

Informational Tutorial for Potential Egg Donors

Prepared by the Special Services Coordinators for
The Reproductive Medicine Group

Where do we begin?

- You have been invited to review this tutorial before your appointment with RMG's Special Services Coordinator. This information will introduce you to our egg donation program.
- At our first meeting, we will discuss the entire process of testing, matching, monitoring and retrieval phases of egg donation.
- After that meeting, you, the potential donor, will know exactly what to expect from us and what is expected of you.
- If you decide to continue, you will be asked to call the Special Services Coordinator to schedule an appointment with an RMG physician to begin the testing phase.

Physical exam and start up testing:

- You will undergo a new patient visit with a physician in our practice. At this visit, the physician will review your medical history, family history, application, and perform a complete physical exam, including pap smear if indicated, testing for chlamydia and gonorrhea, and a urinalysis.
 - You will be asked to call the Special Services Coordinator on the first day of your next menstrual period to schedule an ultrasound for antral follicle count and hormonal testing, FSH, LH, Estradiol and AMH, on day 2, 3, or 4 of your menstrual period.



Genetic Counseling

- If all the initial testing is normal, and meets donor program criteria, you will be provided with a website link to the genetics counselor. After entering your information, you will schedule an appointment time for the counselor to call you.
- The genetic counselor will ask you questions about your family history as it relates to medical illnesses, as far back as you can give details.
- Please try to get the information prior to the call if you do not already know it.
- The counselor will also ask for information about your ethnic background.
- A report is sent to the Special Services Coordinator advising which genetic blood tests should be done on you and what information should be shared with the potential recipient.

Psychological Evaluation

- You will be given a phone number to a psychologist/mental health counselor to schedule an evaluation.
- The psychologist will administer an MMPI or PAI, a personality test, which takes approximately 1 hour to complete. With this test, there are no right or wrong answers, and you will need to be as honest as possible with your answers.
- You will meet with the psychologist to discuss egg donation from a psychological aspect.
- The psychologist will ask you about your upbringing, schooling, family history as it relates to mental illness, drug abuse, alcohol abuse, learning disabilities and behavioral issues.
- The psychologist will send a written report to the special services coordinator.

Donor Eligibility

- Once the ultrasound report, initial blood testing, psychological and genetic counseling reports are available, a RMG physician will review all the results and determine if you are eligible to participate in the egg donor program.



What happens once the donor is approved to be in the program?

- You will be notified by the Special Services Coordinator.
- The Special Services Coordinator will also contact a potential recipient couple, and share as much information about you as possible; however, the couple will not know your name, where you live or which doctor you see within the practice.
- We will take a picture of you for our use in matching you physically to the recipient. Potential recipients will not see your picture unless you give your written consent to allow it to be viewed under RMG supervision.

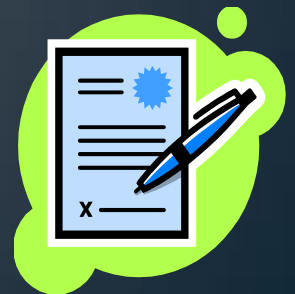
What happens after a couple has selected you as a donor?

- The Special Services Coordinator will contact you to schedule genetic and STD blood testing. It takes about 14 days to get the results back.
- We will also be starting you on birth control pills with your next period, if you are not already on them.
- The recipient will start on the birth control pill with her next period as well. The goal is to synchronize you and your recipient's menstrual cycles.



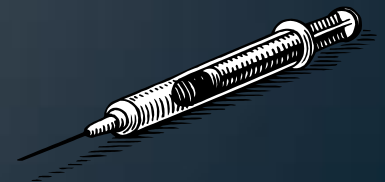
What happens next?

- Your blood work results will be reviewed, and if normal, you will be scheduled for an appointment with your physician to sign consents to donate eggs. A copy of the consents will be provided to you for review before your appointment. If any test results are abnormal/positive, we will notify you and discuss a follow up plan of care.
- If you are married, your husband will also need to sign the consent form and is asked to accompany you to the consent signing appointment.



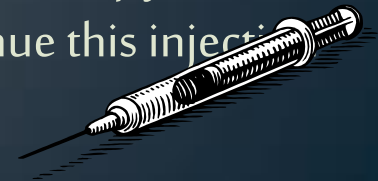
Ovarian Stimulation

- At that appointment, you will meet with one of our nurse coordinators to learn how to mix your medications and how to inject them. You will be given a calendar that details daily what meds you will be taking, approximate dates of upcoming appointments and an estimated date for your egg retrieval. You will be given all your medications at that visit.
- At the designated time, you will be instructed to begin birth control pills (if you are not already on them) and take 12-21 days of the pill. You will then stop the pill as indicated on your calendar and come in for an ultrasound and blood work. If all is normal, you will begin your injectable ovarian stimulation medication 3-5 days later, as indicated on your calendar. The ART nurse will call you the afternoon of your appointment to review your instructions and next appointment date.



