



Welcome to SRM's Donor Egg Program

Thank you for choosing Seattle Reproductive Medicine (SRM) as your infertility healthcare provider. We hope that we are able to meet all of your expectations and more. Please inform us if there is anything we can do to make your donor cycle with us more comfortable. Our staff understands the emotional ups and downs you may experience as you go through the Donor Egg Program and we are here for you to help you get through every step of the way.

This packet was designed to provide you with general information and serve as a resource as you continue on your journey through egg donation. Undoubtedly, you have spent a significant amount of time and energy contemplating about whether to use a donor egg. Now that you have made that decision, it is likely that you still have many questions and concerns. It is very easy to get overwhelmed. Keeping open lines of communication with SRM staff will allow us to help you through this time as best as possible. Remember we are here for you!

Your physician and your nurse will advise you on all medical procedures and medical questions that may arise along the way, while the Donor Egg Team is here to help with your screening process and selection of donors. SRM has an on-site Acupuncture Program that will help patients with relaxation techniques and emotional concerns. We have also incorporated a Shared Risk Refund Program. Besides this, SRM has secured a Blanket Accident Insurance Policy from AIG Life Insurance Company of Wilmington, Delaware that provides certain coverage to recipients and donors. All of these programs are designed with your needs in mind and in order to give you the best possible care we can provide.

SRM also tries to keep costs of donors down by using local donors and personally recruiting all of its donors in order to avoid agency costs. Please see the enclosed form "How SRM Recruits and Screens Potential Egg Donors". Although the donors' identities will be kept confidential at all times, we encourage some sort of correspondence between recipients and donors in the form of anonymous cards. We also encourage responses from our donors that we will deliver back to you. This is a wonderful gift to give your child at some point in the future if he/she is informed of his/her amazing beginning.

Providing you with the best possible healthcare is our number one concern.

Thank you from all of us at the Donor Egg Program!

MEET THE DONOR EGG TEAM!

Fax: 206-285-1119

Please forward all outside medical records and lab results to the fax number listed above

Attention: Donor Program

- **Dr. Angela Thyer, M.D.:** Medical Director of the Donor Egg Program
- **Lindsay Wood, ARNP:** Donor Egg Program Nurse Practitioner
Tamara Tobias, ARNP: Nurse Practitioner, Bellevue Clinic
Lindsay and Tamara are available to see both recipients and donors for their screening and monitoring appointments. As nurse practitioners, they can perform ultrasounds, physical exams and other testing that will occur throughout your cycle.
- **Amy Smith, JD:** Donor Services Liaison
Email: amy.smith@integramed.com
Phone: 206-301-5013
Amy can assist you with any questions regarding donor recruiting, donor matching, and viewing donor profiles. Amy will work closely with you to help you select the donor that best meets your needs. Amy will assist your donor to complete all screening requirements once matched and meet with them along the way until they begin their stimulation cycle.
- **Lindsey Rounsefell:** Donor Egg Program Facilitator
Email: lindseyr@integramed.com
Phone: 206-301-5022
Lindsey can assist you with questions regarding your medical screening requirements and checklist completion. She may also answer general protocol (calendar) questions as well as coordinate your cycle calendar. Lindsey will follow your donor through her stimulation cycle and give you updates as they progress.
- **Shannon Oltman:** Donor Egg Program Facilitator
Email: shannon.oltman@integramed.com
Phone: 206-301-5020
Shannon can assist you with questions and information regarding the donor egg process, appointment scheduling, checklist completion, setting up your mock cycle, as well as coordination and questions regarding your cycle protocol (calendar). She may also meet with you for appointments during your active cycle.
- **Your primary nurse** can assist you with questions regarding your medications, or any general medical questions that arise as you continue with the donor egg process. They will also be contacting you with lab results. **Your primary nurse may be reached at: 206-301-5000.**

The 10 Step Donor Egg Recipient Process:

For patients outside the greater Seattle area referred by another fertility specialist

A cycle takes 3-6 months to complete from initial screening to the actual retrieval and embryo transfer.

Step 1 – Initial SRM Recipient Consultations

The first step is to contact Seattle Reproductive Medicine (SRM) and schedule a comprehensive consultation with one of our physicians. A SRM physician will thoroughly review your medical records and ensure that Donor Egg is the appropriate treatment.

Donor Egg Program Consultation- is important in order to review the screening process and time frames involved. At this appointment a member of the donor egg program will review the details of the donor egg process, along with the screening requirements set by the American Society for Reproductive Medicine.

Psychosocial Educational Appointment - The decision to turn to egg donation can be very difficult. Our fertility counselors understand the complex and delicate nature of egg donation as a means to starting a family. The appointment with our fertility counselors will enable you to discuss any questions or concerns you or partner may have and will give you a general description of the donor egg process.

