

Dear Prospective Egg Donor:

Thank you for your inquiry about our Anonymous Egg Donor Program. We appreciate your interest in wanting to help infertile couples achieve their dreams of having children. Our goal is to help guide you through the process as comfortably as possible so that it will be rewarding not only to the couple, but also to you as the donor.

Please take some time to review this packet which includes information about egg donation and also about South Jersey Fertility Center. If you wish to proceed with the Egg Donor Process, please complete the Donor History Questionnaire, as well as the other forms requested, and mail them back to us in the enclosed envelope.

Be sure that you answer all questions as completely and as truthfully as possible. A copy of the Donor History form will be given to the recipient couple to review before they choose their donor. It will also be given to the couple who chooses you as their donor so that they have a complete medical/familial history. Even if a couple chooses not to disclose this information to their child(ren), it is still important that it be available. If the child(ren) are told that they are born through the use of donor eggs, these forms could provide them with information valuable for medical and/or psychological reasons.

All of this information will remain ANONYMOUS. Any identifying information (name, birth date, address, etc.) will be deleted from all forms and paperwork given to the recipient couple.

Once your questionnaires are received, we will review them and determine if you qualify to be a donor. Some women may not be chosen to participate due to age, family history of genetic diseases or other factors. It is important that we screen as carefully as possible so that we can make the process of egg donation a successful one for both the donor and the recipient couple.

If you are selected by a recipient the screening process will begin. This includes physical examination, testing for infectious diseases (blood work and cultures), and psychological evaluation. The next step is to synchronize the cycles of the donor and the recipient. Throughout this phase you will be expected to maintain close contact with the Egg Donor Coordinator. You will be compensated \$8000 for your time and effort on the day of the Egg Retrieval.

We thank you for your interest in our donor egg program. We will do our best to make the visits and convenient as possible according to your schedule. No matter what the outcome of the cycle, you will have the satisfaction of knowing that your participation help an infertile couple do all that was possible to achieve their dreams.

Sincerely yours,

Tracy Krause, APN-C, MSN

Tracy Krause, APN-C, MSN
Egg Donor Coordinator

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South Jersey Fertility Center

Oocyte Donor Program

South Jersey Fertility Center was established by Dr. Robert Skaf in July 1989. Our IVF program was started in 1990 and since then we have performed thousands of treatment cycle. The IVF Center is next to our office in Marlton at 400 Lippincott Drive, Suite #140, Marlton, NJ. Monitoring of treatment cycles can also be performed in our Sewell and Egg Harbor Township locations, however the actual retrieval and transfer processes are performed in Marlton.

The most well known ART procedure is IVF (In Vitro Fertilization), which resulted in the first IVF birth in England in 1978. Since that time, many thousands of babies have been born worldwide. New technologies have been developed including ICSI (Intracytoplasmic Sperm Injection), Cryopreservation, Assisted Hatching and Egg Donation. We offer all of these options at South Jersey Fertility Center.

Egg Donation is one form of a "3rd Party Reproduction", whereby a third person besides the intended couple is used to donate eggs, sperm or a host uterus. Egg donation is based on the IVF process and was developed to help those women who are unable to conceive due to impending or complete ovarian failure and attempt to create a family by using eggs(oocytes) from a woman who is willing to undergo the process of egg donation.

To better understand how the Egg Donor Program works, you must first understand the IVF process, as this is the form of treatment through which eggs are obtained for donation.

In Vitro Fertilization (IVF)

In Vitro Fertilization (IVF) is a process by which one or more eggs are removed from the ovaries and fertilized outside the body. Successfully fertilized egg cells(embryos) are then placed into the uterus (womb) for implantation and establishment of pregnancy. This process bypasses the fallopian tubes.

The indications for IVF include:

1. Absence or blockage of the fallopian tubes
2. Damaged fallopian tubes (due to scarring from endometriosis, previous surgery, pelvic infection, etc.)
3. Infertility due to male factor
4. Previously failed treatment with conventional infertility therapy
5. Unexplained infertility
6. Donor egg

The IVF/Donor Egg cycle consists of four step:

1. Ovarian stimulation (hyperstimulation, ovulation induction)
2. Collection of eggs (retrieval)
3. Fertilization of eggs in laboratory
4. Placement of embryos into the uterus (transfer)

Ovarian Stimulation (Donor)

The purpose of ovarian stimulation is to yield multiple, healthy, fertilizable eggs. In order for us to obtain as many eggs as possible and to control the cycle, we use a combination of medications. These medications, which are given by injection, are similar to hormones the body naturally produces. The medications used are Lupron, FSH (Gonal F/Follistim/Bravelle) and hCG. The entire stimulation process takes about 2 weeks.

Lupron (leuprolide)

The purpose of this medication is to stop the body from producing too much LH hormone which would then trigger ovulation too early. Lupron is injected subcutaneously in the thigh with a small insulin syringe or with syringes that come with the kit. Lupron is to be taken daily (usually in the morning) until you are instructed to discontinue it just prior to your hCG injection.

Some of the side effects you may experience from this medication include hot flashes, breast tenderness, mood swings, and headache. They usually resolve in 1-2 weeks.