Ovarian Stimulation

- Stimulation Day 1: As instructed, you will begin your hormone injections, continuing each evening for 4-5 nights.
- Stimulation Day 4-5: Report to the office for another ultrasound and blood test to determine how your ovaries are responding to the medication and if dosing should be adjusted.
- Each time you come in for ultrasound and blood work, the ART nurse will contact you via our electronic patient portal and/or phone that afternoon to discuss results and next steps.
- You will receive specific instructions about when to start the 3rd injectable medication, either Ganirelix or Cetrotide. This medication is used to keep you from ovulating before the eggs are mature. Once started, you will continue this injection daily until the night of your trigger shot.

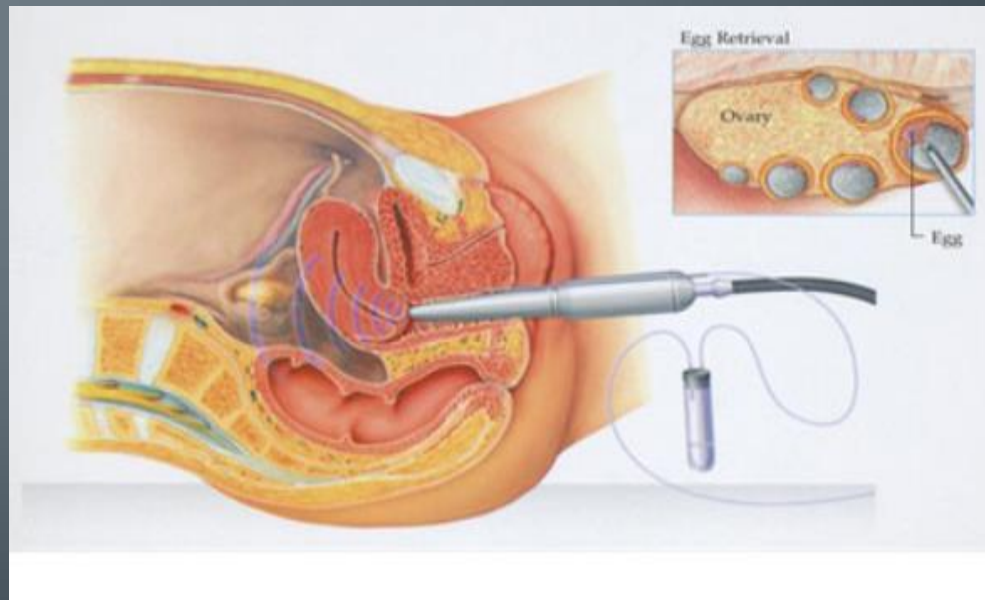


Ovarian Stimulation

- Ovarian stimulation averages 10-14 days, and during this time, you will have 4-5 ultrasounds and blood tests, usually between 7:15 am and 8:45am at the office of your choice (NOTE: weekend and holiday appointments are ONLY scheduled at the North Tampa – E. Fletcher location).
- Once the results of the ultrasound and estrogen blood tests indicate there are mature eggs in your ovaries, you will stop the Ganirelix/Cetrotide and hormone injections and take one last medication, a Lupron or HCG “trigger”. The ART coordinator will instruct you to take this injection at a specific time that evening.
- The Lupron/HCG injection is very important because it gives the eggs the final maturation so they will fertilize when we retrieve them. Without exposure to this last medication, the eggs will not be able to be retrieved and will not fertilize.
- The morning after your “trigger” injection, you will be scheduled for a blood test to confirm that the injection was effective and the eggs are now ready to be retrieved.

Egg Aspiration

- You will be scheduled at our Ambulatory Surgery Center, located at our Fletcher Avenue office, approximately 36 hours after your “trigger” injection for the egg aspiration.
- An IV will be inserted in your arm, you will be sedated with IV medication by an anesthesiologist, and the egg retrieval will be performed. It usually takes 15-20 minutes to retrieve all of the eggs. The egg retrieval is done through the vagina, and there are no incisions.