Genetic Counseling Appointment - The second counseling appointment is with our Genetic Counselor. She will discuss with you the genetic testing your donor may be recommended to receive. The purpose of this appointment is to give you a better understanding of the genetic testing SRM may recommend for you and/or your donor and the implications of those tests.

All of these initial appointments may be done in person at Seattle Reproductive Medicine *or* via video or telephone conference.

Step 2 –Screening Requirements

All screening requirements must be completed for you and your partner prior to matching with an anonymous donor. Please review the Donor Egg Recipient Screening Requirements included in your recipient packet for an outline of all required screening items. All screening may be completed by your local fertility specialist.

Step 3 – Donor Selection

We will give you the password to access the online donor database and assist you in selecting a donor based on the characteristics that are important to you. After you and your partner have completed all screening requirements and you find a donor you would like to choose, a \$1500.00 security deposit for SRM donors, \$2,000 for NWFC donors, or \$3,000 for any other agency donor will be placed in order to reserve the donor. Please contact the donor services liaison with any questions regarding donor matching.

Step 4 –Cycle Coordination

The start of **your donor IVF cycle must occur within two months of placing the deposit on your donor.** If the cycle does not begin within two months, you will be required to place an additional monthly deposit of \$1000 to hold your donor; of which \$500 will go to your donor and \$500 will go to SRM. If you elect not to continue to place deposits to hold your donor, she will be made available to cycle with other recipients.

Once you have selected a donor and placed the security deposit, we will begin coordination and synchronization of your treatment cycle based on the target timeframe for embryo retrieval and transfer that all parties have agreed upon.

It is important to note that it takes 4-6 weeks from the time you and your donor are synchronized with birth control pills to the actual egg retrieval and embryo transfer.

Step 5 – Treatment Plan Review and Consent Signing

Ideally, both partners should be present at this appointment. At this appointment, you will have the opportunity to finalize your treatment plan with your physician, including the method of insemination, number of embryos to transfer, transfer on day 3 or day 5, and any other questions you and your partner may have before beginning your donor IVF treatment cycle.

The consent forms will also be reviewed and should be completed and returned to SRM at the conclusion of this visit. If both partners do not complete this as an in-person visit, your signatures will have to be notarized by a notary public or witnessed by your local fertility clinic. **The original, signed consent forms must be returned prior to the start of you donor IVF treatment cycle.**

Step 6 – Protocol Review and Injection Training

A member of the donor program staff will then review your individual protocol with instructions for medications, appointments, and retrieval and transfer dates. A separate injection training class may also be scheduled if needed.

Step 7 – Egg Production and Recipient Uterine Preparation for Implantation

Your chosen donor will be given fertility medications over the course of 8-12 days to stimulate the production of multiple eggs, so you will be given a 5 day window of when her retrieval is expected to occur. Her progress will be monitored frequently to ensure the eggs are developing appropriately. And we will keep you apprised of her progress.

While your donor is going through the egg stimulation process, you will be given hormones to stimulate your uterine lining. You will complete monitoring at your local fertility center. Please see copy of the enclosed sample calendar.

Step 8 – Egg Recovery, Fertilization and Development of the Embryos

Once your donor is ready for egg recovery as determined by a SRM physician, she is given another medication exactly 35 hours prior to the egg retrieval. This medication will bring the eggs to final maturity. The sonographic egg recovery (SER) involves the use of an ultrasound-guided needle to gently remove the eggs from the ovaries. Your donor will receive medication during the procedure and should experience little or no discomfort.

Your male partner's sperm is collected on the day of the donor's egg recovery, unless using a cryopreserved sample. **You may wish to contact your local fertility clinic to see if they have the ability to cryopreserve and ship your partner's sperm to our center for use on the day of your donor's SER, to allow you to wait to travel to the Seattle clinic until the time of embryo transfer (please call to discuss with the donor egg program at SRM prior to scheduling at your local fertility clinic). Or if you visit SRM for an earlier screening visit you may consider cryopreserving your partner's sperm at that time.**

After the egg recovery, the embryologist prepares the donated eggs in the laboratory with the sperm from your partner or donor sperm. You will be called the day after the donor's retrieval to discuss the number of eggs fertilized. You will then be called when the embryos are two days old to recommend either a day 3 transfer or extending the embryos for transfer on day 5.

Step 9 – Embryo Transfer

The embryo transfer will take 3-5 days after the egg recovery. The SRM physician will discuss the final embryology report and the recommendation to transfer 1 or 2 embryos with you on the day of embryo transfer. The embryos are then transferred through your cervix into your uterus via a small catheter.

Step 10 – Pregnancy Test

Ten to twelve days after the embryo transfer you will have a blood pregnancy test. If pregnant, SRM will follow progress with blood work, followed by one or more ultrasounds before you return to the referring obstetrician for ongoing care.

