

## Donor Teaching Checklist

- Reviewed Calendar. Copy given to patient
  - Pill pack start date, Lupron start, last active ocp
  - Meds, why & what they do
  - Sexual abstinence unless tubal ligation or vasectomy
  - Period/suppression ck to check for cysts and to ensure suppressed
  - Gonadotropin start
  - Appointments to check size/# of follicles and e2 level, days may vary, between 8:00 am & 9:30 am to have results same day. Will call with doses and next appt. day following each appt. after suppression check
  - Appts. daily last few days before trigger - usually trigger Monday for Wednesday retrieval but can vary by 1-2 days.
  - Trigger shot late @ night @ PRECISE time - retrieval 35 hours later
  - Nothing to eat or drink after midnight the night before retrieval
  - After trigger shot, stop all meds except PNV & Asp - no meds day of retrieval
  - Bring extra meds/sharps to retrieval
  - Need someone to drive home after retrieval & companion for 24 hours
  - Drink electrolyte fluids (Gatorade/Powerade, etc.), eat high protein foods after retrieval
- Confirm any drug allergies
- Review risks - blood drawing, medications, anesthesia, procedure, OHSS
- Medication storage - review importance of correct storage-specify for their meds, cost
- Consent forms - add donation # at top of each, have sign - procedure form needs spouse signature, if applicable. If n/a, please have sign @ appt. and give pt. copies only
- Review Stimulation for Ovum Donation hand-out
- Review Donor Responsibilities - phone # at bottom of form to call with any questions
- Review level of commitment of donor necessary and investment by recipient
- Review Do's & Don'ts which start with Lupron (except exercise w/Gonadotropins)
- Trigger shot/Novarel or Ovidrel, pre-op instructions - essential to take at PRECISE time given
- Medication list - good reference page, side-effects
- Injection site summary - circle which given where, trigger possibly in hip, rest subQ
- Instruction pages for each injectable medication - which needle(s), how to draw up, mix, etc.

Persons Present \_\_\_\_\_ Nurse \_\_\_\_\_

Date \_\_\_\_\_

## Stimulation for Ovum Donation

An egg may be referred to as an ovum or oocyte. There are a number of different types of medications used to increase the number of eggs which develop to maturity in women participating in the donation program. The specific medications, the dose of those medications, the times at which they are administered and the duration of treatment may vary from patient to patient and are based upon their individual needs. The following contains a general discussion of a typical protocol, a brief description of the medications being used and a general summary of what you will be doing in your cycle.

In your case, the donor coordinating team has planned a cycle that consists of several phases - screening, synchronization, suppression, stimulation, retrieval and follow-up.

**Screening** The screening process consists of (in order): the donor consultation, day 3 baseline ultrasound and blood work, meeting with the psychologist, including tests (MMPI-2 & SCL-90), and finally, a complete physical (with blood tests, cultures, and urine drug screen). After the screening has been completed and results obtained will a donor be matched with a recipient and be permitted to begin synchronization. A medication teaching class will also be scheduled with you sometime before you begin your injections.

**Synchronization** After having your ultrasound and blood analyzed on day 3 of your menstrual cycle, you will be instructed to begin an oral contraceptive. The purpose of the pill is to keep your hormones and consequently, your ovaries, in a uniform, non-ovulatory state while waiting to begin suppression. Depending on when the recipient's menstrual cycle falls in relation to yours, the Donor Coordinator will assign you a date to begin suppression and when to stop the pill.

**Suppression** Based on the date given to you, you will begin suppression by taking Lupron injections. There will be a medication teaching prior to the time you begin Lupron. (Remember, you will be instructed specifically when to stop the pill. Usually, you take both the pill and Lupron for several days together before you discontinue the pill. This is called an **overlap**.) Lupron is a medication used to turn off your body's natural stimulation of your ovaries. A week to ten days after beginning Lupron (about three to five days after stopping the pill) you may have a menstrual cycle. This indicates that the ovaries are inactive. Contact your Donor Coordinator on day 1 of your cycle in order to begin stimulation. If day 1 falls on a weekend, continue the Lupron and call the office on Monday. You will be given an appointment for an ultrasound and blood draw. Stimulation with gonadotropin injections begins within a few days of starting your menstrual cycle.

Suppression provides several advantages during an oocyte donation cycle. Once the ovaries become quiescent, all stimulation will be provided by the injectable gonadotropins (Gonal-F, Repronex or Pergonal). This allows for a very precise and uniform stimulation that results in the increased production of quality, mature eggs.

**Stimulation** Once you are suppressed, a number of small follicles are available at all times in the ovary, which are capable of being stimulated. Since you are not producing appreciable amounts of your own LH and FSH hormones, stimulation will be provided by the injection of gonadotropins. These medications are taken twice daily and require close monitoring. Ultrasounds to document the number and size of your follicles and blood work to determine how much estrogen they are producing will be done at 1-4 day intervals.

Once your follicles have been optimally stimulated, you will be told to take your Novarel (also called HCG or trigger shot) injection. The HCG injection helps the eggs to separate from the wall of your follicles and float free in the follicular fluid by 35 hours after the Novarel injection. However, they will not be released from the ovary until after 37 hours. Therefore, your egg retrieval will be planned during this time interval (35 to 36 hours after the injection). On the day when you are told that you are ready for your Novarel shot, the Donor Coordinator will tell you exactly what time the shot must be administered. *Please adhere to that time within 15 minutes. If there is any deviation for any reason, be sure to let the Donor Coordinator know the following morning.*

On the morning following the HCG injection, you will return to the office for a final blood draw.

**Retrieval** Retrieval involves aspirating the fluid in the follicles with a special needle to obtain the eggs. The procedure is done using ultrasound guidance and does not require an incision. You will have IV sedation and will feel no pain during the procedure.

**Follow Up** Please call the donor coordinator on day 1 of your menses occurring after your egg retrieval and let us know how you are doing. You may be asked to return following your next menses to have a final ultrasound. However, if you need to be seen before that time, you may call the office to schedule an appointment.

### **The Medication Used During a Typical Stimulation Cycle**

**Oral Contraceptive** The birth control pill is given to provide a steady state of hormones to the body. It is utilized to keep patients in a "holding pattern" that allows the patient to begin suppression when her cycle is synchronized with that of her recipient.

**Lupron (leuprolide acetate)** A GnRH-agonist which inhibits your pituitary's production of LH and FSH. This medication is taken as a subcutaneous injection just beneath the skin. This allows some of the other medications to provide a very even and balanced stimulation to the developing follicles. Lupron will allow patients to produce greater numbers of higher quality eggs during a given treatment cycle. Additionally, it prevents a spontaneous midcycle hormonal surge, which may result in cycle cancellation.

**Gonal-F (follitropin)** A highly purified preparation of follicle stimulating hormone (FSH) which is taken by subcutaneous injection. FSH provides the critical stimulation to the follicles containing the eggs which are developing during the stimulation phase of the cycle.

**Repronex** A combination of follicle stimulating hormone (FSH) and luteinizing hormone (LH) which is taken by subcutaneous injection or, occasionally, by intramuscular injection. These hormones stimulate growth of the follicle and maturation of the eggs.

**Novarel (HCG)  
(trigger shot)** A highly purified preparation of human chorionic gonadotropin, which is taken as an intramuscular injection. This medication is used as a substitute for the midcycle hormonal surge that induces the final maturation changes in the eggs and prepares them for retrieval. **Note:** After receiving this medication, you will have a positive pregnancy test for the following 10 to 12 days.

**Doxycycline** An antibiotic which is taken after the retrieval. This medication is given orally and helps reduce the risk of infection following aspiration of the follicles at the time of egg retrieval.

