

**COLUMBUS CENTER FOR REPRODUCTIVE
ENDOCRINOLOGY & INFERTILITY, L.L.C.**

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Columbus, GA 31909
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CONSENT FOR RECIPIENTS OF DONATED EGGS

Patient's Name: _____ DOB: _____

Spouse/Partner's Name: _____ DOB: _____

We wish to participate in Columbus Center for Reproductive Endocrinology & Infertility's In Vitro Fertilization program using donated eggs in hopes of conceiving a child. We understand that several medical procedures will be performed as part of the In Vitro Fertilization program and that either of us has the right to withdraw consent to further participation in this program and will not adversely affect our relationship with the Columbus Center for Reproductive Endocrinology & Infertility, the physician or its staff caring for us. We understand that this is an established treatment, however there is no guarantee that a successful pregnancy will result. We have opted for this treatment since conventional therapy has failed or is unacceptable.

We understand that the oocytes (eggs) retrieved from a known or anonymous donor will be fertilized with the male partner's sperm or donor sperm. Once the oocytes are fertilized and the standard incubation process (3-5 days) has occurred the embryos will be transferred into the female partner's uterus in hopes of achieving a pregnancy. We understand that any children conceived by this process will bare the genetic material of the egg donor and male partner/sperm donor, however the female partner will be the legal mother of such children.

Procedure

We understand that to make sure the Female Recipient's menstrual cycle corresponds with the Egg Donor's cycle, several medications must be administered by both recipient and donor. We understand that we will be taught on self-administering these medications as well as the donor. The injections may need to be administered several times a day. We understand that the hormone levels and ultrasounds must be done almost every other day and it is our responsibility to be available for these visits, even on weekend and holidays, if instructed by our physician.

The egg donor will administer injections that will help stimulate the ovaries to grown multiple eggs. She will continue this process, for approximately 10-12 days, until the eggs have reached the appropriated size determined by the physician. At this time, the Donor will be instructed to administer the HCG injection and approximately 35 hours later, the eggs will be retrieved. Sperm will be collected form the Male Recipient by whatever means comfortable to the couple.

After the egg retrieval, the sperm and the eggs will be incubated together in hopes of creating an embryo. In case of low sperm count or low motility, a micromanipulation procedure (Intracytoplasmic Sperm Injection – ICSI) will be utilized for fertilization. The embryos will continue to be incubated for approximately 2-4 days. After this process has occurred, the physician will transfer the number of viable embryos instructed by us, to the Female Recipient's uterus through the vagina and cervix. The Female Recipient will be placed on Progesterone injections in hopes of creating a thicker uterine lining. Approximately 12-14 days after the embryo transfer, a blood test will confirm if a pregnancy has occurred and is progressing normally.

We understand that we will have to make a decision on whether any viable embryos are cryopreserved, destroyed or donated to another couple. If we choose to cryopreserve these embryos, they will be stored until we choose to have them transferred at a later date, destroy or donate them to another couple.

Risks of In Vitro Fertilization with Embryo Transfer

We understand that with any type of procedure, this treatment has potential risks as well.

Embryo Transfer: This procedure may cause discomfort and has the risk of infection or bleeding. In addition, there is a possibility that the embryo(s) transferred may implant outside of the uterus, such as the fallopian tube, causing an ectopic pregnancy requiring surgical management.

Multiple Pregnancies: This risk can occur after the transfer of more than one embryo. The risk of multiple pregnancies after transferring three (3) embryos is 20% for twins and less than 5% for triplets. Multiple pregnancies (twins or more) carry higher than normal risks for premature delivery, which may be associated with emotional and financial strain for the parents. The number of neonatal deaths and number of long term handicaps are several times more frequent in multiple pregnancies. A triplet or high gestation has the increased risk of premature delivery, which may be too soon for survival of the infants. A procedure known as selective reduction may be considered to reduce the number of pregnancies.

We understand that any of the following may occur which would prevent the establishment of a pregnancy:

- a. Spontaneous ovulation may occur before egg collection thus precluding any attempt at obtaining an egg.
- b. Mechanical factors or anatomical problems within the pelvis may prevent access to the ovary with the follicles.
- c. Egg retrieval may be unsuccessful.
- d. The egg(s) may not be normal.
- e. The collection of an adequate semen sample may be impossible on the day of fertilization
- f. Fertilization may not occur
- g. Cleavage or cell division of the fertilized egg(s) may not occur.

- h. The embryo(s) may not develop normally. An embryo transfer may not be performed.
- i. Implantation and pregnancy may not occur.

Alternate Forms of Treatment

We understand that if we choose not to proceed with In Vitro Fertilization with Embryo Transfer, the chances of obtaining a pregnancy at this time are low or nonexistent. All the other possible procedures to enable pregnancy have been explained, offered or attempted. We also understand that adoption through other resources may be available to us.

Treatment Decisions

We understand that all decisions regarding each step of the procedure involved, such as stimulation, fertilization and implantation will be made by our physician based on his individual medical judgment. We understand that our physician may decide not to proceed with the procedure because of possible complications or risks to the patient, husband or potential child.