If the pregnancy test is positive, it will be necessary to continue the hormone medications for an additional 6 weeks in order to support early pregnancy. You will return to the clinic 24-36 hours after ceasing hormone medications to ensure that you no longer require supplementation.

New Patient Appointment Checklist:

For patients outside the greater Seattle area referred by another fertility specialist

- Please return the following completed forms prior your first scheduled telephone or in-person visit at SRM:
- Medical and Reproductive History- Infertility
 - Financial Policy (one for patient and one for partner)
 - Insurance Waiver (one for patient and one for partner)
 - Authorization Form to Release PHI to Spouse/Significant Other (one for patient and one for partner)

All forms can be accessed online at:

http://www.seattlefertility.com/patientServices_NewPatientInformation.htm

- Send copies of any pertinent medical records or x-rays (hysterosalpingogram). Do not have x-rays sent to the clinic unless instructed. Contact your physician's office to obtain these records.

Mail to:

Seattle Reproductive Medicine
c/o: DEP
1505 Westlake Ave N
Seattle, WA 98109

Or Fax to:

206-285-1119 (or Toll Free 1-877-888-6053)
Attention: Donor Egg Program

POLICY ON CHILDREN IN THE CLINIC:

SRM does not provide supervision for children left unattended in the clinic. For their safety, we recommend that you make other arrangements for their care or that you bring a childcare provider with you when you have appointments at SRM. Attention you may need to provide for your children detracts from time spent with your provider. Also, children in the clinic can be uncomfortable for some infertility patients.

**PLEASE CALL US AS SOON AS POSSIBLE IF YOU NEED TO CHANGE
OR CANCEL YOUR APPOINTMENT.
(206) 301-5000**

Questions?

Your questions are important. Please contact us if you have questions or concerns.

[SEATTLE REPRODUCTIVE MEDICINE \(206\) 301-5000](tel:2063015000) and ask to speak to someone in the Donor Egg Program.

Please note that at anytime your physician at SRM may require an in-person office visit.

Donor Egg Recipient Screening Requirements

***All of the following requirements must have been completed within the past year**

- Initial Consultation and History with your SRM provider*
- Psychosocial Educational Appointment with Social Worker as a couple*
- Counseling Appointment with Genetic Counselor*
- Appointment with Donor Egg Program*
- Physical Examination and Pap smear from within the last year (Can be done with your primary care provider).
- Mammogram (for patients >40)
- Uterine Evaluation: In order to make sure that the uterine cavity is normal, you will have either a sonohysterogram (visualization of the uterus with ultrasound while infusing a small amount of fluid through a small catheter), a hysterosalpingogram (a dye test to examine the inside of the uterus and fallopian tubes), or a hysteroscopy (looking inside the uterus using a small camera). This can be done at your local fertility clinic.
- Uterine Sounding: A pelvic exam will be performed to record the uterine depth and position (“sounding”). This will be done at your first visit at SRM; may be day of embryo transfer if this is your first visit at SRM.
- “Mock Cycle”: Prior to the actual treatment cycle, you will be given estrogen for approximately two weeks. The Mock Cycle will be followed by ultrasound and blood testing, which may be coordinated to be done at your local fertility clinic. This will help to determine whether you require any adjustment of the estrogen dose or duration for the actual treatment cycle. (Takes 3-4 weeks to complete).
- Screening Tests for Female (can be done with local provider):
 - Blood Type & RH
 - Rubella Immunity Titer
 - Varicella Immunity Titer (Chicken Pox, if negative clinical history)
 - TSH
 - Hepatitis C Antibody
 - Hepatitis B Surface Antigen and Core Antibody
 - HIV 1 and 2
 - RPR (Syphilis)
 - Chlamydia (urine or cervical sample)
 - Gonorrhea (urine or cervical sample)
- Advance Maternal Age (44 or Older) Additional Medical Screening
 - Perinatal Consultation or cardiac evaluation (EKG or Treadmill) if indicated.
 - Chemistry (BUN, Creatinine, Electrolytes, SGOT/AST) and Fasting Lipid, Glucose Panels
 - Complete Blood Count (CBC) with platelets
- Screening Tests for Male (can be done with local provider):
 - Semen Analysis
 - Blood Type & RH
 - Hepatitis C Antibody
 - Hepatitis B Surface Antigen and Core Antibody
 - HIV 1 and 2
 - RPR

(Syphilis)

SRM Mock Cycle Protocol








IMPORTANT!

CALL DONOR EGG TEAM DAY 1 OF MENSES TO SET UP MOCK CYCLE. DO NOT BEGIN TAKING ANY MEDICATIONS UNTIL YOU HAVE CONTACTED THE DONOR EGG TEAM FIRST. IF YOUR MENSES BEGINS ON A WEEKEND, PLEASE CALL THE FOLLOWING MONDAY.

