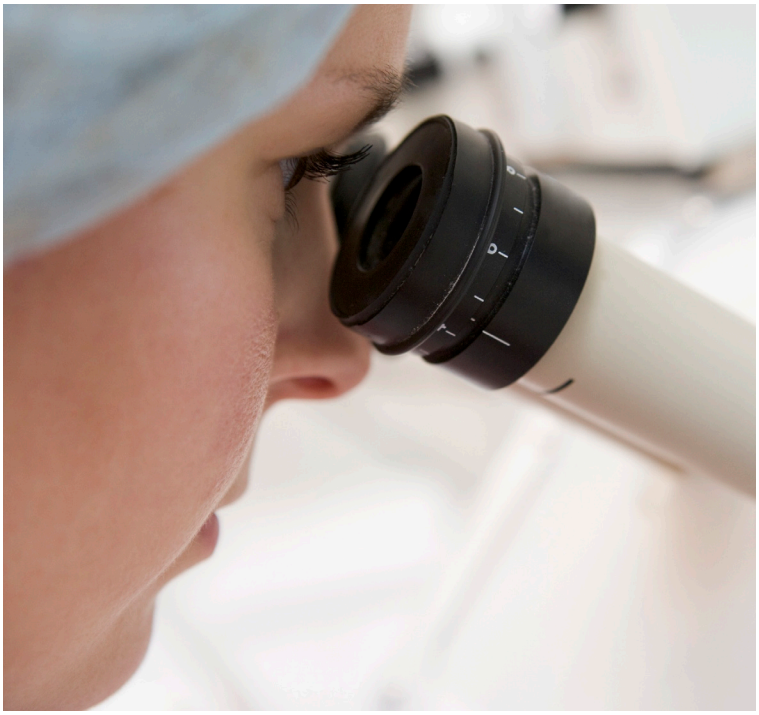
The Reproductive Science Institute of Suburban Philadelphia, P.C., Explains…

Donor Oocyte (Egg) Services



Reproductive Science Institute
of Suburban Philadelphia, P.C.

Dear Patient:

At The Reproductive Science Institute, we offer donor oocyte (egg) services; however, patients usually many questions about the processes. That's why we've developed this short guide to give you more information and education to read and, if applicable, share with your family.

Throughout the following pages, you'll learn more about:

- What Is Oocyte (egg) Donation?
- Why Choose Oocyte (egg) Donation at RSI?
- Oocyte (egg) Donor Categories
- Sperm Donor Considerations
- Preparation for Oocyte (egg) Recipients

All information contained within this guide should be considered an overview. As such, it is intended to be supplemented with discussions with your physician, a critical component in providing you with a clear and realistic picture of your own medical situation.

To find out more about our other ART services, please visit our website at www.RSIInfertility.com.

Thank you for choosing the Reproductive Science Institute.

WHAT IS OOCYTE (EGG) DONATION?

Oocyte (egg) donation has been available since the mid 1980s and involves harvesting one or more oocytes from the ovaries of a woman with normal ovaries. (This woman is often referred to as the "egg donor".)

The oocytes are then inseminated with sperm from the intended father (the "genetic" father) and any resulting embryos are transferred to the uterus of the intended mother. If a pregnancy is established, the mother then becomes the "gestational" mother and experiences pregnancy and birth, even though she is not the genetic mother.

The primary benefit to every woman who donates eggs is the altruistic aspect of helping another person or couple achieve pregnancy. In addition, anonymous donors receive remuneration for their time and effort, and in some cases there are financial benefits to women undergoing their own assisted reproductive treatment cycles.

WHY CHOOSE OOCYTE (EGG) DONATION AT RSI?

Oocyte (egg) donation services have been developed to treat infertility arising from the absence of ovaries or the inability of ovaries to produce healthy eggs. Oocyte donation services can also be used to help couples with potential genetic abnormalities and age-related infertility.

The Reproductive Science Institute has a highly professional egg donation program which meets the highest standards and criteria set by the American Society for Reproductive Medicine.

Participants (e.g., donors and the recipients) will be subjected to preliminary screening procedures, including review of medical records, physical examination, blood testing, screening for familial genetic and infectious disease, and psychological evaluation.

OOCYTE (EGG) DONOR CATEGORIES

Egg donors are typically healthy women between the ages of 21-32.

General categories of potential egg donors include:

Anonymous Donors – These are women who opt to undergo the egg donation process as anonymous donors. These individuals donate eggs to an infertile woman or couple whose identity also remains anonymous. The intended parents obtain a significant amount of information about the donor, but do not learn of their identity.

Known Donors – These are typically sisters, friends and/or others close to the recipient who are willing to donate eggs.

Patients undergoing Treatment Cycles – Women who are undergoing a treatment cycle during an assisted reproductive procedure frequently produce a substantial number of eggs. For personal reasons, these women may choose to help others achieve pregnancy by donating excess eggs.

