



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!



Seattle Reproductive Medicine[®]

A N I N T E G R A M E D[®] A F F I L I A T E

MEET THE DONOR EGG TEAM!

Fax: 206-301-5066 Attention: Donor Program

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

- **Dr. Angela Thyer, M.D.:** Medical Director of the Donor Egg Program
- **Lindsay Wood, ARNP:** Seattle clinic, Supervisor; **Tamara Tobias, ARNP:** 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.

- **Lindsey Rounsefell:** Lead Donor Egg Program Facilitator
Email: lindseyr@integramed.com
Phone: 206-301-5022
- **Shannon Oltman:** Donor Egg Program Facilitator
Email: shannon.oltman@integramed.com
Phone: 206-301-5020
- **Angela Lemons:** Donor Egg Program Facilitator
Email: angela.lemons@integramed.com
Phone: 206-301-5052

Your primary facilitator can assist you with any questions regarding checklists, medications, ordering prescriptions, or questions regarding your calendars

- **Your primary nurse, Lindsay Wood, ARNP,** can assist you with questions regarding your medications, or any general medical questions that arise as you continue with the donor egg process. **Lindsay Wood may be reached at: 206-301-5023.**
- **Financial Counselors: Tien Tran, Tiffany Kosich, Marty Frazier, and Christy Sawyer.** Contact the financial counselors with any billing questions Monday through Friday. They have many tools to help you arrange for financing and are experts in our Shared Risk Program. They can be reached at 206-301-5000 - just ask to speak with a finance counselor. **You can make your donor deposit with Christy Sawyer at: 206-301-5032.**



The 10 Step Donor Egg Recipient Process

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

Step 1 - 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.

Step 2 – Recipient Education Appointments

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.

DEP Consult - The Donor Egg Cycle is complex, exciting and at times stressful. The Donor 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.

Step 3 – Screening Requirements

In order to begin the screening process you will need to pay a donor egg cycle management fee (See Third Party Cycle Coordination and Donor Selection Fee handout).

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.

Step 4 – Donor Selection and Cycle Coordination

Our Donor Egg Services Liaison 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 you can then place the donor selection fee on your donor. **The start of your donor IVF cycle must occur within two months of placing the deposit on your donor.** If your IVF cycle does not begin within two months after placing the selection fee your donor will be released to cycle with another recipient.

Once you have selected a donor and placed the selection fee, 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 available at this appointment. At this appointment, you will have the opportunity to meet with your physician to discuss your treatment plan, 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. **This appointment may occur in person or by phone.**

The consent forms will also be reviewed and should be completed and returned to SRM at the conclusion of this visit. If this visit is not completed in our office, the signatures will have to be notarized by a notary public. **The 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. Her progress will be monitored frequently to ensure the eggs are developing appropriately. While your donor is going through the egg stimulation process, you will be given hormones to stimulate your uterine lining. 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 typically collected on the day of the donor's egg recovery, unless using a cryopreserved sample.

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 and you will be given a tentative day 3 transfer time.

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 return to SRM office for 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.



DONOR EGG RECIPIENT SCREENING REQUIREMENTS

All of the following requirements must have been completed within the past year unless indicated otherwise.

CONSULTATION & EDUCATIONAL APPOINTMENTS

- Consultation and History with SRM physician
- Psychosocial Educational Appointment with Social Worker
- Appointment with Donor Egg Program Coordinator
- Genetic Counseling Appointment: 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.

MEDICAL SCREENING

- Physical Examination (current within past year)
- Pap Smear (current within past 3 years)
- Mammogram (for patients >40)
- Uterine Evaluation and Sounding: In order to make sure that your uterine cavity is normal, you will have a Uterine Evaluation; the Sounding is a pelvic exam that records your uterine depth and position.
- Mock Cycle: Prior to your actual IVF cycle you will be given estrogen for approximately two weeks followed by an ultrasound to evaluate the development of the uterine lining. This will help to determine whether you require any adjustment of the estrogen dose or duration for the actual treatment cycle. (Entire Mock cycle takes 3-4 weeks to complete).
- Screening Tests for Female:
 - Blood Type & Rh
 - Rubella Immunity Titer
 - Varicella Immunity Titer (if negative clinical history of Chicken Pox)
 - Hepatitis C Antibody
 - Hepatitis B Surface Antigen
 - Hepatitis B Core Antibody
 - HIV 1 and 2
 - RPR (Syphilis)
 - Chlamydia/ Gonorrhea (urine or cervical sample)