The “Mock” cycle is done prior to the actual treatment cycle in order to evaluate the development of the uterine lining and to determine whether any adjustments of the estrogen dose or duration would be required for the treatment cycle. The **Estradiol Dot (0.1mg)** is a form of estrogen, which helps to prepare the uterus for implantation of the embryo as well as support early pregnancy.

Side effects of Estrogen may include: Nausea, headache, vaginal discharge, breast tenderness, and bloating. Some women may have an allergic reaction to the adhesive (skin redness, irritation, and welting). One suggestion to help prevent this is to place a small film of Maalox or Riopan on the area. Let this dry, brush off the chalky residue, and then place the patch on the prepared area. The film of antacid helps protect the skin.

Instructions:

-  Place the patch anywhere on your trunk, except areas of skin folds such as under the breasts.
-  Place new patch(s) on your body in the evenings.
-  Showering is OK, but do not apply creams or lotions to the area to insure adhesion.
-  Avoid touching the sticky side of the patch.
-  Swab your skin with alcohol and allow the alcohol to air dry prior to application.
-  Rotate sites each time to avoid skin irritation. If a patch falls off, put same patch back on a different prepared site and press firmly for 10 seconds.
-  **REMOVE OLD PATCHES WHEN APPLYING NEW PATCHES**

Mock Day	Date	Appointments	Estrogen Patches
			1st Day of Menstrual Cycle. *Call Day 1 for instructions
1			Apply 1 new Patch (This is day 2 or 3 of menses)
2			
3			Apply 1 new Patch (remove old patch)
4			
5			Apply 1 new Patch (remove old patch)
6			
7		Estrogen Blood Test (possibly drawn on day 8) *Possible addition of Estrace (1mg) tablet inserted vaginally every evening	Apply 1 new Patch (remove old patch)
8			
9			Apply 2 new Patches (remove old patch)
10			
11			Apply 3 new Patches (remove old patches)
12			
13			Apply 4 new Patches (remove old patches)
14, 15, or 16		Estrogen Blood Test & Ultrasound *Possible addition of Estrace	**Mock cycle completed unless otherwise directed by the physician. Please review paragraph below for cycle wrap-up instructions. Please call with any questions.

Please Note: You will remain on 4 patches every other day until the clinic informs you that you are meeting criteria to complete the mock cycle.

Once the Mock Cycle is completed, **continue 1 estrogen patch** every other day and add **Medroxyprogesterone Acetate** (10 mg tablets) every evening for 7 days. Take your last patch off after taking the last pill. You should expect your menses 3-5 days after the last pill. Call Donor Team Day 1 of menses, you may begin birth control pills at this time for cycle coordination with your donor.

Recipient/Donor Sample Calendar

*Recipient Information in Bold *Donor Information Italicized

Both Recipients and Donors are on birth control pills (BCP) for at least 2 weeks prior to starting Lupron

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29 <i>BCP</i> BCP	30 <i>BCP</i> BCP Start Lupron	31 <i>BCP</i> BCP	1 <i>BCP</i> BCP	2 <i>BCP</i> BCP	3 <i>BCP</i> Last BCP	4 <i>BCP</i>
5 <i>BCP</i>	6 <i>BCP</i>	7 <i>BCP</i> <i>Donor starts Lupron</i>	8 <i>BCP</i>	9 <i>BCP</i> Suppression check ultrasound Start Estrogen Patch	10 <i>BCP</i>	11 <i>Donor takes last BCP</i>
12	13	14	15	16 <i>Donor suppression check ultrasound</i> Estradiol blood test	17 <i>Donor starts FSH injections</i>	18
19 <i>Donor Estradiol blood test</i>	20	21 <i>Donor ultrasound to check progress</i>	22	23 Blood test & Ultrasound	24 <i>Donor ultrasound to check progress</i>	25 <i>Donor Ultrasound?</i>
26 <i>Possible egg retrieval</i>	27 <i>Possible egg retrieval</i>	28 <i>Possible egg retrieval</i>	29 <i>Possible egg retrieval</i> Possible embryo transfer	30 <i>Possible egg retrieval</i> Possible embryo transfer	1 Possible embryo transfer	2 Possible embryo transfer
3 Possible embryo transfer	4 Possible embryo transfer	5 Possible egg transfer	6	7	8	9

Blood Type Information

Many recipients may be concerned about choosing a donor with a certain blood type that matches their own. It is important to remember and note that children do not necessarily inherit the same exact blood type as their biological parents. Please see the chart below for more information.

Another medical situation to consider would be to consider whether the donor is a negative or positive blood type. The donor's blood type may be medically important to consider if the mother is Rh negative (Rh-), i.e. A negative, AB negative, etc. These women may develop antibodies to a fetus that is Rh positive as a result of the donor being Rh positive (Rh +). Antibodies develop as a result of inadequate administration of a drug called rhogam when an ectopic or miscarriage occurs. Such a situation is rare nowadays as the medical community is very aware of proper rhogam administration when the mother is blood type negative. Nevertheless, such a medical situation can be completely avoided if a donor is blood type negative when the mother is known to be Rh negative.