## Typical Medication Schedule for Oocyte Donation Cycle

- Cycle Day 1** Call with date of onset of menses. This will allow the Donor Coordinator to finalize your schedule. (At that point, plans should be made to schedule specific dates to start Lupron and to discontinue the birth control pill.)
- Come into the office in the early morning to have blood drawn for an estradiol and FSH level. You will be contacted by the Donor Coordinator later that afternoon to confirm that you are ready to begin your cycle and birth control pills. You will be on birth control pills before beginning the second medication, Lupron.
- Once you begin Lupron, you will continue to take a single injection each day **until you receive your Novarel (HCG) injection or until told to discontinue the medication by the Donor Coordinator.** This dose of medication may be altered (typically reduced when the stimulation phase begins).
- Cycle Day 1** Approximately 7 to 10 days after beginning Lupron (and typically three to five days after you have discontinued your birth control pill) you will have a menstrual cycle. The time frame may vary from patient to patient and even from cycle to cycle. This will be counted as cycle Day 1 for the remainder of the stimulation phase of your oocyte donation cycle. Please contact the Donor Coordinator and let them know when you begin your cycle so that they can tell you exactly when to come in for an ultrasound and blood work. **Do not stop your Lupron injection.**
- Suppression Check** Come in to the office in the early morning by appointment between 8:00 and 10:00 a.m. for an ultrasound and blood work done. This will confirm that your hormone levels are low and that your ovaries are ready to be stimulated. The ultrasound confirms that the ovaries have appropriately small follicles that are ready to be stimulated and that the endometrium (the lining of the uterus) has shed appropriately and is ready to begin a new development cycle. You will be contacted by the Donor Coordinator that afternoon to confirm that you are ready to begin your gonadotropins (Gonal-F, Repronex or Pergonal). The dosing of the medications will also be reviewed at that time. You will be told when to return to the office for your next visit.
- Stim Day 4 or 5** Based on your personal history, you will be directed to return to the office in 1 to 4 days for further monitoring. This will generally consist of further blood work and ultrasounds. (Typically, donors are seen on Day 4, Day 6, Day 8 - from that point on, monitoring may be on a daily basis. Remember that this may vary based on your individual response to the medication.) Each day that you are monitored in the morning, you will receive a phone call in the afternoon to update you on the appropriate dose of the medications you will be taking and to tell you when you need to return to the office for monitoring.
- Day of Novarel (HCG) (trigger shot)** Once your follicles have reached an optimal state of maturity, you will be directed to take your Novarel injection. Unlike the other medications you have taken to this point, the timing of this injection is very specific (plus or minus 15 minutes). Note: This shot is typically taken between 10:00 p.m. and 2:00 a.m. You may discontinue all medications at this time.
- Day after Novarel** This will be the final morning for blood work monitoring. Please check with the Donor Coordinator to make sure that all of your paperwork is complete and to confirm the time you are to arrive at the office the next day for your retrieval. ***You should not eat or drink anything from midnight the night before your retrieval.***
- Egg Retrieval** Approximately 35 hours following your Novarel injection, you will undergo aspiration of your follicles to obtain your eggs. This is done under ultrasound guidance using a specially designed needle. You will need to arrive at the office approximately 1 hour

early to complete your paperwork and to get ready for the retrieval. You should begin the Doxycycline after the retrieval.

**Post-Retrieval**

Days 1-7 drink plenty of extra fluids and moderate your activity, please monitor your weight and call with a gain of 3-5 pounds or more per day. You should report any of the following symptoms of hyperstimulation: nausea, vomiting, diarrhea, severe abdominal pain, severe abdominal bloating, decreased urinary output despite normal fluid intake, and difficulty breathing. These symptoms very rarely occur after egg donation. Please call the office when you have started your period.

The information contained in this summary details a typical cycle. Your cycle may differ significantly based on your personal medical history and needs. The donor coordinating team views each cycle individually to assure that all aspects of your care are optimized.

**Communication is critical during an oocyte donation cycle. Please contact the Donor Coordinator immediately if you have any questions, concerns or problems.**

## DONOR RESPONSIBILITIES

Our team is working hard to give you the best care we possibly can. We ask for your help in making this process as efficient and simple as possible by doing the following things.

1. **Be Proactive** Please help us keep you on schedule by calling to complete the necessary screening tests that have been suggested in a timely fashion.
2. **Answering Machine** Please make sure that you have an answering machine at home, or that you give us a message number, so that we can leave you messages regarding your medication instructions or any other information you may need regarding your cycle. We are not able to call multiple phone numbers trying to locate you with this very important information. **Be sure you have identifying names** on the message so we are assured we have the right household or voice mail.
3. **Medication Teaching** If you have questions, please be sure to review medication instructions and techniques with our nurses prior to your cycle. This will reduce your anxiety as well as the potential for errors on last minute phone calls. Also remember that you can borrow the teaching video, which describes and demonstrates how to prepare and give injections.
4. **Consent Forms** You will be given various consent forms at the time of your teaching meeting with the nurses. These consents will cover various procedures during your cycle. Please review them carefully, and sign and return them at your next visit. Please feel free to ask any questions or express concerns regarding anything contained in these forms.
5. **Be Punctual** Please make sure to arrive at your scheduled time for monitoring. This helps insure that both you and other patients being monitored are seen as timely as possible. We understand that many of you have work or personal schedules that are tight, and we will try our best to maintain your monitoring times.
6. **Medications** Make sure you have a supply of medications to carry you over week-ends and holidays when pharmacies are closed.

We are always receptive to any suggestions about how we can provide better care to you.

## THINGS TO REMEMBER AS YOU BEGIN YOUR TREATMENT FOR EGG DONORS

Starting on or before your Lupron start

### DIET

#### DO'S

1. Eat healthy, well balanced diet
2. A prenatal or multivitamin may be helpful.

#### DON'TS

1. Trying any weight loss programs
2. Use alcohol
3. Avoid using more than 12 oz caffeine/day

### EXERCISE

1. Before beginning Gonal-F/Follistim do whatever exercise is comfortable; as the ovaries become larger, exercise needs to be more moderate
2. After beginning Gonal-F/Follistim, very low impact activities (i.e., walking, swimming, recreational biking)

1. High impact/bouncy exercises or abdominal crunches (the last few days of ovarian stimulation through pregnancy test)
2. Have pulse rate greater than 140
3. Avoid heating up the body and also excessive sun exposure
4. Do not use hot tubs, saunas, tanning beds

### MEDICATIONS

1. Any Tylenol products

Report any fevers over 100F

1. Aspirin (except 81 mg per day)
2. Ibuprofen (Advil, Nuprin, Motrin)
3. Anaprox (Aleve)
4. Antihistamines or Decongestants (Claritin, Allegra, Benadryl, or Sudafed)
5. NO social drugs (tobacco, marijuana, etc.)
6. Herbal products unless approved by MD (Echinacea, St. John's Wort, Ginseng, Ginkoba)