Anonymous donors will be matched as closely as possible to prospective recipients according to the recipients' priorities and preferences. This may include ethnic background, physical characteristics, education, hobbies, interests and availability.

All donors will complete a questionnaire about known familial genetic diseases which will be traced as extensively as possible for at least two generations.

Both the donor and her partner will be screened for sexually transmitted diseases such as AIDS, hepatitis and syphilis, according to FDA/American Society for Reproductive Medicine guidelines.

All donors will be required to undergo a process of controlled ovarian hyperstimulation in which medications are used to stimulate the ovary to produce multiple mature eggs.

The only technical difference between standard in vitro fertilization and embryo transfer and the Oocyte Donor Program is the involvement of two women; otherwise, the medical procedures are identical.

Since individuals who are involved in a sexual relationship participate, special consideration should be given to the possibility of disease transmission by means of the oocyte to the gestational mother and/or the offspring.

Although testing is conducted, the time it takes to develop a detectable antibody response may mean that infection is not detectable at the time of donation. For this reason, it is imperative that the egg donor provides assurances that she is in a monogamous relationship and that neither she nor her partner have a history of intravenous drug use. There have been no reports of disease transmission through donor egg.

In order to avoid the possibility of fertilization with another man's sperm, there will be times during the donor's treatment that she will need to abstain from sexual intercourse.

Genetic Diseases and Oocyte (Egg) Donation

Participants in the oocyte donation service must understand that there are limitations to relying on medical and family history in an attempt to exclude the possibility of genetic disease in a potential offspring. It is virtually certain that all human beings harbor genes which, under certain conditions, could lead to serious illness. It is likely that it will never be possible to test for these genes in either the egg donor or the genetic father.

There are certain diseases with a strong genetic component, however, that would cause a donor to be excluded from participation in the service. Similarly, most persons have some genetic predispositions in their families for conditions such as mild high blood pressure, heart disease or cancer.

Unless close relatives of the donor show tendencies for early onset of serious diseases, she will be allowed to donate.

It is not possible for the Reproductive Science Institute to notify donors and recipients of development of genetic disease in either the donor or the offspring in the future. There is no requirement for donors to notify us of their whereabouts or subsequent medical history.

The long term emotional and psychological consequences of this form of family building are not known, especially when sisters or other close relations have ongoing involvement in the life of the child/children.

SPERM DONOR INFORMATION

When there is a reduction in the number or quality of available sperm, it is especially important for couples to consult with the physicians and other professionals in order to make the right decisions about treatment.

One option for family building is the use of donor sperm.

Sperm banks make every effort to assure the quality of the sperm samples they provide. Occasionally, the number of sperm may be lower than the acceptable guidelines at the time of thawing of the specimen. If so, the alternative is to use the suboptimal sample or forego treatment altogether for that cycle.

Although the success of intracervical and intrauterine insemination with frozen/thawed donor sperm appears to be lower than the chance of conceiving with fresh sperm, with assisted reproductive techniques (ART) the chance of fertilization is about the same as with fresh normal sperm. However, as with fresh sperm, sometimes fertilization may not take place.

The Reproductive Science Institute maintains working relationships with several national sperm banks that recruit and screen anonymous donors according to standards established by the American Society for Reproductive Medicine and the American Association of Tissue Banks.

These standards have been established to reduce the risk of transmission of genetic disease and of infectious disease, including HIV (the virus that causes AIDS).

However, in spite of these precautions, it is possible for donated sperm to harbor genetic abnormalities, which may be passed on to the embryo and resulting child. Infected sperm or embryos may pass on a disease to the woman attempting pregnancy and/or the resulting child.

Sometimes, couples wish to use donor sperm from brothers, friends or others known to the recipients. The sperm from such known donors must be screened in the same manner as anonymous donors and in compliance with FDA guidelines. This usually involves screening for infectious diseases, legal and psychological consultation and additional expenses.

The risk of major birth defects following use of donor sperm appears to be the same as the general population. Similarly, there is no apparent increase in the risk of pregnancy complications when donor sperm is used.

PREPARATION FOR OOCYTE (EGG) RECIPIENTS

For recipients of oocyte (egg) donation, preparation will take place prior to the procedure.

The uterine lining (endometrium) must be synchronized with the embryo in order for pregnancy to be possible. When the plan is for use of fresh (rather than cryopreserved) embryos, the recipient's cycle and donor's cycle must be synchronized.

The donor's cycle may be manipulated with birth control pills and/or Lupron, then controlled ovarian hyperstimulation will begin, followed by transvaginal oocyte retrieval.

The recipient's menstrual cycle (if any) can be synchronized with birth control pills, other hormones or Lupron. Then, the recipient is administered estrogen and progesterone to prepare the uterine lining for transfer of the embryos.

In some cases, the synchronization will not be possible and any embryos resulting from the union of the donor's oocyte and the partner's sperm will be cryopreserved to be transferred in a subsequent cycle, either using a natural cycle or estrogen/progesterone synthetic cycle.