risk of having blood in the urine for a few days after the procedure.
 - e. Psychological stress.

Wife's Initials _____

Husband's Initials _____

8. I understand and agree that I will immediately notify my physician in charge at FAM in the event of any change in my medical condition or of any new medications that I will be taking other than that prescribed by my physician at FAM. I agree that from the time I am accepted as an egg donor until my eggs are retrieved, I will not ingest or inhale any nicotine product unless at the direction of my physician at FAM.
9. I understand and agree to waive any and all rights I might otherwise have with regard to any egg(s) recovered by the procedures described in this Consent Form. If applicable, my husband also agrees to waive any and all rights he might otherwise have with regard to any of my egg(s) recovered by the procedures described in this Consent Form. The physician in charge at FAM shall have the sole right to possession of the egg(s) and to determine who the recipient(s) will be.
10. By my agreement to participate, I hereby waive any and all parental rights I might otherwise have with regard to any child born to the recipient patient as a result of my egg donation. At the moment of embryo transfer to the recipient patient and at all times thereafter, full parental rights will be vested in the intended parents, the recipient patient and her husband. Furthermore, I agree that I will not have any right or otherwise be entitled to custody, visitation, or any other incident of parenthood, nor will I be entitled to know the identity of the recipient parents or their child, absent their consent.
11. I understand and acknowledge that one-half of the genetic makeup of any child conceived as a result of my egg donation will be attributable to me. It is possible, though unintended and highly unlikely, that I (or my husband if applicable) may incur legal responsibilities which are as yet unforeseeable due to the lack of legal precedent. This may include, but is not limited to, the establishment of legal parentage, child support or custody obligations.
12. If I am participating as an anonymous donor, I agree that I will make no attempt to obtain the identity or address of the intended parents. I also understand that I will not be informed of pregnancy or childbirth as a result of my donated eggs, and I agree to make no attempt to obtain the name or address of any such child.
13. I understand that I may be financially compensated for my time, effort and expenses by FAM the amounts set forth in Schedule A (attached). The compensation will be paid to me in full once my egg retrieval has been completed. I agree not to seek compensation from any third-party agency unless I have declined compensation from FAM as set forth in Schedule A. I also agree that under no circumstances will I seek financial compensation directly from the recipient couple.
14. Notwithstanding any provision in this agreement or in any agreement of a third-party agency, all payments to me pursuant to Schedule A are contingent upon my timely compliance with all responsibilities explicitly imposed upon me by the terms of this agreement.
15. I understand that FAM and MFL will not be charging me or my health insurance company for tests and procedures needed for egg donation. I am aware that the recipient couple is required to purchase a medical insurance policy to cover unanticipated and unforeseen complication or injury to me resulting from egg donation. Since this policy will only pertain to complication and injuries sustained as a direct result of egg donation, I acknowledge and agree that I have been strongly advised by FAM to maintain my own medical insurance before, during and after egg donation in order to cover medical expenses not related to oocyte donation or that may be required to treat medical conditions discovered during my evaluation.
16. If I withdraw from egg donation for any reason, I understand and agree to immediately return any unused medications and supplies or be charged for the costs of same.
17. I understand and acknowledge that FAM and MFL have no responsibility for any psychological, social, medical, or economic consequences which occur secondary to the identification of any medical or psychological abnormality or condition from FAM's evaluation of me or my husband (if applicable) which is not a complication, injury, or pregnancy caused by egg donation.