### SEX

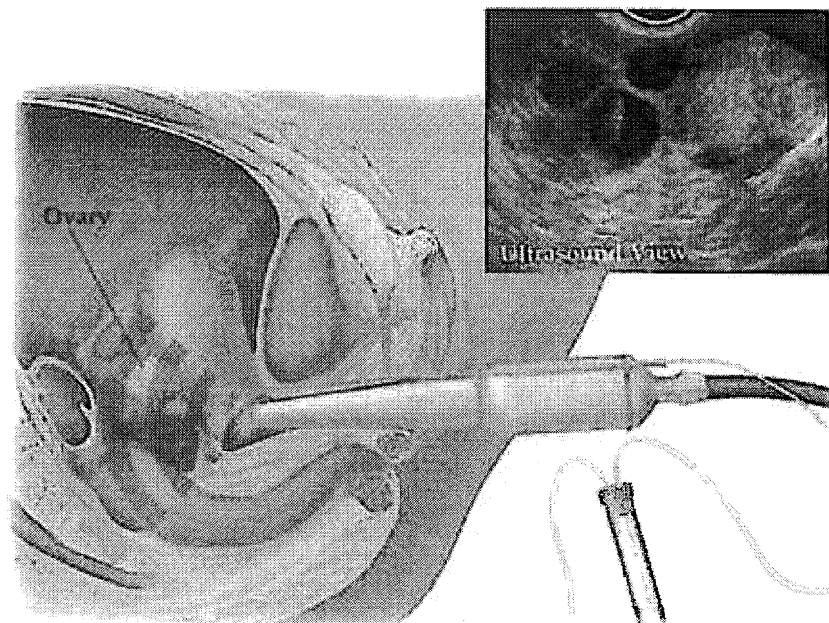
Abstinence from sexual intercourse (starting the day you take your last active birth control pill until the menstrual period after your retrieval) is very important to prevent pregnancy unless you have had a tubal ligation or your partner has had a proven vasectomy.

**PLEASE CALL IF YOU HAVE ANY QUESTIONS. DO NOT FORGET TO CARE FOR YOUR GENERAL HEALTH AND WELL BEING!**

## THE EGG RETRIEVAL PROCESS

The mature eggs are collected under IV sedation or rarely epidural anesthesia. Once you are in a "twilight" sleep, the reproductive endocrinologist cleanses the vagina and inserts the sterile ultrasound transducer. A long, narrow needle is inserted along the ultrasound probe. It passes through the vaginal wall into the follicle, a distance of only a few centimeters. "Follicle" is the term for the liquid sac in the ovary that contains the egg. Once the needle is in place, the follicular fluid is aspirated. The fluid is then analyzed for the presence and quality of oocytes (eggs). An egg is usually obtained from 75-90% of the follicles that are drained. Fertilization is carried out several hours later.

You will be released to go home after resting in a private recovery room for 1-3 hours. A relative or friend will need to drive you home. You may expect to see some vaginal spotting for a day or two. The ovaries may feel tender and "crampy" as they are enlarged. You may experience bloating and mild abdominal distention. Lower back and hip discomfort may be relieved with a heating pad or Tylenol. Drink plenty of fluids, especially Gatorade or juice. Activity level will be dictated by how you feel. Going to work and daily routines are ok if you feel up to it - most do. You should not have intercourse until you get your next menstrual period. This will occur approximately 2 weeks after the egg collection. Please call the Donor Coordinator with day 1 of your menses.





## DONOR EGG RETRIEVAL PRE-OP INSTRUCTIONS

Day/Date/Time

- \_\_\_\_\_ Take your last dose of Repronex/Menopur
- \_\_\_\_\_ Take your last dose of Gonal-F/Follistim, Dexamethasone, Aspirin and Prenatal Vitamin
- \_\_\_\_\_ Take last dose of Lupron
- \_\_\_\_\_ Exactly! Take HCG (trigger shot) injection. Use 1ml diluent and give subcutaneously, unless otherwise instructed. Mix all the powder with 1 ml diluent and inject the medication subcutaneously in your abdomen. *It is extremely important that you take this shot precisely at the assigned time!*
- \_\_\_\_\_ Day after HCG come to office in the morning for blood test
- \_\_\_\_\_ Nothing to eat or drink (even water) after midnight and until retrieval is completed. This includes candy, gum, lozenges, etc.
- \_\_\_\_\_ Check in for retrieval (45 minutes before procedure) at Suite 304, 2222 N.W. Lovejoy Street.
- \_\_\_\_\_ Retrieval. You must have a ride home after the procedure- you will be able to go home approximately one hour following the procedure.  
\*Partners are welcome to accompany you to recovery area.  
\*Please note that children are NOT allowed in the recovery area.

**PLEASE UNDERSTAND THAT TIMING IS CRITICAL AND THAT ANY VARIANCE FROM THE ABOVE INSTRUCTIONS COULD JEOPARDIZE THE SUCCESS OF YOUR PROCEDURE.**

**ALSO, PLEASE UNDERSTAND THAT EATING OR DRINKING ANYTHING AT ALL MAY CHANGE THE FORM OF ANESTHESIA THAT YOU RECEIVE AND YOU WILL LIKELY REQUIRE AN EPIDURAL (NEEDLE PUT IN BACK FOR ANESTHESIA). \$400.00 WILL BE SUBTRACTED FROM YOUR COMPENSATION FOR THE EPIDURAL ANESTHESIA REQUIRED.**

## MEDICATIONS FOR EGG DONOR CYCLE

### **LUPRON** (*Leuprolide Acetate*)

Lupron prevents the usual hormone exchange that causes follicle production and ovulation by suppressing the pituitary stimulation to the ovaries. This allows Repronex and Gonal-F to stimulate a more uniform development of multiple follicles.

Side effects: Occasionally headache, fatigue, hot flashes.

Administration: Lupron is an injection given just under the skin.

### **REPRONEX/MENOPUR** (*Human Menopausal Gonadotropin*)

### **GONAL-F/FOLLISTIM** (*Pure Follicle Stimulating Hormone*)

These contain the natural pituitary hormones (FSH, LH) that are responsible for ovarian stimulation for the production of egg containing follicles.

Side effects: Occasionally headache and slight water retention and increased sensitivity to sad movies!

Administration: Both are an injections that are usually given subcutaneously.

### **HUMAN CHORIONIC GONATROPIN (HCG) – Trigger Shot**

HCG simulates the body's normal LH surge causing the final maturation of the eggs. It is expected that ovulation will take place 38-40 hours after HCG. Novarel and Ovidrel are brand names for HCG.

Side effects: Occasionally low abdominal (pelvic) discomfort.

Administration: HCG is an injection given into the muscle.

### **DOXYCYCLINE**

Broad spectrum antibiotic to clear any possible infection prior to treatment. Donor will begin the evening of retrieval.

Side effects: Minor gastrointestinal upset, sensitivity to sun.

Administration: Oral tablet.

### **DEXAMETHASONE**

A low dose steroid that is taken during the time of egg development. This suppresses the production of androgen hormones and may have a beneficial effect on egg quality. This low dose should not significantly affect the immune system.

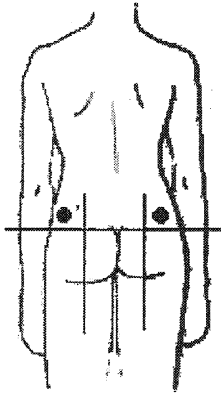
Side effects: Very rare cases of sleep disturbance.

Administration: Oral tablet.

## MEDICATION AND INJECTION SITE GUIDE

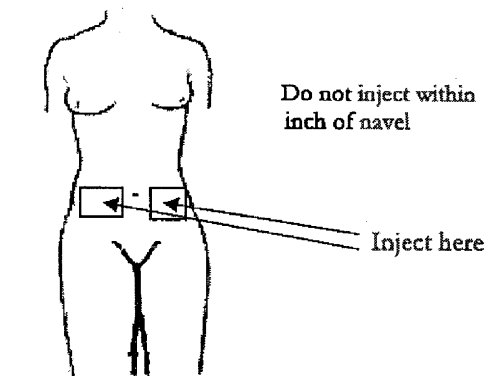
### Intramuscular Injection Site Guide

HCG (Novarel), Progesterone,  
Delestrogen, Repronex (in women  
with BMI over 35).