Legal Status

We understand that due to the relatively new nature of In Vitro Fertilization using donor eggs with Embryo Transfer, many legal issues surrounding the procedures have not been resolved and the legal status of any resulting child in terms of legitimacy or otherwise is uncertain. It is our intent and understanding that any resulting child is our legitimate child and we accept legal custody and responsibility for any child or children we may have as a result of this procedure.

We agree to release the Egg Donor, Columbus Center for Reproductive Endocrinology & Infertility, the physician, its staff and any representatives from any legal or financial responsibilities related to the pregnancy, delivery, support of a delivered child, birth defects or mental defects related to the oocyte donation process.

Medical Expenses

We understand the risks involved with participating in the In Vitro Fertilization program. We understand that our physician and medical facilities are available for treatment. We understand that the Columbus Center for Reproductive Endocrinology & Infertility is not financially responsible for any treatment that is not outlined in the procedure section of this consent form.

Financial Expenses

We have been given a "Cost Information Sheet" outlining our financial responsibility. We understand that our insurance may not reimburse the Columbus Center for Reproductive Endocrinology & Infertility for some or any of the procedures. We understand that it may be necessary to have procedures such as ICSI and Assisted Embryo Hatching performed which is not usually incurred by all patients. We understand that it our financial responsibility to reimburse the Columbus Center for

Reproductive Endocrinology & Infertility for all procedures not covered by our insurance.

Confidentiality

We understand that anonymity is required for the anonymous donor as well as for the recipient of the eggs. The Egg Donor has signed a consent and agreement that shall not, under any circumstances, try to contact the recipient and is aware that absolutely no information will be given to her from this program concerning us. The Egg Donor has agreed to relinquish any embryo(s) resulting from her donation. We understand that the Columbus Center for Reproductive Endocrinology & Infertility, the physician, its staff and representatives will, unless otherwise compelled by law, make all reasonable efforts to keep information obtained about us during the treatment confidential. We agree that specific medical details may be revealed in professional publications as long as our confidentiality is maintained.

I, the prospective mother, understand that a successful pregnancy in the In Vitro Fertilization program requires strict adherence to my physician's directions and specifically agree that I will not take any drugs/medications without my physician's consent from the onset of this procedure until the termination thereof by giving birth or by mutual consent with my physician.

We understand that if pregnancy is established, it may result in miscarriage, stillbirth, birth defects or tubal pregnancy. We understand that eggs, sperm or embryos may be lost due to reasons unforeseen, such as equipment malfunction, power failure and natural disasters (fire, flood, tornado, etc). We will not hold the Columbus Center for Reproductive Endocrinology & Infertility, Prakash J. Thirupathi, M.D., its staff or representatives responsible for any loss.

We understand that data from your ART procedure will also be provided to the Centers for Disease Control and Prevention (CDC). The 1992 Fertility Clinic Success Rate and Certification Act requires that the CDC collect data on all assisted reproductive technology cycles performed in the United States annually and report success rates using this date. Because sensitive information will be collected on you, CDC applied for and received an "assurance of confidentiality" for this project under the provisions of the Public Health Service Act, Section 308(d). This means that any information that CDC has that identifies you will not be disclosed to anyone else without your consent.

We have read and understand the above consent regarding our participation in the In Vitro Fertilization program. We understand the risks involved with this type of treatment including, but not limited to, failure to achieve pregnancy, miscarriage, birth defects, stillbirths, infection and the loss or destruction of any eggs, sperm, or embryo. In view of these risks and uncertainties of this treatment, we agree not to hold the Columbus Center for Reproductive Endocrinology & Infertility, Prakash Thirupathi, M.D., any staff member or representative responsible for any outcome that may arise with our treatment.

We agree that this procedure has been explained in detail to our satisfaction that we both have had the opportunity to ask any questions concerning the In Vitro Fertilization program and that all our questions have been answered to our satisfaction. We understand that we are free to refuse participation or withdraw from the In Vitro Fertilization program at any time. By signing below, we voluntarily consent to participate in this treatment in hopes of creating a child, given the potential risks and inconveniences.

Signature of Wife

Signature of Husband

Wife's Printed Name

Husband's Printed Name

Time & Date Signed

Time & Date Signed

Signature of Witness

Witness' Printed Name

Time and Date Signed

Physician's Signature

I, the patient's physician, or his/her representative, verify that the matters referred to in the above consent and release form have been explained to both the wife and husband, that any necessary information concerning the In Vitro Fertilization program, the risks and uncertainties associated with such treatment, and other alternate forms of treatment which may be available. I have answered all questions presented to me by the above couple to their satisfaction. I, as their physician, and my staff will make all reasonable efforts to keep information obtained about their treatment confidential, unless compelled by law. The couple has voluntarily consented, in front of me and a witness, to participate in this treatment.

Prakash J. Thiruppathi, M.D.

Date and Time