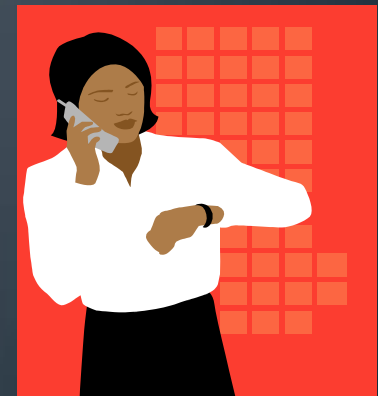


Egg Aspiration

- At the end of the procedure, you will begin to wake and will be taken to the recovery room for about an hour.
- When you are alert and able to drink fluids and urinate, you will be given postoperative instructions and discharged home.
- Someone must drive you and preferably stay with you at home this day.
- You will be groggy, sore and will need to rest and eat lightly so that you can take pain medication if needed.
- You should NOT attempt to work this day.

Completion of Program

- After your donation/contribution is completed, we ask that you call the Special Services coordinator to schedule your post-operative appointment for one week after your procedure. The purpose of this visit is to confirm/ assess your level of well-being and to address any concerns you might have. At this visit, you will receive the compensation check for your cycle time.
- Compensation received will need to be reported as income to the IRS, and you will receive a W-9 form to do so.
- If you stimulated well and wish to donate again, we encourage you to do so. We allow up between 4-6 donations in a lifetime.



Side Effects

- Stimulation hormones are naturally occurring hormones that our brain produces to help stimulate the ovaries. The ovaries will be producing many eggs instead of just one, so estrogen levels will go up accordingly.
- You may experience breast sensitivity, increased clear, vaginal discharge from the cervix, or may feel more “emotional” than usual, but not grouchy or irritable.
- As your ovaries enlarge, you may feel bloated, “heavy” in the pelvis, crampy, etc. You may experience mild weight shifts from fluid.

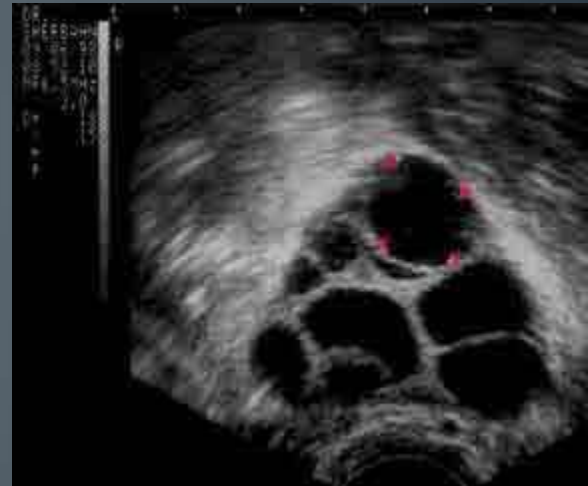
Post Aspiration Effects

- After the egg retrieval, you may continue to feel bloated and sore, but usually for only a few days.
- You will be advised to monitor weight, your waist line and discomfort symptoms and notify us of changes and if you do not feel well.
- 50% of donors usually return to work the day after surgery (it is better if you do not have to be on your feet all day the first day after your procedure). 85% are back to work by the 2nd day.
- You will probably feel “normal” within 3-5 days after surgery.
- Your next period will be 3-5 days after retrieval and at that time you can resume contraception of choice. This period is likely to be heavier than normal.

Complications

- “Ovarian Hyperstimulation Syndrome”, which rarely happens (1-1.5% of cycles). After egg retrieval, the ovaries remain enlarged, the follicle (egg sac) fills back up with fluid (now called a cyst), continues to produce hormones, leaks fluid into the pelvis, and draws fluid from cells into the pelvis. You might feel as if you are 6 months pregnant. You might have diarrhea or nausea, weight gain, difficulty breathing. It can cause electrolyte imbalance and may ultimately require hospitalization.
- Surgical risks, which are extremely rare, include injury to the bladder, bowel, or blood vessels.
- Infection occurs even more rarely. You will be on antibiotics before the egg retrieval to prevent infection, but if you did get an infection in your pelvis after surgery, it could affect your ability to get pregnant in the future by adversely affecting the function of your fallopian tubes.
- Ovarian torsion occurs when the ovary becomes heavy and twists on its own stalk, cutting off blood supply. You will be asked to avoid strenuous activities and heavy lifting during your stimulation phase, in order to prevent that from happening.

Hyperstimulation of the Ovaries



Ovarian Hyperstimulation Syndrome

- Since 2004, the Reproductive Medicine Group has completed over 500 donor egg cycles.
- Hyperstimulation, to the point where a donor was hospitalized, has occurred in only 3 of those cycles, or less than 1%. All 3 donors were discharged home after 2 days and were fine thereafter.
- Your recipient purchases an insurance policy for you to cover medical expenses in the unlikely event you have a complication as a result of the egg donation process.
- This insurance policy does not cover lost wages or child care, etc.



We would like to thank each of you for taking the time to review this educational program and considering our egg donation program. As a donor, you can help make someone's dream of having a baby come true!

Thank you!