It is important to remember and note that children do not necessarily inherit the same exact blood type as their biological parents anyway. Please see the chart below.

If the couple's blood types are:

The children's blood group would be:

	<u>Possible</u>	<u>Impossible</u>
O and O	O	A, B, or AB
O and A	O or A	B or AB
O and B	O or B	A or AB
O and AB	A or B	O or AB
A and A	O or A	B or AB
A and B	O, A, B, or AB	None
A and AB	A, B, or AB	O
B and B	O or B	A or AB
B and AB	A, B, or AB	O
AB and AB	A, B, or AB	O

Medications Used in a Donor Egg Cycle

Recipient Medications

Prior to the Egg Recovery

Birth Control Pills: Used to synchronize menstrual cycles between the recipient and donor.

Prenatal Vitamins:

Lupron: Daily subcutaneous injection. Prevents spontaneous ovulation

Doxycycline or Azithromycin: Prophylactic antibiotic given to patient and partner to reduce the chance of an undetected bacterial infection that could impact pregnancy success.

Estrogen Patch: given to stimulate the uterine lining and prepare uterus for implantation.

After the Donor receives the hCG injection

Progesterone in Oil: Daily intramuscular injection. This natural hormone is crucial for implantation and early pregnancy.

Prometrium: One time vaginal Progesterone suppository, when instructed, given 1 hour prior to transfer.

Doxycycline: Second dose given only to the female recipient in order to help prevent bacteria from entering the uterus after the embryo transfer

After positive hCG result:

Estrogen Patch, Prenatal Vitamins and Progesterone in Oil: Will continue for approximately 6 more weeks.

Egg Donor Medications

Birth Control Pills: Used to synchronize menstrual cycles between the recipient and donor.

Lupron: Prevents spontaneous ovulation.

Gonal-F or Follistim, and Menopur: FSH (Follicle Stimulating Hormone) stimulates multiple egg production.

Ovidrel, Pregnyl, or Novarel: hCG given exactly 35 hours prior to the egg recovery, stimulates final maturation of the eggs.

Doxycycline: Prophylactic antibiotic given to help prevent a possible bacterial infection from surgery.

Vicodin or Tylenol with Codeine: Pain medication if needed after egg recovery.

Please refer to your Assisted Reproductive Technologies (ART) Booklet for detailed information regarding medications and possible side effects.

Dear Recipient,

Seattle Reproductive Medicine (SRM) is affiliated with IntegraMed America, The Fertility Company®. IntegraMed America researched several pharmacies before selecting IVP Care as their specialty pharmacy. This unique relationship offers you improved fertility care. IVP Care will work closely with you to match competitor's prices and will thoroughly evaluate your insurance plan to see if coverage exists.

In order to provide safe, quality care, SRM has chosen IVP Care for all of your donor medications. Your donor's medications will be ordered directly through SRM and delivered to our office. Additionally, the medications will be reviewed individually with a donor program coordinator and your donor will sign a form indicating her financial responsibility if medications are lost or damaged.

IVP Care will be contacting you regarding payment for your donor's medications. Please note that birth control pills will be dispensed early in the cycle for coordination purposes and may be the first medication for which IVP Care collects payment.

Please review the attached IVP Care brochure and contact our office if you have any questions.

Sincerely,
The Donor Program

Notice of Unused Medications

Dear Recipient;

Your donor will receive fertility medications to stimulate the production of multiple eggs. Seattle Reproductive Medicine (SRM) attempts to underestimate the medications needed for each cycle. We strive to order the minimal amount of ovarian stimulation and related cycle medications for your donor. Due to you and your donors' individual cycles SRM may need to order additional medications throughout your donors' stimulation.

We understand that these medications can be expensive and you may desire the return of unused donor medications after your cycle is complete. Unfortunately, due to regulations set by the Food and Drug Administration (FDA), any opened medication must be dispensed within 28 days after opening. In addition, the FDA prohibits the return of medications that have entered the home of a patient. Due to FDA regulations SRM will not keep track of unused donor medications, nor will SRM return unused medications to the recipient.

Sincerely,

The Donor Egg Team
Seattle Reproductive Medicine

Notice of Supplemental Insurance Coverage

In order to minimize the costs involved with potential complications patients may experience during the egg donation process, Seattle Reproductive Medicine asks recipient(s) in our Informed Consent forms to purchase a Blanket Accident Insurance Policy from AIG Life Insurance Company of Wilmington, Delaware. This policy will cover both recipients and donors *in excess* of any insurance coverage that you or your donor may already have in place for complications arising from any procedures undergone in connection to egg harvesting and implantation. The premium per cycle is \$350.00, which is solely the responsibility of the recipient(s).