### Subcutaneous Injection Site Guide

Cetrotide, Follistim, Ganirelix, Gonal-F, Lupron,  
Menopur, Repronex, Heparin, HGC (Ovidrel)



### Repronex

(in women with BMI over 35)  
18 G 1½" syringe/needle TO MIX  
change to  
25 G 1½" syringe/needle TO INJECT

### HCG (Novarel)

18 G 1½" syringe/needle TO MIX  
change to  
25 G 1½" syringe/needle TO INJECT

### Progesterone

18 G 1½" syringe/needle TO DRAW  
change to  
22 G 1½" syringe/needle TO INJECT

### Lupron

always use Lupron or insulin syringes

### Cetrotide, Follistim, Ganirelix, Gonal-F, Menopur, Repronex

3 ml syringe with 18 G 1½" TO MIX  
change to  
25 G 5/8" needle TO INJECT

### HCG (Ovidrel)

pre-filled syringe, needle already in place

### HCG (Novarel)

18 G 1½" syringe/needle TO MIX  
change to  
25 G 5/8" needle TO INJECT

Remember ml is the same as cc

# Lupron

by Subcutaneous Injection

1. Wash your hands.
2. Remove the protective cap with your finger nail and wipe the rubber lid of the Lupron bottle with an alcohol swab.
3. Remove the plastic cap covering the needle on your insulin syringe WITHOUT touching the needle
4. Pull the plunger of the syringe back and draw air into the syringe equal to the number of units of Lupron to be given (i.e. if you are to give yourself 10 units of Lupron, draw in 10 units of air).
5. Insert the needle of the syringe into the rubber lid of the Lupron bottle. Push the plunger of the syringe to force the air into the bottle. This equalizes the pressure in the bottle when you remove the dose of Lupron. Leave the needle in the bottle. Figure 1

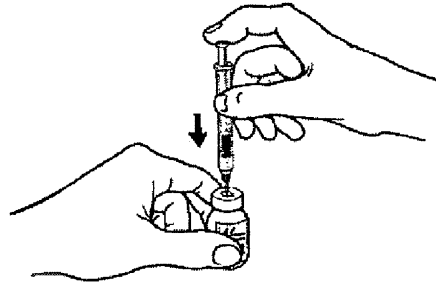


Figure 1

6. Turn the bottle and syringe upside down and hold them in one hand. Position the tip of the needle so that it is below the surface of the Lupron bottle. Pull back the plunger to fill the syringe with slightly more than the correct number of units of Lupron to be given. Figure 2

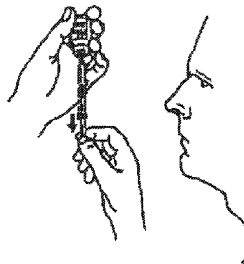


Figure 2

7. Tap the outside (the barrel) of the syringe so that trapped air bubbles move into the needle area. Push the air bubbles back into the bottle. Make sure you now have the correct number of units of Lupron in your syringe
8. Remove the needle from the bottle. Remember to not touch the needle itself. Figure 3



Figure 3

9. Wash your hands and choose an injection site. Remember to alternate with each injection.
10. Clean the site using an alcohol swab in a "bull's eye" motion from center outward.
11. Gently pinch up a 2 inch fold of skin.
12. Insert the needle with one quick motion and anchor the syringe with your free hand.
13. Push the plunger SLOWLY
14. Pull needle straight out of the skin, then release the pinched skin immediately, and apply pressure with a cotton ball.
15. Dispose needle in Sharps Container (provided).

**ONLY use specified Lupron or 1cc Insulin Syringes for injection. NEVER use a 3cc Syringe**

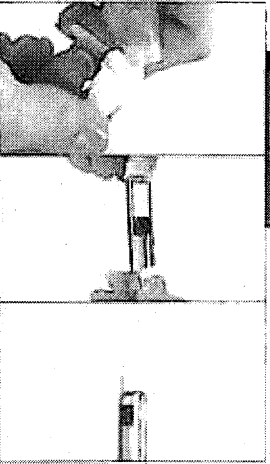
### Repronex or Menopur via Subcutaneous Injection

1. Gather equipment:
  - 3 ml syringe with 18G 1½ inch needle to mix medication powder, and
  - 25G 5/8 inch needle to give medication;
  - Sodium Chloride (saline) solution;
  - Alcohol/cotton;
  - Nerves of steel and a steady hand!
2. Hold the medication vial in one hand and lift off plastic top with fingers of the other hand. Do not remove rubber stopper.
3. Open enough vials of powder for your recommended dose.
4. Open 1 Sodium Chloride diluent vial and draw up 1ml by tipping the vial upside down so needle is always in solution. If using q-cap refer to instructions for cap at this time.
6. Empty syringe of diluent into first powder vial, by running diluent down the side of the vial. This avoids dealing with lots of bubbles.
7. Withdraw dissolved Repronex solution and repeat step 6 until recommended doses are reconstituted all together. Gently tap syringe and gently push air bubble out of the needle. Change 1½ inch needle to 5/8 inch needle to administer.
8. Choose an injection site - stomach is best. Pinch approximately one inch of fatty tissue.
9. Using a gentle dart action, stick needle in at a 90° angle into fatty tissue and slowly depress plunger.
10. Remove needle and dispose of syringe and glass vials into biohazard container.
11. Physician may recommend administering Repronex IM (intramuscularly) if you are above a certain body weight or if you have a local skin reaction to the subcutaneous shot.
12. **IMPORTANT:** You may mix Repronex up to 20 minutes before injection. Letting the mixture sit for 10 minutes may decrease local irritation

# GONAL-f<sup>®</sup> RFF Pen (FOLLITROPIN ALFA INJECTION)

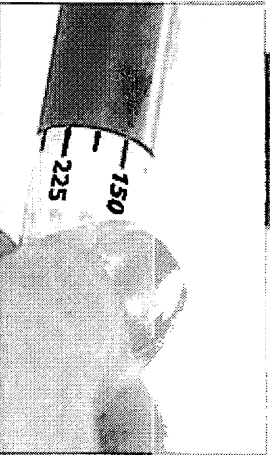
## Self-injecting with Gonalf<sup>®</sup> RFF Pen—4 easy steps

### 1 Attach needle



Remove pen cap and wipe threaded tip with alcohol swab. Remove peel tab from outer needle cap. Press threaded tip of pen into open end of outer needle cap. Twist pen clockwise until needle is securely attached. Remove outer needle cap.

### 2 Set the dose

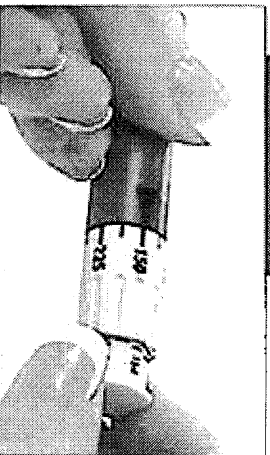


Turn dosage dial so your prescribed dose is lined up with the black dose arrow.