Advance Maternal Age (patients 44 or older)

- Chemistry (BUN, Creatinine, Electrolytes, SGOT/AST), Fasting Lipid (Cholesterol), Glucose Panels, and Complete Blood Count (CBC) with platelets
- Perinatal Consultation or cardiac evaluation (EKG or Treadmill) if indicated

Screening Tests for Male:

- Semen Analysis
- Blood Type & Rh
- Hepatitis C Antibody
- Hepatitis B Surface Antigen
- Hepatitis B 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</i> <i>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</i> <i>BCP</i>
12	13	14	15	16 <i>Donor suppression</i> <i>check ultrasound</i> Estradiol blood test	17 <i>Donor starts FSH</i> <i>injections</i>	18
19 <i>Donor Estradiol</i> <i>blood test</i>	20	21 <i>Donor ultrasound</i> <i>to check progress</i>	22	23 Blood test & Ultrasound	24 <i>Donor ultrasound</i> <i>to check progress</i>	25 <i>Donor Ultrasound?</i>
26 <i>Possible egg</i> <i>retrieval</i>	27 <i>Possible egg</i> <i>retrieval</i>	28 <i>Possible egg</i> <i>retrieval</i>	29 <i>Possible egg</i> <i>retrieval</i> Possible embryo transfer	30 <i>Possible egg</i> <i>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



Seattle Reproductive Medicine®

A N I N T E G R A M E D® A F F I L I A T E

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 (SIS)

An SIS 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 (OH)

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, SIS 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



How SRM Recruits and Screens Potential Egg Donors

All of our egg donors are put through numerous screening processes in order to assure that they meet the requirements for donors set by the American Society for Reproductive Medicine (ASRM) and the Food and Drug Administration (FDA). The following are the steps required to become an SRM egg donor:

1. Donors complete a questionnaire on our website to make sure they meet the minimum requirements for donors. If they meet the minimum requirements, donors are asked to attend an informational meeting in which we review the egg donation process, screening requirements, timeline, medications, potential side effects, egg recovery procedure and potential risks, compensation, and any other questions. We want to make sure donors fully understand what is involved in a donor egg cycle before proceeding to the next phase of screening. If interested in continuing with our program, the donors are asked to fill-out a risk assessment questionnaire to ensure that they meet the basic FDA requirements that went into effect as of May 25, 2005. Affirmative answers to anything on this questionnaire may prohibit them from becoming egg donors.
2. Donors will then complete a more in-depth Donor Screening Form that covers three generations of family medical history. The Donor Screening Form is thoroughly reviewed and donors are asked to clarify any discrepancies or answers that may be unclear. Some donors will not continue on with the next phase of screening if we feel there is a family trait, either physically or emotionally, that could potentially be transferred to the child born from a donor egg.
4. In addition, donors will be asked to take the Personality Assessment Inventory (PAI) Test. The results from the test are then reviewed by one of our mental health professionals prior to their meeting with the potential donor. Results are used to inform the screening interview with Michelle Pomarico, L.I.C.S.W or Gretchen Sewall, RN, L.I.C.S.W. and to assess that they are emotionally ready to donate and that there are no high-risk behaviors identified.
6. The donors who qualify from that point on come return to the clinic for a full physical examination and medical history and an ultrasound of her ovaries to determine the number of selectable follicles.
7. If the medical provider recommends that the donor continue screening, she will be asked to come in on days 2-4 of her menstrual cycle (or day 7 of placebos if taking birth control pills) for E2 (estradiol) and FSH (follicle stimulating hormone) levels. At this point, the donor may begin taking birth control pills.
8. The donor will also meet with our genetic counselor, Elizabeth Repass, who will review their Donor Screening Form and will create a report with recommendations for testing based on the donor's ethnic background or those with potential "red flags" in their family medical

history. The genetic report will be placed on the website for recipients to review. Any optional testing listed on the report may be preformed at the recipient's request and cost.

9. Donors will also complete laboratory testing as part of SRM's donor qualification process. General laboratory testing includes: blood type and Rh, a pap smear, urine drug and nicotine screen, a complete blood count and mandatory genetic testing listed on the donor's genetic report. Communicable disease testing is as follows:
 - HIV 1 & 2 Antibodies
 - Hepatitis B Surface Antigen
 - Hepatitis B Core Antibody
 - Hepatitis C Antibody
 - RPR (Syphilis)
 - Chlamydia and Neisseria gonorrhoea
10. Once the donor has completed all of the above screening appointments, and results are acceptable, her information will then be put on our password-protected website for recipients to view.