Wife's Initials _____

Husband's Initials _____

18. I consent to the photographing or televising of any laboratory procedure(s) to be performed for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures or by descriptive text accompanying them.
19. The Centers for Disease Control (CDC) is a "public health authority" and is authorized by law [PL 102-493 (H R 47730)] to collect data on assisted reproductive technologies in the United States. In the interests of public health, I understand and acknowledge that both FAM and MFL are required, under the Fertility Clinic Success Rate and Certification Act of 1992, to submit information about my egg donation to the CDC. For such activities, my data is de-identified (stripped of information that could potentially lead to revealing the subject of the information).
20. I understand that the results of my medical tests and other protected health information will be revealed to me but are otherwise subject to the Privacy Notice of FAM created in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Neither FAM nor MFL will disclose my protected health information to the recipient couple. I understand and acknowledge that, in extraordinary and unforeseen circumstances and with my consent, FAM or MFL may provide only my pertinent genetic and medical information to medical providers of a child conceived through my egg donation, to allow for optimal medical treatment of that child. This information will not include my personal identity unless otherwise required by law. In addition, I agree that specific medical details may be revealed in medical and scientific publications as long as my identity is concealed.
21. I understand that FAM and MFL will NOT voluntarily disclose the identities of the recipient couple or any child born to the recipient patient as a result of my egg donation. Conversely, I understand that FAM and MFL will NOT voluntarily disclose my identity to the recipient couple or any child born to the recipient patient as a result of my egg donation. It is remotely possible, however, that FAM or MFL could be compelled, through legal process to disclose my identity and I understand and acknowledge that absolute anonymity cannot be guaranteed. If I am participating as an anonymous donor, I agree that I will make no attempt to obtain the identity of the intended parents. I also understand that I will not be informed of pregnancy or childbirth as a result of my donated eggs, and I agree to make no attempt to obtain the identity of any such child. The confidentiality of identities is not applicable to situations where the recipient couple and I are already aware of each other's identities and my egg donation is a result of direct prior arrangement with the recipient couple.
22. I understand that my participation in egg donation is voluntary, and refusal to participate will involve no penalty or loss of benefits to which I might otherwise be entitled. I am under no obligation to continue to participate as an egg donor and can freely and immediately withdraw before the beginning of any treatment cycle. If I withdraw after the start of ovarian stimulation but prior to egg retrieval, however, I acknowledge an increased risk of ovarian hyperstimulation (see paragraph 7, c, ii) and pregnancy.
23. I understand that my acceptance as an egg donor is conditioned upon my adherence to the terms and conditions of this Consent Form, and agree to at all times abide by its terms and conditions. In the event that I withdraw from participation as an egg donor as provided above, I will remain bound by the terms and conditions of this Consent Form with regard to all events occurring either prior to or after such withdrawal, notwithstanding discontinuation of my active participation. I intend that the terms and conditions of this Consent Form will be binding on me and my husband, respective heirs, executors, administrators, representatives, and assigns.
24. I acknowledge that I have fully reviewed and comprehend the contents of this Consent Form. The nature of egg donation has been explained to me, together with known risks. I have had the opportunity to ask any questions I might have and those questions have been answered to my satisfaction. I acknowledge that egg donation is being performed at my request and with my consent. I understand that I may elect not to continue with the procedure at any time and that this decision would not affect any other present or future medical care and treatment from either FAM or MFL.

Wife's Initials _____

Husband's Initials _____

25. With full knowledge and understanding of the attendant risks and consequences of my participation, I consent to the medical procedures described in this Consent Form and agree to participate as an egg donor. I acknowledge and affirm that I have given my consent and entered into this agreement without coercion or compulsion and of my own free will.

Signature of Donor

Signature of Husband (if applicable)

Print Donor's name

Print Husband's name

Date

Date

Physician
Kutteh Ke Fertility Associates of Memphis, PLLC

Date

Laboratory Director
Memphis Fertility Laboratory, Inc.

Date

SCHEDULE A

Financial Compensation To The Egg Donor

I have read and agreed to the attached consent form:

IN VITRO FERTILIZATION/EMBRYO TRANSFER (IVF/ET) WITH DONOR OOCYTES
CONSENT FORM for the DONOR,

and will participate in donor oocyte (egg) in vitro fertilization and embryo transfer (IVF/ET) as an egg donor intending to create pregnancy for a recipient couple. As compensation for my time, effort and expense, Kutteh Ke Fertility Associates of Memphis, PLLC (FAM) will pay me:

\$ _____ . Write *none* if there is to be no compensation by FAM.

I agree that the amount will be paid in full upon completion of my egg retrieval procedure. I also agree that this amount constitutes the complete compensation to which I am entitled.

Notwithstanding any provision in this agreement or in any agreement of a third-party agency, all payments to me are contingent upon my timely compliance with all responsibilities explicitly imposed upon me by the terms of the attached consent form.

Signature of Donor

Date