The policy **covers** both the Recipient and Donor for the following:

Accidental Death Benefit	Maximum \$100,000
Accidental Paralysis Benefit (Payable at 25% per loss of use of each limb)	Maximum \$100,000
Excess Accidental Medical Expense Benefit	Maximum \$250,000

The policy, however, **excludes** coverage for the following procedures:

1. Sickness, disease, or injections of any kind; except bacterial or pyogenic infections that result from an injury.
2. Mental or nervous disorders, or psychological complications.
3. Pregnancy or abortion.
4. Cost of actual procedures relating to testing, harvesting and implantation of human eggs (oocytes).
5. Other exclusions apply. Please refer to master policy for the complete list.

Nothing mentioned herein is intended to admit liability of Seattle Reproductive Medicine with respect to an incident for which a patient seeks benefits under this coverage.

Frequently Asked Questions

Why use an egg donor?

The decision to use an egg donor is often a difficult and stressful time in a woman's life. Not only are the prospective recipient and, perhaps, her partner dealing with infertility, but also with the realization that she will not be able to use her own eggs. For many this is the last resort in the infertility process, but it is an amazingly successful path to take. Recipients who use donor eggs have a much higher chance of successfully conceiving a child. Although, your decision to use an egg donor may not have been your ideal choice, you will most likely leave the process accomplishing your goal--a child of your own!

What is the amount of compensation I will need to pay an egg donor?

You will be required to compensate an egg donor for her time and inconvenience. The compensation for a donor completing her first cycle at SRM will be \$4,000 and for a donor who has completed previous cycles at SRM it will be \$4,500. The amount will be paid after the egg retrieval is complete. If the donor decides not to complete the donor process no compensation will be necessary. However, if you or your physician decides to cancel the cycle for any reason, partial compensation must be paid to the donor and will be dependant on how much has been completed. In addition, you will also be responsible for providing insurance for the donor to cover potential complications from the medical procedure or medications.

How do I secure the egg donor of my choice?

In order to secure the donor you have selected, you will be asked to submit a non-refundable \$1500.00 deposit for SRM donors, \$2,000 for NWFC donors (local Seattle outside agency), or \$3,000 for any other outside agency donors. Please contact your coordinator if you would like additional information on outside donor agencies. The \$1500.00 will be applied towards your total cycle balance and allows SRM to complete the screening requirements on your donor. You may change your donor selection, however if you do so, the deposit is non-refundable and an additional deposit would be required to secure a new donor for you. If on the other hand, the donor does not meet the screening requirements set by the American Society for Reproductive Medicine (ASRM) and the Food and Drug Administration (FDA) you will not be obligated to pay the deposit for a new donor.

All screening for you and your partner, outlined in “Donor Egg Recipient Screening Requirements” included in this packet, must be completed prior to placing a deposit on a donor. The start of your donor IVF cycle must occur within two months of placing the deposit on your donor. If the cycle does not begin within two months you will be required to place an additional monthly deposit of \$1000 to hold your donor. \$500 will go to your donor and \$500 will go to SRM. If you elect not to continue to place despos to hold your donor, she will be made available to cycle with other recipients.

This one-time fee enables SRM to keep costs down so that the recipients will not have to pay for the screening of each individual donor in the case that first choice donor does not pass the screening requirements and another donor must be selected.

How will SRM help me in finding an Anonymous Donor?

SRM will personally recruit, screen, and match you with potential donors; however, the final decision on which donor to choose is completely up to you. Most of our advertising is done online, over the radio, and in a variety of local and ethnic newspapers. Having a Donor Egg Program on-site allows us to control the egg donor compensation amount by using local donors to eliminate out-of-pocket travel expenses and the extra layer of coordination between SRM and donor agencies. Most importantly, having an experienced Nurse Practitioner, Lindsay Wood, on staff offers recipients and donors peace of mind.

Can I use a donor that I know?

You will be able to use a donor of your choice as long as she passes all SRM screening requirements. This is a requirement that will be strictly adhered to for your own safety and for the safety of the donor. Compensation will be determined between yourself and the egg donor on an individual basis. However, we strongly recommend that financial compensation be limited to no more than \$4,000.00 plus travel expenses.

What are SRM's standards when screening donors?

SRM conducts a series of screening evaluations and examinations. The donor first completes a Donor Screening Form that asks questions about her and her family's mental, physical, and emotional background. She also completes a Risk Assessment Form to document her risk for exposure to communicable diseases, in compliance with FDA regulations. If the donor qualifies, she will be brought into SRM for further screening appointments. She will be given a psychosocial evaluation to assure that she is emotionally ready to go through the donor process. She will be given a physical examination, including a pelvic exam and blood tests for infectious diseases. The donor will meet with a genetic counselor to thoroughly review her family history and determine if additional screening tests are necessary. Lastly, the donor will be contacted to see if she is available for the tentative egg recovery date and, if so, will be given injection instructions and medication protocols. Please see the enclosed "How SRM Recruits and Screens Potential Egg Donors" for more information.