Phase Two

1. Recipient(s) will be able to "reserve" a donor by placing the donor selection fee.
2. The Donor Egg Team will make a protocol based on the target month for receiving embryos that both the donor and recipient have agreed upon. Once the protocol has been created for both, all medications will be ordered. The donors will then return to the clinic for medication protocol review, injection training, and to receive their calendar of appointments for monitoring dates and the egg retrieval.
3. A baseline ultrasound will be scheduled to assure that your donor does not have any ovarian cysts before the start of treatment. Your donor will also complete the mandated FDA screening and testing. This will include a repeat physical examination, repeat blood draw for infectious diseases, and repeat Risk Assessment Form. According to the FDA, all of the donor's communicable disease screening and testing listed above must be completed within 30 days of the donor's retrieval and come back negative or acceptable, in order for eggs retrieved to be eligible for transfer.
4. The donor will return to SRM and will be seen by a medical provider for a follow-up and ultrasound. She will also receive her compensation check from SRM at this visit.

All of the above screening will be performed on-site at our center to minimize costs.



Third Party Cycle Coordination and Selection fees

This handout is intended to provide information regarding fees that apply to third party reproduction cycles. These types of cycles include: egg donor both known and anonymous, sperm donor both known and anonymous, embryo donation and gestational carrier (surrogacy) cycles.

Egg Donor Cycles

When is my egg donor cycle management fee due?

This \$2000 fee must be paid in order to begin your donor egg pre-cycle screening. It is due prior to all fresh donor IVF cycles.

What does SRM's egg donor cycle management fee include?

Once you establish care as a donor egg recipient, our donor egg team will be with you every step of the way. You will be assigned a primary coordinator to assist you in all aspects of your cycle management. She will be helping you through all of your pre-cycle screening requirements as well as ensuring your egg donor completes all of her pre-cycle screening requirements. The donor egg team has a dedicated Donor Services Liaison that is available to you 7 days a week to assist in all aspects of donor selection. Once you and your selected donor are ready to cycle, your coordinator will work with both of you to determine a cycle calendar that will work with your schedules, order medications, review protocols and complete injection trainings. Once you are both cycling, your coordinator will keep you updated on your donor's response throughout the stimulation cycle and make any schedule adjustments as needed based on both of your responses to medications. The donor egg team will ensure that all FDA requirements are completed and confirm eligibility of your embryos prior to transfer. Some patients wish to extend anonymous communications and gifts to their donor and your coordinator can facilitate that exchange. Your coordinator is your advocate throughout your entire journey and is always available for questions and support.

When is my egg donor selection fee due?

That depends on what type of donor cycle you are planning.

If cycling with an SRM Egg Donor:

You would place a \$3,000 donor selection fee once all of your pre-cycle screening requirements are complete. You must start a cycle within two months of placing this donor selection fee or your donor will be released to be selected by another recipient. This amount will be deducted from the base price of your cycle.

If cycling with an outside Agency Egg Donor or a Known (directed) Egg Donor:

You would place a \$3,000 donor selection fee once you have identified a known/agency egg donor and want us to begin her pre-cycle screening. Once all pre-cycle screening has been completed, any remaining funds will be applied to the base price of your cycle.

Sperm Donor (TDI) Cycles

When is my donor sperm cycle management fee due?

That depends on what type of sperm donor cycle you are planning.

For an anonymous sperm donor:

This fee must be paid at the time of your donor sperm (TDI) consultation with one of our nurse practitioners. This fee is \$100 if planning an IVF cycle or \$200 if planning for intrauterine insemination (IUI) cycles.

For a known (directed) sperm donor:

The total cycle management fee is \$800.

\$300 of this fee must be paid at the time of your donor sperm (TDI) consultation with one of our nurse practitioners, and the remaining \$500 of the fee must be paid by the time of specimen collection and freeze.

What does SRM's donor sperm cycle management fee include?

For an anonymous sperm donor cycle:

This cycle management fee includes a consultation with one of our nurse practitioners to review available sperm banks and the forms and processes that need to be completed in order to select a sperm donor and have a specimen shipped to SRM. They will also review any pre-cycle screening that you need to complete prior to your treatment cycle. At the time of specimen arrival at SRM, they will review the FDA status and determine eligibility prior to use. In addition for IUI cycles, this eligibility determination will be completed prior to each treatment cycle and your coordinator will be available after each treatment cycle to advise you on next steps.