⊗ **Recheck that correct dose on the dosage dial is lined up with black dose arrow before proceeding.**

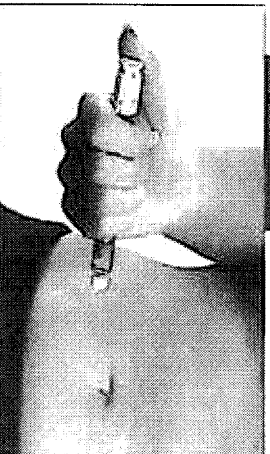
**If the dialed dose is too high or too low, reset before pulling the injection button.**

### 3 Load and confirm



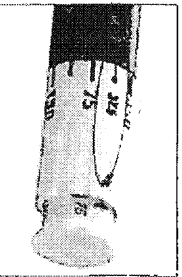
Load the dose by pulling out injection button as far as it will go. Find the last fully visible flat red arrow on the injection button. It confirms the dose that is loaded and ready to be injected. (If the loaded dose is lower than the set dose, there is not enough drug to complete the dose. Use a new Gonalf<sup>®</sup> RFF Pen to complete dose. See back of this page for more detailed instructions.)

### 4 Inject

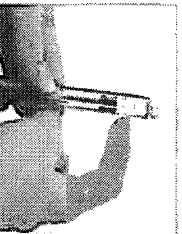


Clean recommended injection site with alcohol swab and let air-dry. Remove inner needle cap. **Do not touch needle or allow it to touch any surface. Inject needle into skin at a 90° angle.** Push the injection button until it stops clicking. After the last click, keep the needle in the skin for at least 5 seconds. Remove the needle and apply pressure as needed with a gauze pad.

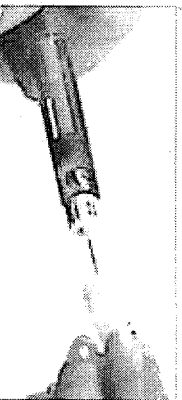
## Priming the pen: First use only



Follow instructions for Step 1: Attach needle. Set dose arrow at 37.5. Pull out injection button as far as it will go. Remove inner needle cap and hold pen so needle points upward. Tap prefilled reservoir to let any air bubbles rise to the top. (It's normal if a few small air bubbles remain.)



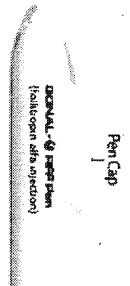
Keep needle pointing upward and push in injection button completely. Hold until you hear a click. A small amount of liquid should appear from needle tip. (If no liquid comes out, reprime the pen until it does.) Replace inner needle cap.



## Disposal

Hold pen firmly by drug reservoir and replace outer needle cap. Grip outer needle cap firmly, and unscrew pen from needle by turning pen counterclockwise. Dispose of needle in safety container.

**Storage**  
After use, replace pen cap and store pen at room temperature or in refrigerator for up to 28 days.



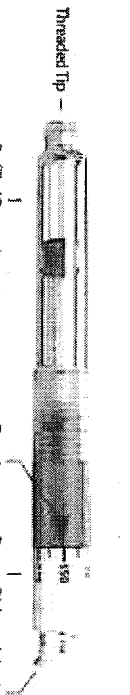
Pen Cap



Outer Needle Cap

Inner Needle Cap

Removable Needle



Threaded Tip

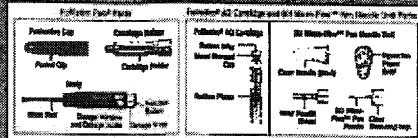
Prefilled Reservoir

Dose Arrow

Dosage Dial

Injection Button

# Follistim AQ Cartridge For use with Follistim Pen



## INSTRUCTIONS FOR USE

The only way to ensure that you are getting the correct dose of Follistim AQ Cartridge is to use the Follistim Pen. The Follistim Pen is designed to ensure that you are getting the correct dose of Follistim AQ Cartridge. Your healthcare provider should show you how to use the Follistim Pen. For more details call 1-866-628-5222 or visit [www.follistim.com](http://www.follistim.com). This instruction sheet is provided as an educational service by Organon USA Inc., makers of Follistim AQ Cartridge for use only with Follistim Pen, Ganirelix Acetate Injection and Pralgrin.

## READY

Before you use the Follistim Pen<sup>®</sup> for the first time or when you replace the cartridge, always wash your hands thoroughly with antibacterial soap and water.



1. Pull off the Protective Cap and set aside on a clean, dry surface.

2. Unscrew the Pen Body from the Cartridge Holder. Place the Cartridge Holder and the Pen Body aside on a clean, dry surface.



3. Take a Follistim<sup>®</sup> AQ Cartridge out of its package and clean the Rubber Inlay on the cartridge with an alcohol pad. Insert cartridge into Cartridge Holder by placing the metal-rimmed cap end first.



4. Screw the Pen Body onto the Cartridge Holder. Make sure there is no gap between the Pen Body and the Cartridge Holder. The arrow on the Cartridge Holder should point to the middle of the yellow alignment mark (□) on the blue Pen Body.



5. Clean open end of the Cartridge Holder with an alcohol pad.



6. Pick up your BD Micro-Fine<sup>™</sup> Pen Needle. Peel off the Pink Protective Paper Seal. Do not touch the needle or place an open needle on any surface.



7. Push the end of the Cartridge Holder into the Outer Needle Shield. Screw them tightly together. Place your Follistim Pen<sup>®</sup> with the attached needle, flat on a clean dry surface.

8. The best place for injection is the abdomen, which is the stomach area below the belly button (navel), or in the upper leg. Your healthcare provider may show you other locations where you can inject Follistim<sup>®</sup> AQ Cartridge. Change your injection site a little bit with each injection to lower your chances of skin reaction. Clean your injection site by swabbing with alcohol about 2 inches around the point where the BD Micro-Fine<sup>™</sup> Pen Needle will be inserted and let dry for at least one minute before proceeding.

## SET



9. Gently pull off the Outer Needle Shield leaving the Inner Needle Shield in place. Do not throw the Outer Needle Shield away.



**IMPORTANT** • Do not touch the needle or leave it uncapped without the inner needle shield so that it remains sterile. • Use a new, sterile BD Micro-Fine<sup>™</sup> Pen Needle for each injection. Only use the BD Micro-Fine<sup>™</sup> Pen needles as supplied with the Follistim<sup>®</sup> AQ Cartridge.



10. Carefully remove the Inner Needle Shield and discard it. Do not touch the needle or let it touch any surface while uncapped.



11. Hold the Follistim Pen<sup>®</sup> with the needle pointing upwards. Tap the Cartridge Holder gently with your finger to help air bubbles rise to the top of the needle. The small amount of air bubble will not affect the amount of medicine you receive. If you have loaded a new, unused cartridge into the Follistim Pen<sup>®</sup>, always follow these steps:

- Dial the Dosage Knob until you hear one click. With the needle pointing upwards, push in the Injection Button.
- Look for a droplet at the tip of the needle.
- If you still do not see a droplet, repeat Step a. (above) until you see a droplet. You must make sure you see a droplet of medicine or you may not inject the correct amount of medicine. If you have already used the Follistim<sup>®</sup> AQ Cartridge and you need to give yourself another dose, simply attach a new BD Micro-Fine<sup>™</sup> Pen Needle and look for a droplet forming at the tip of the needle. If you see a droplet, go to the next step. If no droplet is seen, follow Steps a, b and c above.

**Important:** • Steps a, b and c need to be performed every time you load a new, unused cartridge in the Follistim Pen<sup>®</sup>. • Always check the drug flow by following the directions in the previous step. This will ensure that the correct dose of Follistim<sup>®</sup> AQ Cartridge is injected. If you do not check drug flow, you could receive less drug than the dose that you dialed.



12. Your Follistim<sup>®</sup> AQ Cartridge will contain either 300 IU, 600 IU or 900 IU. Record the Follistim<sup>®</sup> AQ Cartridge content in your Follistim Pen<sup>®</sup> Treatment Diary (refer to CHECKING THE DRUG LEVEL for more information). For doses of 50 IU up to 450 IU, turn the Dosage Knob until the dot beside the correct number on the Dosage Scale is sitting in the middle of the Dosage Window.