How will these FDA screening mandates affect my Donor Egg IVF cycle?

The FDA has mandated several additional infectious disease requirements for your donor in order to donate her eggs, as of May 25, 2005. The required testing will be completed for all donors during the screening process and must be completed within 6 months at the time of her retrieval. All of the donor's requirements must then be repeated within 30 days of your donor's retrieval and negative, in order for eggs retrieved to be eligible for transfer. The purpose of these new regulations is to prevent introduction, transmission, or spread of communicable diseases. Please see the enclosed "How SRM Recruits and Screens Potential Egg Donors" for more information.

Will I be able to select a donor with particular characteristics?

Yes, SRM is continually recruiting and screening potential donors to add to our donor pool. We strive to compile a diverse and multicultural list of donors. You will be able to select from all available donors, regardless of their ethnic background. If you are interested in a particular type of donor please discuss this with the Donor Services Liaison when you are looking to match with a donor.

Will I be able to contact my donor?

We encourage our donors and recipients to correspond with each other, even in an anonymous program. Correspondence is never required; however, you may wish to write a letter. If so, please give the letter to a member of the Donor Egg Program staff and we will make sure your donor receives it.

We also suggest you purchase a small gift for your donor during the cycle or to be delivered on the day of her egg retrieval. This is a nice way to personalize the process and provides a means in which to express a particular sentiment to your donor. Please remember to not put your name or any other identifying information on the letter or gift, in order to maintain the anonymity of our program

Do I need to sign any legal documents?

SRM ask recipient(s) to sign the following consent forms:

- a. Consent to be a Recipient of Donor Oocytes (Eggs); and**
- b. Consent to Cryopreserve Embryos and Decisions for Future Disposition of Cryopreserved Embryos**

What is the legal status of a child conceived with donor egg or sperm?

According to section 26.26.705 of the Uniform Parentage Act, an egg donor is not considered to be the mother of a child born to a recipient. In Washington State, the birth mother is determined to be the mother of the child and her name will be on the birth certificate. The same goes for the spouse/partner of the birth mother, regardless of whether donor sperm or the spouse/partner's sperm was used. The egg donor signs a consent form relinquishing all legal claims to the child born to a recipient(s) going through IVF. However, we encourage anonymous correspondence between the egg donor and child if the parties wish.

**If you have any legal concerns, SRM encourages all recipient(s) to seek outside, independent legal counsel.

Evaluation of the Uterus and Fallopian Tubes HSG, SHG, and Hysteroscopy

As part of your evaluation for infertility, recurrent miscarriage, or in preparation for an embryo transfer, we recommend an anatomical assessment of the uterine cavity (i.e., the inside of the uterus where an embryo will implant and grow during pregnancy) and/or the Fallopian tubes (the tubes that transport the egg from the ovary to the uterus). One or more of the following three tests may be recommended depending on your personal medical circumstances: hysterosalpingogram (HSG), sonohysterogram (SHG) or office hysteroscopy. Your physician will discuss with you the pros and cons of each test for your particular situation.

Hysterosalpingogram (HSG)

An HSG is an x-ray test designed to evaluate 1) the Fallopian tubes (are they open or not?) and 2) the shape of the uterine cavity. A small amount of sterile, iodine-containing fluid is injected through a small catheter that has been placed into the cervix. Continuous x-rays (fluoroscopy) will be taken as the contrast fills the uterus and flows through the Fallopian tubes. *If you are allergic to iodine, please let your physician know.* In most cases, this test takes only a few minutes to perform and is associated with mild discomfort and cramping. In cases of tubal occlusion, you may experience more cramping. Please see instructions below regarding side effects and scheduling the procedure.

Sonohysterogram (SHG)

An SHG is a simple ultrasound test to evaluate the uterine cavity. During a speculum exam, a small catheter is placed within the cervix or lower part of the uterus, through which a small amount of sterile fluid (saline) can be injected. A transvaginal ultrasound examination is performed as the saline is injected, allowing visualization of the uterine cavity. The shape of the uterus can be seen, and abnormalities such as uterine polyps and small fibroids that impinge upon the uterine cavity can be evaluated. In most cases, this test cannot determine whether or not the Fallopian tubes are open.

Hysteroscopy

In office hysteroscopy (diagnostic hysteroscopy not requiring anesthesia), a small, flexible scope attached to a video camera is inserted through the cervix and into the uterus, allowing direct visualization of the inner uterine lining. On occasion, it may be necessary to dilate the cervical opening slightly to allow insertion of the hysteroscope, although usually this is not necessary due to the small diameter of the instrument. In order to see more clearly, the uterine cavity is expanded by infusing a small amount of sterile fluid (saline) through a small channel in the hysteroscope during the procedure. This test provides information about the uterine shape and lining, but usually cannot determine whether the Fallopian tubes are open.