Gonal F/Follistim/Bravelle (FSH)

These are injectable fertility drugs which directly stimulate the ovaries. These drugs (similar to the body's naturally occurring hormones) stimulate the ovaries to increase the number of follicles (egg sacs) produced. Because these are very potent stimulants, it is very important that we monitor very frequently during treatment in order to get the best results and prevent adverse side effects. Ultrasounds will be done to determine size and number of follicles and when to perform the retrieval. Blood work will also be done to check Estrogen levels to see the body's response to these medications. There will be one (sometimes two) shots per day for about 10 days. Office visits for ultrasounds and blood work will be every other day, sometimes every day until the day of retrieval (averages 6-7 visits). These visits can be arranged in our Marlton, Sewell and Egg Harbor Twp locations. Side effects of these drugs include ovarian enlargement, bloating and discomfort, and mood swings. Severe ovarian hyperstimulation is rare (1-2%), but if it occurs, could require hospitalization. Close monitoring will be done in order to prevent potential complications.

When it is time for retrieval, a shot of hCG (Human Chorionic Gonadotropin) (Ovidrel) is given to begin the maturation process of the eggs. Retrieval will be done prior to ovulation, about 36 hours after hCG shot is given.

Collection of Eggs (Retrieval) – Donor

Egg retrieval is performed trans-vaginally with ultrasound guidance. This is a minor surgical procedure performed in the office under anesthesia to minimize discomfort. A needle is inserted through the upper vagina and is guided from follicle to follicle in order to aspirate the follicular fluid. The fluid is collected into test tubes and is then examined by the embryologist to determine if eggs are present. The procedure takes approximately 1 hour. You will remain in the recovery area for 1-2 hours at which time you will be discharged to home. You must have someone drive you to and from the center, and you may have someone accompany you during the preparation and recovery periods. You will be very groggy and may not drive. You may have some minor abdominal discomfort, tenderness or cramping and minor bleeding, but severe pain or heavy bleeding is rare.

You should eat a light meal and rest for the next 24 hours. You may then resume your normal activity as you feel up to it. Avoid any strenuous physical activity, heavy lifting or intercourse for about 2 weeks.

You will be scheduled for a follow-up visit 2 weeks after the procedure. You should avoid intercourse until this time or use a barrier method of contraception to prevent pregnancy, such as condoms and foam. This is critical, since we may not be able to retrieve every egg and you may end up ovulating on your own and could be pregnant!

Fertilization of Eggs in Laboratory

A period of hours after the retrieval, the eggs obtained will be inseminated with the recipient partner's sperm, which has been previously collected and prepared. This is a laboratory procedure performed by the embryologist. The eggs and sperm are then incubated and will be checked to see how many fertilize the following days.

Placement of Embryos into the Uterus (Transfer) – Recipient Patient

Several days later, the fertilized eggs will be transferred into the uterus of the recipient patient. She will have been treated with a combination of medications in order to prepare the lining of her uterus to be ready for implantation of the embryos. These may include Lupron injections, Estrogen (pills, patches, injections) and Progesterone (pills, injections, suppositories). The recipient cycle and the donor cycle will need to be coordinated carefully so they will be ready at the same time. The recipient patient will have been put through a trial cycle of hormone replacement prior to the actual cycle to assure that the uterine lining is adequate – Mock cycle. This is determined by ultrasound, blood testing and endometrial biopsy. Once the transfer of embryos occurs, the recipient patient will be closely followed until we can determine if pregnancy has been established. Excess embryos may be frozen for use in another transfer cycle at a later time.

Who are Candidates for Egg Donation and Recipient Transfer

The donor egg cycle is not an easy process either for the egg donor or the recipient couple. For both, these are multiple office visits which can interfere with the normal activities of daily life. For the recipient couple, the costs can be quite high. Although donors are compensated for their time, the requirement of the program can be quite rigorous. For these reasons, we look for donors who have humanitarian reasons for wishing to donate eggs, and we look for couple who truly wish to pursue the donor cycle as their option for achieving parenthood.

Candidates for egg donation are women who:

1. Are between the ages of 21-32
2. Have two ovaries
3. Are optimal (average) weight
4. Are not adopted
5. Have good ovarian reserve as measured by FSH
6. Have passed all screening criteria

Candidates for egg donor recipients could be women who:

1. Have complete ovarian failure due to autoimmune disease, radiation therapy, chemotherapy, genetic illnesses, surgical removal of ovaries, menopause
2. Poor ovarian response/reserve due to delayed childbearing
3. Women with previously failed IVF cycles or unexplained infertility
4. Are age 50 and under
5. Have a history of familial genetic disease risk which could affect offspring

There is a rigorous screening process for all parties involved. This includes complete history and physical exam, blood work, laboratory testing for transmissible diseases, recreational drug use and genetic abnormalities and a psychological evaluation.

Once preliminary screening has been completed, donors will be notified whether they qualify to be accepted. This does not mean there is anything wrong with these donors who are not accepted – we must have a very rigorous exclusion criteria for the benefit of both donor and recipient. We must make sure no one will come to regret their participation in the program.

Donors will be reimbursed for their time and efforts. They will not be responsible for any costs of the procedure. Payment will be dependent on how much of the cycle is completed. If you complete the full cycle, compensation will be \$8000. Payment will be rendered at the time of the retrieval.

Thank you again for your interest in our Egg Donor Program. If you wish to be a participant, please review the information contained in this packet. Your next step will be to schedule a consultation with the Donor Egg Coordinator to review paperwork, history and further explain the process. Appointments for psychological evaluation, blood testing and other preliminary tests can be scheduled at this time.

Feel free to call should you have any questions. They can be directed to our Egg Donor Coordinator, Tracy Krause, APN-C, MSN.