

CONSENT FOR ANONYMOUS DONATION OF OOCYTES

I have agreed to be an egg donor for an anonymous recipient. I understand that fertility drugs will be used to stimulate my ovaries so that multiple eggs may be obtained. I have been informed about the possible association between fertility drugs and ovarian cancer in infertile women. I understand that there are no long-term studies looking at possible adverse effects of these drugs in individuals like myself undergoing egg donation. I understand that the removal of the eggs requires the placement of a needle through my vagina and into my ovaries.

This procedure has risks that include bleeding and / or infection. In rare instances, bleeding may be so severe that it would require blood transfusion and /or surgery to repair. It is possible that this would impair my future fertility. Pelvic infection may require treatment with antibiotics and/or surgery. This may also lead to impairment of future fertility. Enlargement of the ovaries (ovarian hyperstimulation syndrome) may occur prior to or following the egg retrieval. As a result of this enlargement, ovarian torsion (twisting of the ovary on its blood supply) may occur. This requires surgical treatment and may result in the loss of an ovary, and would subject me to all of the risks associated with major surgery including the risks of anesthesia (even death), bleeding, infection and damage to internal organs such as bowel, bladder or uterus.

The following is a general outline of the steps that may be required in these procedures.

1. Determination by standard tests that I am a suitable candidate for the procedure.
2. The use of "fertility" drugs (including, but not limited to, Clomid, Serophene, Lupron, Pergonal, Follistim, Gonal-F, Menopur, Bravelle, Repronex and hCG) to produce ovulation, or release of the egg(s), at a predictable time. Collection of the egg(s) will be scheduled to occur just before the predicted release. I have read and understand the consent form entitled "Ovulation Induction for IVF.
3. The use of blood tests taken to monitor growth of the follicle(s) containing the egg(s). About 10-15 cc (2-3 teaspoons) of blood will be taken each time blood is drawn.
4. The performance of ultrasound examinations to assist in predicting the time of expected ovulation. Ultrasonography is a diagnostic procedure using sound waves that provide an "image" of the ovaries and the growing follicle(s).
5. Undergoing aspiration of the egg(s) from the follicle(s) in the ovary which may be done by one or more of the methods below:
 - a. Ultrasound-guided transvaginal aspiration of egg(s) through a needle directed along side the vaginal probe and into the follicle. During the egg aspiration procedure, it may not be technically possible to remove all the eggs with the ultrasound-guided technique.

I understand that the following are some of the more common, but not all of the risks and discomforts associated with this procedure:

1. From the blood drawing and injections, mild discomfort and a risk of developing a bruise at the needle site, or a blood clot.
2. From the ovarian hyperstimulation drugs, the possible development of over stimulation of the ovaries which may cause discomfort because more than one follicle is growing. In addition, the possible increased risk of developing ovarian cancer later in life as well as other risks as outlined in the "Ovulation Induction for IVF" consent form. Several publications have suggested that there may be long term risks associated with the use of fertility drugs. In particular, early studies, suggest that women who take fertility drugs may have an increased risk of developing ovarian cancer. While more recent studies have cast doubt on these claims, you still need to be aware of this concern. The magnitude of this risk and the definition of which patients may be at risk are still under study. More basic and epidemiologic research is needed to define whether this is a true association, which drugs are implicated, and which patients may be at risk. I have read and understand the above mentioned consent forms.
3. Since your Estradiol (estrogen) level will be increased by the ovarian hyperstimulation, you are at increased risk for developing a blood clot. This can be a very dangerous situation that can result in a pulmonary embolus (blood clot to the lung), heart attack, or stroke. This could result in additional hospitalization and medical treatment.
4. From the transvaginal ultrasound-guided aspiration or the laparoscopy, (a) possibility of bleeding, infection or injury to the abdominal organs that may require immediate major surgery. (b) The risks associated with the anesthesia (general, local or sedation), including death.
5. Psychological stress.

The nature of Assisted Reproductive Technology (ART) procedures has been explained to me, together with the known risks. I understand the explanation that has been given to me. I have had the opportunity to ask my physician any questions I might have and those questions have been answered by him / her to my satisfaction. Any future questions I have may be addressed to the Nashville Fertility Center staff, or to the Nashville Fertility Center Director and ART Program Director, Dr. George A. Hill at (615) 321-4740. I acknowledge that the ART procedure is being performed at my request and with my consent. I understand that I may revoke my consent at any time prior to the beginning of this procedure and that this decision would not affect any other present or future medical care and treatment at Nashville Fertility Center

I expect this procedure to be performed with not less than the customary standard of care. I understand the risks and benefits as outlined, and further understand and agree that Nashville Fertility Center shall be responsible only for acts of negligence on its part and the part of its officers, employees and authorized agents. There are risks associated with any medical treatment for infertility, and these risks must be weighed against the benefit expected from that treatment. Please ask us any questions you may have regarding this.

If complications occur which require medical treatment, these charges would be filed to my health insurance. Nashville Fertility Center (NFC) is not liable for any lost wages that are a result of my involvement in the egg donation program even if complications occur. I understand I should use a barrier method of contraception or abstinence while I am participating in the egg donation program to reduce or eliminate the possibility of becoming pregnant.