13. If by mistake you dial past the correct number, do not try to turn the Dosage Knob backward to fix the mistake. Continue to turn the Dosage Knob in the same direction past the 450 IU mark, as far as it will turn. The Dosage Scale must move freely. Push the Injection Button in all the way. Start to dial again starting from "0" upwards.

**IMPORTANT** • If you turn the Dosage Knob backward to correct the mistake, it will not damage the Pen, but you will lose some medication from the Follistim<sup>®</sup> AQ Cartridge • Never dial your dose or try to correct a dialing mistake when the needle is still in your skin as this may result in your receiving an incorrect dose.

Once you have set the Follistim Pen<sup>®</sup> to your prescribed dose, you are ready for your injection.

## INJECT



14. Pinch the already swabbed area of the skin between two fingers. With the other hand, insert the entire BD Micro-Fine<sup>™</sup> Pen Needle straight into the skin. Press the injection button all the way in to make sure you give yourself a full injection. Wait for five seconds before pulling the needle out of the skin. The middle of the Dosage Window should display a dot next to the "0". If the injection button does not push in all the way, and the number in the Dosage Window does not read "0", it means there is not enough medication left in the cartridge. The number in the Dosage Window will give you the amount of medicine needed to complete your dose. Write this number down. This will be the number you dial for the completion of your dose. Start over with a new Follistim<sup>®</sup> AQ Cartridge and a new needle and follow all the instructions up to this step. Make sure you choose a different injection site to complete your dose of Follistim<sup>®</sup> AQ Cartridge.



15. Pull out the BD Micro-Fine<sup>™</sup> Needle and firmly press down on the injection site with an alcohol swab.

**IMPORTANT:** • If the dot next to the "0" is not in the middle of the Dosage Window and you cannot push the Injection Button all the way in, do not try to force down the button. Your Follistim<sup>®</sup> AQ Cartridge is probably empty. This means you have not received your full dose and should review the section entitled "If there is not enough Follistim AQ in the Cartridge" in the Instructions for Use Manual. • Do not adjust the setting on the Dosage Scale.



16. Place the Outer Needle Shield on a flat table surface with the opening pointing up. The opening of the outer needle shield is the wider end of the rim. Without holding on to the Outer Needle Shield, carefully insert

the needle into the opening of the Outer Needle Shield and push down firmly. The Outer Needle Shield should now be attached to the Cartridge Holder and cover the needle.

17. Grip the Outer Needle Shield and use it to unscrew the needle from the Cartridge Holder.

**Important:** • Use the BD Micro-Fine<sup>™</sup> Pen Needle for one injection only. Dispose of the used needle inside the Outer Needle Shield immediately in a properly secured container as instructed by your healthcare professional. • Always unscrew the needle by following the directions above before you put the Follistim Pen<sup>®</sup> away • Never store the Follistim Pen<sup>®</sup> with a needle attached to it. If you store the Follistim Pen<sup>®</sup> with the needle attached, the drug could leak out and there is risk of contamination. • Never leave needles where others can pick them up.

18. Before you remove the empty Follistim<sup>®</sup> AQ Cartridge from the Follistim Pen<sup>®</sup>, unscrew the Pen Body from the Cartridge Holder.

19. Put the Pen Body down on a clean, dry surface and remove the empty Follistim<sup>®</sup> AQ Cartridge from the Cartridge Holder. Safely, dispose of the empty Follistim<sup>®</sup> AQ Cartridge right away in the same special container that you used for the needle disposal. Do not put the cartridge in a trash can.

20. Store refrigerated, 2–8°C (36–46°F) until dispensed. Upon dispensing, the product may be stored by the patient at 2–8°C (36–46°F) until the expiration date, or at 25°C (77°F) for 3 months or until expiration date, whichever occurs first. Once the Rubber Stopper on the Follistim<sup>®</sup> AQ Cartridge has been pierced by a needle, the cartridge can only be stored for a maximum of 28 days at 2–25°C (36–77°F).

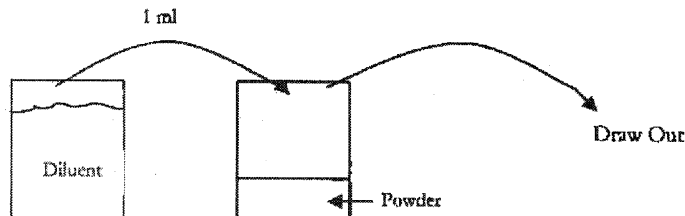
Please see accompanying full Prescribing Information for Follistim<sup>®</sup> AQ Cartridge, Ganirelix Acetate Injection and Pralgrin<sup>®</sup>. This instruction sheet complements, but does not replace instructions by your healthcare provider regarding the administration of Follistim<sup>®</sup> AQ Cartridge with Follistim Pen<sup>®</sup>. It should only be used after receiving instruction from your healthcare provider and after reviewing the complete instruction for use booklet accompanying the Follistim Pen<sup>®</sup>. For more details call 1-866-628-5222 or visit [www.follistim.com](http://www.follistim.com). This instruction sheet is provided as an educational service by Organon USA Inc., makers of Follistim<sup>®</sup> AQ Cartridge for use only with Follistim Pen<sup>®</sup>, Ganirelix Acetate Injection and Pralgrin<sup>®</sup>.

**HCG – Human Chorionic Gonadotropin (brand name, Novarel)**  
**“Trigger Shot”**  
by Subcutaneous Injection

**A. Gather Equipment:**

3 ml syringe with 18G 1 ½ inch needle for mixing and 25G 5/8 inch needle for administration of HCG - 10,000 units (1 bottle powder, 1 bottle diluent); Alcohol pad, cotton ball or gauze

The diluent bottle contains 30 ml of liquid – you will only need 1 ml.



**B. Mix Medication:**

1. Pop blue plastic caps off of vials. Draw 1 ml of air into barrel of syringe by pulling back on plunger.
2. Stick needle through rubber stopper and inject air into vial.
3. Invert vial and withdraw 1 ml diluent (throw away most of diluent).
4. Stick needle through rubber stopper of HCG powder bottle and inject diluent SLOWLY into powder - agitate to mix.
5. Invert vial of mixed HCG and draw into syringe.
6. Expel air by holding syringe with needle up, drawing back, "flicking" out bubbles and pushing up on plunger until no air remains in syringe.
7. Change needle to 25G 5/8 inch for administration.
8. Recap the needle and lay the syringe on a flat, clean surface to prepare your injection site.

**C. Injection:**

1. Pick your site on the stomach area – at least 1" away from your navel.
2. Prepare skin site with rubbing alcohol by rubbing vigorously and allow it to air dry.
3. Remove the needle cap from the syringe.
4. Hold the syringe with one hand and use the other hand to pinch up or grasp a fold of skin at the abdominal injection site.
5. Holding the syringe the way you would a pencil, use a firm, quick motion like a gentle dart action and insert the needle straight into the abdominal area and slowly depress the plunger to inject the medication.
6. Withdraw the needle in one quick smooth movement and dispose of syringe and needles in biohazard container.