Scheduling

To schedule an HSG, SHG or hysteroscopy, please call SRM on the first day of your menstrual period. These tests should be performed during the interval between the end of the menstrual period and ovulation (generally, during the second week of your cycle). In some cases, your physician may prescribe hormonal medication such as oral contraceptive pills to delay ovulation, keep the uterine lining thin, and allow increased scheduling flexibility. If you are still experiencing vaginal bleeding on the day of your examination, please inform the physician. ***You should also inform the physician if your menstrual period was delayed or abnormal since this could indicate the possibility that you might be pregnant.***

On The Day Of Your Procedure

You may eat and drink normally on the day of your procedure. Also, it is not necessary to arrive with a full bladder. In general, HSG, SHG and hysteroscopy are all well tolerated. However, they may be uncomfortable and associated with mild to moderate pelvic pain during and/or just after the procedure. To reduce the likelihood of significant discomfort, we recommend that you take 3 to 4 200 mg tablets of ibuprofen (e.g., Advil or Motrin) or 2 200 mg tablets of Aleve approximately 1 hour prior to the procedure to reduce the likelihood or degree of cramping. The procedure takes approximately 15 minutes, but plan to be at SRM for up to 60 minutes to allow for check-in and recovery.

In most instances, you will be able to drive yourself home or back to work after the uterine evaluation appointment. However, some patients may experience temporary light-headedness, nausea, or persistent cramping. In these cases, a longer recovery time may be needed before you are able to drive. For this reason, when possible, you may want to have someone accompany you to the appointment.

After The Procedure

Complications of HSG, SHG, and hysteroscopy are very uncommon. However, rare cases of uterine and/or tubal infection can occur. Therefore, it is important that you notify SRM immediately if you develop any of the following symptoms over the several days following your appointment:

- Fever (temperature greater than 100.5 degrees Fahrenheit)
- Flu-like symptoms associated with pelvic pain
- Severe or progressive pelvic pain
- Heavy vaginal bleeding

Semen Analysis

Infertility is a couple's issue. In 40% of couples experiencing infertility, there is some degree of male factor, i.e., an abnormality of one or more semen parameters. Therefore, a semen analysis is recommended as part of every basic infertility evaluation, even when a diagnosis has already been determined in the female partner and/or when the male partner has previously caused a pregnancy.

The semen analysis is a microscopic examination of the ejaculate to determine sperm number and function. Parameters included in a normal semen analysis include the number of sperm (concentration), how many of them are moving well (motility), and whether they are normally shaped (morphology).

Semen parameters can fluctuate considerably from day to day and week to week; therefore, if the initial semen analysis is abnormal, it should be repeated. If there are persistent semen analysis abnormalities, additional tests and/or a referral to a male fertility specialist (urologist) may be recommended.

To schedule a semen analysis, please call SRM at 877-777-6002.

Prior To Your Appointment

The following conditions may affect your semen sample. Please follow the instructions below to ensure accurate test results.

- Abstain from ejaculation for 2 to 5 days prior to your appointment.
- Refrain from using a hot tub or sauna for at least 3 weeks prior to your appointment.
- If you have a temperature of 100° F or higher for more than half a day or a fever of 102° F or greater within the 3 months prior to your appointment, please contact SRM to reschedule.

The Day Of Your Appointment

- Report to the SRM Laboratory on the 4th floor of 1505 Westlake Avenue. This entrance is at the West (near Dexter) side of the facility. If you enter via the Dexter parking garage elevators, on the 4th floor, turn toward your left and enter the 1st door on the right. If you enter through the main entrance on Westlake Avenue, take the atrium elevators to the fourth floor, turn right and turn right again at the end of the hallway. The laboratory entrance will be on your right, just past the Dexter elevators. Check in with the laboratory

administrator at the reception desk for your appointment. Please have your picture ID available.

- SRM laboratory personnel will direct you to a private room for your semen collection. Your partner may accompany you, if you choose.
- Masturbation is the recommended method of collection. Lubricants, saliva or vaginal secretions may interfere with test results.
- You will be provided a specimen cup for the sample. You will be asked to place your sample in a specimen pass-through to the lab. You will be shown where to activate a light to alert the laboratory personnel that your specimen is available for analysis.
- If you have scheduled a home collection, please check in at the laboratory reception window. An SRM laboratory staff member will receive your sample.

Results

Results of your semen analysis will be available 7 to 10 days after your appointment. As with other tests, you should confirm with your physician how you will receive your results, usually at a follow up appointment or by contacting your SRM nurse. You will not be called automatically, so please be sure that you have made some arrangements for follow up.