



MyDonor

Egg Donation... With Care

CONSENT FORM
FOR ASSISTANCE IN OBTAINING A DONOR
OF HUMAN OOCYTES FOR USE IN ESTABLISHING A PREGNANCY

I (hereafter referred to as Potential Recipient) hereby acknowledge that the following has been explained to me to my satisfaction, and I am providing my informed consent, after careful consideration and of my own free will, to participation in MyDonor's program of searching for and evaluation of oocyte (egg) donors [the "Program"]:

1. The service that MyDonor is providing is a service to Potential Recipients (there may be more than one) to assist me/us to "match" with a potential donor. I agree that I have elected to participate in MyDonor's Program as a result of a decision to utilize donor eggs in an IVF cycle, which I have reached on the advice of a medical professional.
2. I fully acknowledge that MyDonor is not providing me with, nor am I relying on, any medical or legal advice. I am currently in treatment with a fertility medical practice or physician ["Fertility Clinic"].
3. The evaluation of Potential Donors performed by MyDonor will be shared with me and other Potential Recipients (although identities will not be shared), the Potential Recipient's Fertility Clinic and the Potential Recipient's medical providers. MyDonor's Program is intended to introduce me to a potential oocyte donor ["Candidate"].
4. In order to become an oocyte donor, any Candidate identified by MyDonor will have to be medically evaluated by my Fertility Clinic, and the decision as to whether that Candidate will become an oocyte donor for me will be one made by my Fertility Clinic and me, after testing and evaluation. I will rely solely on the Fertility Clinic's information and advice in electing to utilize any Candidate as an oocyte donor.
5. I understand that the oocyte donors undergo a psychological evaluation to assess their emotional appropriateness to donate oocytes prior to being included with MyDonor's potential matches, and that this report may be shared with me/us and our Fertility clinic.
6. I also understand that the oocyte donor's photograph, but not her name, will be available to me/us, and that I am not to share that with third parties.

7. I am aware that MyDonor's Candidates acknowledge that, should they be selected and function as an oocyte donor, they will be donating their oocytes (eggs) to the Potential Recipient, and they will be required to waive any rights to those oocytes (or any potential children that result from the medical treatment using those oocytes). However, I fully acknowledge that such consent from the MyDonor Candidate must be gotten from the informed consent process, and resulting consent, that the Candidate must receive from my Fertility Clinic.
8. The oocyte donors have been informed that in the course of the evaluation process of MyDonor, and the Fertility Clinic of the Potential Recipients, they will be asked questions about their medical/sexual/emotional/genetic history, and they promise to provide complete and honest information. They understand that MyDonor, Potential Recipients, and Fertility Clinics will be relying on the truthfulness and accuracy of the information they provide to make an important medical and social decision to utilize their oocytes (eggs) in an attempt to establish a pregnancy. MyDonor cannot guarantee the accuracy of the information or history provided by Candidates.
9. I understand that MyDonor cannot guarantee that (a) participation in the MyDonor Program will lead to the selection of an oocyte donor for me, who is willing to be a donor, and who is medically cleared to function as my donor; or (2) that a pregnancy, or live birth, will result from the medical procedures utilized with the oocytes from a selected donor.
10. I understand that my records will be kept confidential by MyDonor, to be reviewed only by my Fertility clinic, and a representative of the Department of Health if requested.
11. I am aware that MyDonor is licensed by the New York State Department of Health.
12. I understand that the cost for MyDonor's services is be \$3,000, \$150 of which will be paid as a non-refundable deposit prior to releasing additional information on any Oocyte donor. The deposit will be applied to the total agency fee of \$3,000. The total fee will be paid by me at such time, if any, that a Candidate agrees to become an Oocyte donor for me and signs a Donor Informed Consent at my Fertility Clinic. I agree to pay that fee within 5 days of the Donor's signing of the Donor Informed Consent Form.
13. I understand that any out-of-pocket expenses including transportation, housing, and meals for my Oocyte donor will be paid by me in advance. Receipts will be provided to me at my request, and any additional money I have paid will be refunded.

Acknowledging all of the above, and having given the matter serious thought, I consent to all of the above.

Recipient Signature _____ Print Name _____ Date _____

Partner Signature _____ Print Name _____ Date _____

Address _____ City/State/Zip _____

eMail Address: _____ Home Phone: _____ Cell Phone: _____