**REMEMBER TO GIVE HCG AT THE EXACT TIME INSTRUCTED BY NURSE.**



**HCG – Human Chorionic Gonadotropin (brand name, Novarel)**  
**“Trigger Shot”**  
by Intramuscular Injection

A. Gather Equipment:

3 cc syringe with 18G 1 ½ inch needle for mixing and 25G 1 ½ inch needle for administration of HCG - 10,000 units (1 bottle powder, 1 bottle diluent); Alcohol pad, cotton ball or gauze

B. Mix Medication:

1. Pop blue plastic caps off of vials. Draw 1 cc of air into barrel of syringe by pulling back on plunger.
2. Stick needle through rubber stopper and inject air into vial.
3. Invert vial and withdraw 1 cc diluent (throw away most of diluent).
4. Stick needle through rubber stopper of HCG powder bottle and inject diluent SLOWLY into powder - agitate to mix.
5. Invert vial of mixed HCG and draw into syringe.
6. Expel air by holding syringe with needle up, drawing back, "flicking" out bubbles and pushing up on plunger until no air remains in syringe.
7. Change needle to 25G 1 ½ inch for administration.

C. Injection:

1. Pick your site. Use the upper outer quadrant of your buttocks. It is possible to give your own injections at that site but is advisable to have someone else available to give them. An alternate site is the middle of your thigh but is more uncomfortable.
2. Prepare skin site with rubbing alcohol by rubbing vigorously.
3. Insert needle entirely, holding skin taut.
4. Pull back on plunger. If you get blood in the syringe, pull the needle out, change the needle and move to new site.
5. If no blood, inject medication.
6. Remove needle- do not recap needle - dispense into your needle dispense container. YOU DID IT! Congratulations.

**REMEMBER TO GIVE HCG AT THE EXACT TIME INSTRUCTED BY NURSE.**

# IVF Procedure Consent

Patient Name: \_\_\_\_\_

I authorize \_\_\_\_\_ to do: **Ultrasound Guided Transvaginal Oocyte (Egg) Retrieval for Donor oocyte IVF and Embryo Transfer.**

I understand the reason(s) for the procedure is (are): **Removal of oocytes for the purpose of donation.**

## RISKS

The reason(s) for the procedure have been discussed with me. The usual risks, pains and benefits have been explained. I know about the following problems which may occur: <sup>1</sup> redness and/or swelling, infection in the tissue or bone around the area of the procedure or other parts of the body – internal/external scarring; <sup>2</sup> opening of blood vessels after the procedure; <sup>3</sup> damage to bowel, bladder, ureters, ovaries, or other adjacent structures requiring surgical repair; <sup>4</sup> damage to nerves at or near the procedure area; numbness, pain or paralysis in body organs may result; <sup>5</sup> loss of blood requiring blood transfusion; <sup>6</sup> the heart may stop or a heart attack may occur; <sup>7</sup> blood vessels in the area of the procedure or elsewhere may plug; <sup>8</sup> pneumonia; and <sup>9</sup> allergic reactions. These risks can be serious, extending hospital stay, and can possibly be fatal.

## ALTERNATIVES

Other methods of treatment, including not having this injection done, have been discussed with me and this is the method I have chosen.

## ADDITIONAL PROCEDURES

I understand that during the procedure problems may arise. These problems may require a procedure different than that listed above. If another procedure is needed, I authorize my Doctor to do whatever procedure is considered to be in my best interest.

## ANESTHESIA

Risks and problems of anesthesia have been discussed, including an adverse reaction which may cause death. I consent to the use of such anesthetics as may be considered necessary.

## GUARANTEE

I have been allowed to ask questions about the procedure. In addition, I have read this form and/or it has been explained to me.

## ASK ANY QUESTIONS YOU HAVE ABOUT THIS PROCEDURE BEFORE SIGNING THIS FORM

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of patient (or guardian authorized to sign)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship (to signature only)

## PHYSICIAN'S STATEMENT

The patient (guardian) and I have discussed the procedure, the risks, complications and alternatives. To the best of my knowledge, the patient (guardian) understands the procedure and consents to it.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

## **INFORMED CONSENT FOR EGG (OVUM or OOCYTE) DONATION**

**PLEASE MAKE SURE YOU READ AND UNDERSTAND THE INFORMATION ON THESE PAGES BEFORE YOU SIGN.**

You are being asked to donate some of your oocytes (eggs) to be given to an anonymous recipient couple or woman. These eggs will be inseminated with the husband's/partner's sperm or donor sperm and the resulting embryos will be placed in the recipient woman's uterus with the goal of pregnancy establishment. Some of the resulting embryos may be frozen for a period of time to be placed in the recipient's uterus at a later date. Any unused frozen embryos will be discarded by the laboratory, or the recipients may elect to donate them to another infertile woman to use.

You understand that the identity of the recipient couple/woman will not be revealed to you, nor will your identity be provided to the recipient couple/woman. In addition, no information will be given to you concerning the outcome of the oocytes with respect to fertilization, pregnancy establishment or pregnancy outcome, unless consent is given by the recipient.

### **THE EGG DONATION PROCESS**

#### **SCREENING**

You must be between 19 and 32 years of age. You must have normal regular menstrual periods. If you are married, your husband also must consent to the procedure. You must have a negative history for genetically transmissible (inheritable) diseases, sexually transmitted diseases, current infection, malignancy (cancer), significant substance abuse (drugs, alcohol, etc.), significant medication use, prior chemotherapy or radiation therapy or any unusual risk for anesthesia. You will be interviewed and educated by the Donor Oocyte Program Coordinator who will answer all your questions. Your basic physical characteristics such as height, weight, hair color and national origin will be recorded. If one has not been provided by your Donor Agency, we ask that you provide a recent color photograph to aid us in the matching process.

In order to reasonably assure that you will not transmit any infection to the recipient of your eggs, you will have a blood test for communicable diseases. You understand that these are not absolute in deterring infection and that you hereby verify that you have not contracted AIDS, used intravenous drugs, nor have you or your sexual partner, to the best of your knowledge, ever had sexual contact with a homosexual male or someone with AIDS. You understand that you shall not receive any body piercing or tattooing during the 6 months prior to the egg retrieval. An Infertility Psychologist or Social Worker will interview you prior to your donation. The Donor Oocyte Program Coordinator will provide you with all the necessary medical information concerning the risks or participation and medical procedures to be followed.

Additional screening may include:

- a. Physical examination of the egg donor, including pelvic examination.
- b. Screening for inheritable diseases according to history and ethnic background is performed. Blood testing for chromosome analysis of the egg donor may be arranged at the recipient's request.
- c. Psychological screening and preparation of the donor and sometimes, her partner, with a qualified mental health professional including standard questionnaires. More than one such visit may be required.
- d. Screening generally includes, but is not limited to the following: Hepatitis C, Drug Screening, Hepatitis B, RPR (Syphilis), HIV, Cytomegalovirus, Gonorrhea, Chlamydia, PAP, cystic fibrosis. Additional laboratory tests for blood type, sickle cell trait, Tay-Sachs disease, Thalassemia will be made as appropriate.
- e. With respect to screening for contagious disease, it is understood that there are limitations to technology. Despite strict adherence to protocol, contagious disease may be transmitted from one individual to another, specifically from egg donors to egg recipients. The chances of this are unlikely, but exist nonetheless.
- g. Results of medical and psychological screening are shared with members of the staff for the purposes of matching.
- h. The risks of screening include, but are not limited to: learning information about yourself that may require medical follow up, or that may cause you psychological distress.
- i. Non-identifying information obtained during the screening will be shared with the recipient.
- j. No medications other than the ones prescribed by unless cleared by the staff. This includes all over-the-counter medications and herbal remedies. Many of these items can have adverse effects on the stimulation of the eggs.