For a known (directed) sperm donor:

We are able to assist in all aspects of screening once you have identified a known sperm donor. Your coordinator will arrange for psychological, medical and genetic screening and education for both you and your sperm donor. They will ensure all necessary consents have been completed and provide referrals for attorneys to arrange your legal contracts. We must also determine FDA eligibility and ensure all FDA testing requirements are fulfilled. This eligibility determination will be completed prior to each treatment cycle and your coordinator will be available after each treatment cycle to advise you on next steps.

Embryo Donation

When is my embryo donation cycle management fee due?

If using an outside agency to match you with donated embryos:

This fee must be paid once you have been matched by the agency. It is a \$1,000 fee that allows for up to 1 year of cycle management (per match) by your primary coordinator.

If embryos are being donated to you directly from someone (no agency involvement):

This fee must be paid in order for your coordinator to begin the screening process for both you and your embryo donor(s), this is often paid at the time of your embryo donation consultation. It is a \$2,000 fee that allows for up to 1 year of cycle management (per match) by your primary coordinator.

What does SRM's embryo donation cycle management fee include?

For an agency match:

This cycle management fee includes a consultation with your primary cycle coordinator. This visit will include an overview of the pre-cycle screening requirements and the process for all parties involved. Your SRM coordinator will work with your agency to obtain documentation of legal contracts, psychological screening, infectious disease testing required by the FDA, embryology information in order to determine the plan with your physician for how many to embryos thaw and transfer, and arrange for shipment of embryos to SRM. Orders will be sent to your agency for any infectious disease testing not done by embryo donors at the time of embryo creation. We must also determine FDA eligibility and ensure all FDA testing requirements are fulfilled. Once embryos have arrived at SRM and all pre-cycle screening requirements have been completed, your coordinator will work with you to create a cycle calendar, order all necessary medications, schedule cycle appointments and ensure your understanding of the cycle protocol and injection training, if needed. Your coordinator is your advocate throughout your entire journey and is always available for questions and support.

For non-agency matches:

This cycle management fee includes separate detailed consultations for both you and the embryo donor(s) with your primary cycle coordinator. This visit will include an overview of the pre-cycle screening requirements and the process for all parties involved. Your SRM coordinator will arrange for your psychological assessments and education visit with our on-site mental health professional (in the place of a home study). We will also provide referrals for separate attorneys for both you and your embryo donor(s) in order to create legal contracts transferring embryo ownership to you. The clinic where embryos were created will be contacted in order to obtain pertinent medical records. These include infectious disease testing done at that time and embryology information in order to determine the thaw plan with your physician. We will also arrange for shipment of embryos to SRM, if needed. Your coordinator will assist embryo donor(s) in obtaining any infectious disease testing not done at the time of embryo creation. We must also determine FDA eligibility and ensure all FDA testing requirements are fulfilled. Once embryos have arrived at SRM and all pre-cycle screening requirements have been completed, your coordinator will work with you to create a cycle calendar, order all necessary medications, schedule cycle appointments and ensure your understanding of the cycle protocol and injection training, if needed. Your coordinator is your advocate throughout your entire journey and is always available for questions and support.

Gestational Carrier (Surrogacy) Cycles

When is my gestational carrier cycle management fee due?

This fee must be paid in order to begin the pre-cycle screening for all parties involved. It is a \$6,000 fee that allows for up to 1 year of cycle management by your primary coordinator. Of note, an additional fee may be charged if a new gestational carrier is selected. If you decide not to move forward with treatment, you will receive a 75% refund if cancelled after up to 3 months of cycle management, 50% if cancelled after up to 6 months of cycle management and 25% if cancelled after up to 9 months of cycle management.

What does SRM's gestational carrier cycle management fee include?

This cycle management fee includes separate detailed consultations for both intended parents and your gestational carrier with your primary cycle coordinator. Your coordinator will give you hands-on, personal service throughout the process. We arrange for the gestational carrier's medical and psychological screenings. We also arrange to conduct screening and testing at another local clinic if your gestational carrier lives outside the Seattle metropolitan area. Your coordinator will arrange for all screening required to test egg and sperm source as donors following applicable FDA regulatory guidance. We can also, assist in arranging legal representation by separate attorneys for both intended parents and surrogates. Your SRM coordinator will actively assist to resolve any concerns of either intended parents or surrogates during the pregnancy, as well as arranging regular check-ins throughout the pregnancy by our on-site mental health professionals. We coordinate your FDA screening and eligibility determination to ensure compliance with FDA regulations. Once all pre-cycle

screening requirements have been completed for all parties involved, your coordinator will work with both you and your gestational carrier to create a cycle calendar, order all necessary medications, schedule cycle appointments and ensure understanding of the cycle protocols and injection training, if needed. Your coordinator is your advocate throughout your entire journey and is always available for questions and support.

