



## Donor Egg Frequently Asked Questions

Welcome to the SRM donor egg program! There are many ways to build families, and it is a privilege to begin this journey together. It is an exciting chapter, but we recognize that there are a lot of important questions that come up when using donor egg. Please see some frequently asked questions below.

### ***How do I select a donor? Should I use fresh eggs or frozen eggs? What are the chances of success?***

SRM recruits and screens local donors through a careful and rigorous screening process that considers all ASRM and FDA guidelines. SRM is also part of a national egg bank called My Egg Bank, allowing for even more diversity in donor selection. Some recipients may find their own donor, such as a friend or family member or through an outside donor agency. These donors must also meet SRM's screening requirements. In some cases, your insurance may dictate the type of donor you can use, so we would encourage you to review this with your insurance and SRM financial counselor. Finding the right egg donor is extremely important, and our team is dedicated to helping you navigate this process.

Most donor cycles at SRM involve a process called embryo creation. This means we fertilize the eggs, and then freeze embryos. With this model, we can be certain that we have at least one good quality embryo before our patients start any hormonal medications. More than 96% of frozen embryos survive the thawing process. The chance of live birth per frozen embryo transfer using donor eggs is 55-60% whether we begin with fresh or frozen eggs. The cumulative live birth will vary, depending on the number of embryos available from the initial embryo creation process.

#### ***Frozen eggs:***

Most embryo creation cycles at SRM start with 6 frozen eggs from My Egg Bank. On average, a group of 6 frozen eggs will yield 2 good quality embryos. More than 90% of patients will have at least 1 embryo frozen, and some may have more. If we do not have an embryo to freeze, or it does not survive the thaw, then we start over with a new group of eggs until we have an embryo available for transfer. The main advantages of the 6 frozen egg model are lower cost, greater selection of donor profiles, and shorter time to embryo transfer.

For patients using My Egg Bank, SRM offers a multi cycle option with a live birth guarantee. We will perform up to three thaws of 6 eggs. If the embryos created from the first thaw do not result in live birth, then a second egg thaw cycle occurs. If the embryos created from the second thaw do not result in live birth, then a third egg thaw cycle occurs. The live birth rate in this program is over 95%, with a refund issued if live birth does not occur. There are certain medical criteria that are required to enroll in this program that your provider can review with you.

#### ***Fresh eggs:***

If you select an SRM donor who is available for another egg retrieval, you may consider using fresh eggs. SRM has an embryo creation model starting with up to 12 fresh eggs (*note: there is no guarantee*



*that the donor will have 12 eggs retrieved*). On average, insemination of 12 fresh eggs will yield 4 good quality embryos. The main advantage of the fresh egg program is the possibility of having more embryos frozen, allowing for more embryo transfer opportunities over time. This may be preferred if you would like the best chance of having more than one pregnancy from the same group of eggs. If you are using a known donor or a donor from an outside agency, all mature eggs available on the day of retrieval will be inseminated, and any resulting good quality embryos will be frozen for your use.

***Do fresh eggs perform better than frozen eggs?***

In our experience at SRM, we have not seen fresh eggs perform better than frozen, although not all frozen eggs survive the initial thaw and the number available for insemination may be lower. On average, survival rate is about 85% (5/6). The main advantage of using fresh eggs is having more eggs to fertilize, since we start with a larger number and there is no loss of eggs due to failure to survive the thaw.

***Which is the best option if I want the best chance of one live birth?***

The SRM multi cycle plan provides a more than 95% chance of live birth over time, because it includes a larger number of transfer opportunities. This option provides the best chance of live birth overall.

***Which is the best option if I want the highest chance of more than one child from the same group of eggs?***

The fresh egg program is the best plan in this setting, because it most often provides the largest number of embryos from one egg source. However, more than one group of frozen eggs can be purchased to achieve a similar chance using frozen eggs.

***What if there are extra frozen eggs for my donor? Should I purchase them?***

We recommend purchasing extra frozen eggs, only if a full group of 6 are available. This allows us to guarantee that at least one embryo results from each group of eggs.

***Which is the best option if I want to add PGT-A (Pre-implantation Genetic Testing for Aneuploidy)***

We encourage you to talk more with your provider about the risks and benefits of PGT-A testing. There is a lack of compelling data that PGT-A improves the live birth rate in donor egg cycles. Reasons for this include the fact that the rate of aneuploidy (chromosome errors) is low in donor egg embryos due to the young age of egg donors. In addition, PGT-A may yield inconclusive findings in up to 15% of embryos, reducing the number of embryos available for future embryo transfer. On balance, we do not recommend PGT-A routinely in donor cycles, as risks may outweigh benefits. If PGT-A is strongly preferred, the fresh egg program is recommended so that there will be more embryos available for testing.

***Which is the best option for egg donor if I will be using a gestational carrier?***

While all options are possible, the fresh egg program is likely the best choice in this setting. Since the process of finding and matching with a gestational carrier is quite involved, it may be ideal to have a larger number of transfer opportunities over time.



***Which option provides the most selection in terms of egg donors?***

There is more selection when considering frozen eggs. We will present all donor options, which include SRM donors and donors from other clinics in the My Egg Bank network. Keep in mind that the egg bank donor list is very fluid, as several programs around the country contribute to the bank. The selection of donors available may vary week to week—if you do not initially find a donor who meets your criteria, you should check the donor list regularly and allow some time to see if a more suitable donor becomes available.

***What if SRM does not have a donor that is a good match for me?***

If you are unable to find a good match among SRM donors, you may consider looking for a donor from another egg bank or agency. However, pricing and guarantees are variable and are determined by the outside egg bank. SRM will only work with certain egg banks that have been researched and approved by our team. Agency donors must pass all SRM screening requirements, and you will incur the cost of screening whether or not the donor is ultimately approved.

***I have Progyny insurance, and My Egg Bank is not in-network or contracted with Progyny. Does this mean I cannot use My Egg Bank?***

Progyny has other contracted donor banks, however if you have a frozen donor egg benefit, you CAN still use My Egg Bank with SRM. In this case, you would pay SRM directly to purchase your egg lot and then seek reimbursement from Progyny.

***Your SRM provider will discuss each option in more detail to find the option that best meets your family building goals. We are committed to finding the best match for you and are happy to answer more questions at any time.***