## MATCHING

The information gathered during the screening process will be shared with staff members for the purposes of matching you with a recipient couple, if necessary. Some non-identifying information about you will be shared with the recipient and her partner. There is a possibility that the recipient may not accept matches made by

## SYNCHRONIZATION

Once you are matched with a recipient, synchronization with the recipient and start of the actual egg donation cycle may take a few weeks to a few months to coordinate. You will be placed on oral contraceptive pills to facilitate synchronization. Alternatively, your eggs may be frozen as part of an experimental protocol and donated to a recipient patient later.

## EGG DONATION PROCEDURES

From the start of the screening process to the actual egg retrieval, the egg donation procedure requires that you come to our center approximately 10 times. You will be given daily injections for two to three weeks, frequent blood tests and ultrasounds. You must be able to come to the clinic for morning appointments at designated times. The day of egg retrieval is dependent upon your body's response to the medication.

\_\_\_\_\_ You must be available for the egg retrieval on the day designated by  
(Initial) the Physician, no exceptions.

You will receive Lupron, a drug to time the cycle and prepare the ovaries; Gonal-F, Repronex, and/or Follistim are drugs to stimulate the ovaries to grow follicles; and Chorionic Gonadotropin, which causes the final maturation process of the follicles. In addition you will take Dexamethasone, a pill at bedtime each day, which helps in the ovaries response to the Gonal-F or related drugs.

The ultrasound examination involves the use of high-frequency sound waves to measure the development of the eggs within follicles in the ovaries. This procedure is usually done by placing the ultrasound transducer in your vagina.

The egg collection procedure is done in a procedure room. Conscious sedation or epidural anesthesia is used to prevent any significant discomfort associated with the procedure. The procedure itself involves placing an ultrasound transducer in your vagina to visualize the ovaries. A needle, attached to the ultrasound transducer, is then inserted into each individual egg follicle and the fluid withdrawn. A typical egg collection procedure takes 20 to 40 minutes. You will then be admitted to the recovery room until you are ready for discharge from the clinic.

It is understood that the precise timing of the egg retrieval requires some flexibility in the exact day of posting the operation.

## AFTER THE RETRIEVAL

You must have a ride home and a companion to stay with you for 24 hours after the egg retrieval takes place. Most complications occur soon after the retrieval and it is important to comply with this requirement for your health and safety.

## THE FOLLOWING ARE SOME OF THE RISKS AND DISCOMFORTS ASSOCIATED WITH THE PROCEDURE:

1. **Blood Drawing:** Mild discomfort and a small risk of developing a bruise at the needle site.
2. **Lupron, Gonal-F, Repronex, Pergonal, and Chorionic Gonadotropin:** These are approved drugs routinely used in infertility treatment. Side effects of Lupron have included: headache, fatigue and hot flashes. Side effects of Gonal-F, Pergonal, and Repronex have included: headache, slight water retention and occasionally increased moodiness or irritability. Side effects of Chorionic Gonadotropin have included: low abdominal (pelvic) discomfort. Fertility drugs can rarely overstimulate the ovaries, causing them to enlarge and form cysts. This condition, called ovarian hyperstimulation syndrome (OHSS), usually resolves spontaneously after a few days but can require medical follow-up after the egg collection. In its most severe form this condition may require hospitalization for IV fluids and monitoring until it resolves. Severe OHSS occurs less than 1% of the time. There has

been some concern raised recently as to whether the use of ovulatory agents (fertility drugs) may be associated with an increased risk of ovarian diseases, including ovarian cancer. It is known that women who are infertile are at higher risk of developing ovarian cancer than women who have had children. There is no clear evidence at present to indicate that fertile women who use fertility drugs during the egg donation process would be at increased risk over time in developing ovarian diseases.

3. **Conscious Sedation:** The risks associated with this will be discussed with you by the Anesthesia Department in more detail prior to the oocyte recovery.
4. **Ultrasound Directed Follicular Aspiration:** There is the potential for intra-abdominal bleeding or infection, but available clinical evidence suggests that the risk is less than 1%. There is a small risk of some bleeding in the urine or vaginal bleeding, following the procedure.
5. ***You must agree to not have sexual intercourse from the start of your menstrual period during medication, to prevent the fertilization of the eggs and the risk of a fertilized egg causing a tubal pregnancy.***

## **ANONYMITY**

Your general physical characteristics, medical information and biographical information provided by you, would all be available to the egg recipient. The anonymity of all parties will be strictly maintained to the best of ability, unless a court of law orders otherwise or unless the law requires such disclosure. The full name of the donor will not be given to the recipient under any circumstances, nor entered in the clinic chart of the recipient. However, there is the possibility that insurance claims or other records may reveal the identity of one or both parties. While ORM will avoid this disclosure to the extent possible, the recipient and the donor assume the risk of identification. The Program will keep a separate, confidential record. Any information obtained about any of the individuals involved (donor, donor's partner, recipient, recipient's partner) will remain confidential and will only be disclosed with the consent of that individual.

It is understood that you waive any right and relinquish any claim to the donated eggs or any pregnancy or offspring that might result from them. You agree that the recipient may regard the eggs and offspring as her own.

## **INFORMATION ABOUT THE DATA REPORTING SYSTEM**

It is required by law to report all cycles of In Vitro Fertilization to the Center for Disease Control and Prevention (CDC.) This means that information will be used to monitor success rates, and make sure that high standards are maintained by clinics offering assisted reproductive techniques.

The 1992 Fertility Clinic Success Rate and Certification Act requires that the CDC collect data on all assisted reproductive technology cycles performed in the United States annually and report success rates using these data. Because sensitive information will be collected on you, the CDC applied for and received an "assurance of confidentiality" for this project under the provisions of the Public Health Service Act, Section 308(d). This means that any information that the CDC has that identifies you will not be disclosed to anyone else without your consent. Please understand that, by law, our cycle details have to be submitted to the CDC.

**PAYMENT OF EXPENSES INCURRED**

You understand that full cost of the usual procedures, supplies and professional services involved in this program will be paid by the oocyte recipient through the Donor Agency you have contracted with, and that none of these routine expenses will be your personal responsibility, including medical treatment and/or hospitalization for any donation related problems. The recipient is required to purchase a medical insurance policy for you in the event that you should require hospitalization. If you have your own medical insurance, the hospital will bill your insurance first.

The compensation for completion of your egg retrieval cycle is determined by the Donor Agency you are contracted with. You understand that should you suffer a physical injury or medical complication as a result of participation in the program, all the necessary medical facilities are available for treatment. You understand that you cannot expect to receive any financial compensation for such items as loss of wages and other direct or indirect losses. Further, you understand that this is taxable income and you will receive a 1099 tax form at the end of the year for this income.

If your cycle is cancelled, you will be entitled to compensation as outlined by the Donor Agency you have contracted with – this may vary depending on the stage of your cycle when cancelled and the reasons for the cancellation.

I confirm that I have read the foregoing information and understand that additional questions, concerning this program and my participation, will be answered by the Donor Oocyte Program Coordinator.

**IF YOU HAVE ANY QUESTIONS ABOUT OOCYTE DONATION PROCEDURE, ASK THEM BEFORE SIGNING THIS FORM.**

\_\_\_\_\_  
Signature of Patient (Donor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Husband (if married)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date

---

**INFORMATION ABOUT THE DATA REPORTING SYSTEM**

We, as reproductive medicine providers, are required by law to report all cycles of In Vitro Fertilization to the Center for Disease Control and Prevention (CDC). This means that information will be used to monitor success rates, and make sure that high standards are maintained by clinics offering assisted reproductive techniques.

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

We, \_\_\_\_\_  
Patient

\_\_\_\_\_  
Partner

Date \_\_\_\_\_

Understand that by law our cycle details have to be submitted to the CDC.

---

Board Certified in Reproductive Endocrinology and Infertility