When is my gestational carrier selection fee due?

Once you have identified a gestational carrier and want us to begin her pre-cycle screening. You would place a \$3,000 gestational carrier selection fee. Once all pre-cycle screening has been completed, any remaining funds will be applied to the base price of your cycle.



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 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 \$4,500.00 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 asks 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.**



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: Recommend at least 800 mcg folic acid to help prevent birth defects of the spine.

Lupron: Daily subcutaneous injection. Prevents spontaneous ovulation

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

Vivelle Dot: 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.

After positive hCG result:

Vivelle, 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 36 hours prior to the egg recovery, stimulates final maturation of the eggs.

Home Pregnancy Test: Test performed in the morning after the donor's hCG injection to confirm hCG absorption.

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.



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SRM Use of Specialty Pharmacies for Medication Orders

The Donor Program at Seattle Reproductive Medicine (SRM) researched several pharmacies before deciding to use IVP Care and Freedom Drug specialty pharmacies. These pharmacies 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 to use either IVP Care or Freedom Drug for all of your donor's medications. Your donor's medications will be ordered directly through SRM and delivered to our office. Additionally, the medications will be reviewed individually during your donor's protocol review and your donor will sign a form indicating her financial responsibility if medications are lost or damaged.

Once SRM has submitted a prescription, the pharmacy 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 payment is collected.

If you wish to use the same pharmacy for your medications, SRM can order them directly with your donor's prescriptions. The pharmacy would then contact you to confirm payment for both of your orders, and arrange for your prescriptions to be sent directly to your home. Often using the same specialty pharmacy is the most convenient choice for all, but the choice is completely up to you. We will ask you during the screening process if you would like use the same pharmacy as your donor and if not, you would need to provide us with an alternate pharmacy at that time.



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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



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



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 of 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.



H1N1 Influenza recommendations

The H1N1 Influenza strain poses increased health risks for pregnant women, which may include serious complications and/or death. Therefore, the CDC strongly recommends that pregnant women (and women attempting to become pregnant) obtain the H1N1 Influenza vaccine as soon as it becomes available. SRM will not be receiving the vaccine, so it is important that you make arrangements to receive the vaccine from your primary care provider.

Pregnant women should also receive the seasonal flu vaccine. This vaccine is currently available through pharmacies and primary care offices. The H1N1 Swine flu vaccine is expected to become available in October.

Pregnant women should not receive the nasal-spray flue vaccine which is a live, attenuated (weakened, but still living) form of the flu. The "flu shot" is safe as it contains fragments of killed influenza virus.

Other groups are also at higher risk for complications from the flu. This includes people with obesity (body mass index of 30 or greater), especially if other medical conditions exist such as diabetes, chronic respiratory illness, asthma, or liver disease. People with weakened immune systems are also at increased risk and should receive the flu vaccine.

Early treatment with antivirals, oseltamivir or zanamvir, are safe and recommended in pregnancy if influenza is suspected or confirmed.



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All persons are advised to protect themselves and others from the flu by following these guidelines:

1. Wash hands frequently for 20 seconds or use alcohol-based hand cleaners.
2. Avoid touching your eyes, nose or mouth unless you have just washed your hands.
3. Clean surfaces regularly at home and work with regular cleaners.
4. Stay home if you are sick.
5. If you are sick and must leave your home, cough into you arm, dispose of tissues in a waste bin, wash hands frequently, and consider wearing a mask to protect others.

CDC H1N1 Flu | 2009 H1N1 Influenza Vaccine and Pregnant Women

http://www.cdc.gov/h1n1flu/vaccination/pregnant_ga.htm



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How to Access Seattle Reproductive Medicine's online donor profiles:

All egg donor profiles are available to be viewed on our password protected website in order to allow recipients to review potential egg donors at their convenience. Just follow the directions as outlined below to view all of our detailed donor profiles. Remember recipients are required to complete all screening outlined in the "Donor Egg Recipient Screening Requirements" worksheet included in this packet prior to placing a deposit to secure an egg donor. Any questions regarding donor availability and matching should be directed to Amy Smith, our donor services liaison, at 206-301-5013 or amy.smith@integramed.com

Go to our website at www.seattlefertility.com

From the upper header select- Treatment Options-Third Party Reproduction

Under "Learn More" click on the link [View our Pre-Screened Donors](#)

In the blue bar at the top click Login, enter the secure client login information:

Username: SRMDEP (uppercase)

Password**: _____ , _____ , _____

**Note the password is changed every few months, please contact your coordinator if you are no longer able to login to the website with your current password. The password should be typed in lowercase.

Once you enter the secure client login information, you can begin to search the donor list. All of the donor codes should be blue hyperlinks that you can click on in order to view the detailed donor profiles.



Name:

This form reviews genetic testing that is optional for all egg donors in Seattle Reproductive Medicine’s donor egg pool. Please review the genetic section of your donor’s online profile to determine what genetic testing has already been completed and return this form indicating if you would like any other genetic testing performed. If you decide you would like any of the optional genetic testing outlined below, please call the finance department at 206-301-5000 to make payment and we will have your donor complete testing as soon as possible.

Fragile X:

Fragile X syndrome is the most common cause of inherited mental retardation, affecting approximately 1 in 4,000 males and 1 in 8,000 females. There may or may not be a family history of mental retardation.

Fragile X syndrome causes a range of symptoms. Early signs include delayed speech and language. Intellectual abilities vary from mild learning disabilities to severe mental retardation. Behavioral characteristics include autism, hyperactivity and poor eye contact. Physical features, such as a long face and large or prominent ears, are usually more noticeable in adults than in children and in males more than females.

Fragile X syndrome is found among all ethnic backgrounds and racial groups. Approximately 1 in 260 women in the general population are carriers of the abnormal gene that causes Fragile X syndrome. Additionally, women of all ages can have a child affected with Fragile X syndrome, whether or not they have had previous healthy children.

Cost is \$103 + \$15 blood draw fee. Expect most results approximately 2-3 weeks from sample date, but it can take up to 6 weeks if confirmation testing is required.

I/We would like Fragile X carrier testing for my donor: YES NO (please circle one)

Karyotype:

A karyotype is a blood test that can be run on a person to detect structural or numerical chromosome abnormalities. Most healthy adults have normal chromosomes, however, a small fraction of the adult population has a minor rearrangement in their chromosomes that increases the risk for miscarriage. This test is often done in couples who have a history of miscarriage. The reason to do it in your donor is that many donors do not have a reproductive history and therefore we do not know if they are more likely to have a miscarriage. Overall, it is very rare for people to have these kinds of chromosome rearrangements.

Cost is \$800 + \$15 blood draw fee. Expect result approximately 2 weeks from sample date.

I/We would like a karyotype on my donor: YES NO (please circle one)

FORM TITLE: Optional Genetic Testing	REVISION: 11/16/2009
FORM NUMBER: DE-F22	EFFECTIVITY DATE: 11/16/2009

Information taken from http://www.mytestingoptions.com/diseases/mto_diseases_home.asp (January 2009)

Spinal Muscular Atrophy (SMA):

Spinal Muscular Atrophy (SMA) destroys the nerves responsible for controlling voluntary muscle movement, but does not affect intelligence. Muscles that control breathing, swallowing, head and neck control, walking, and crawling are the most severely affected. Symptoms most often appear before a baby is two years old, but can start before birth or not until adulthood.

Over 60% of individuals who are diagnosed with SMA are severely affected. There is currently no cure or treatment for SMA

Your donor could be a carrier of Spinal Muscular Atrophy (SMA) even if no one in her family has SMA and even if she already has children without SMA. Carriers of the abnormal gene for SMA have no symptoms of the disease.

As with most inherited diseases, the risk for being an SMA carrier varies by ethnic background. Because SMA is such a severe disease with a high carrier frequency, ACMG guidelines recommend all people be tested regardless of race or ethnicity.

SMA Carrier Risk in People with No Family History of SMA:

- Caucasian - 1 in 35
- Ashkenazi Jewish - 1 in 41
- Asian - 1 in 53
- African American – 1 in 117

Cost is \$198 + \$15 blood draw fee. Expect result approximately 3 weeks from sample date.

I/We would like SMA carrier testing on my donor: YES NO (please circle one)

I/We have reviewed the above information regarding optional genetic testing and have also based our decision on our previous discussion with Elizabeth Repass, SRM's Genetic Counselor. We are aware we can schedule additional appointments with Elizabeth Repass if we have any further questions regarding genetic testing.

Signature of recipient _____

Signature of recipient partner (if applicable) _____

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