

Egg Donation

Recipient Information

Lister Fertility Clinic

Introduction

Thank you for your enquiry about the egg donation programme at the Lister Fertility Clinic.

Infertility places most couples under tremendous emotional strain. Most couples will have felt stressed and anxious even before they embark upon any form of fertility treatment, often with little or no emotional support. The fertility treatments that couples may subsequently undergo may create additional stress. We try to maintain a friendly but professional environment within the unit and we hope that our attitude and support helps you through this stressful time.

There is a strong sense of teamwork at the Lister Hospital and we feel that it is this team approach that has helped us over the years to build such a successful egg and embryo donation programme. The programme is one of the largest and most successful in the UK. Most of our key members of staff have worked in the Lister Fertility Clinic for many years which also helps with continuity of care for the patients. The clinic is involved in research and staff members are all encouraged to attend conferences, both in the UK and abroad, to continually update their knowledge.

IVF and Egg Donation

In vitro-fertilisation (IVF): this is where eggs and sperm are collected from a couple and then mixed together in the laboratory and fertilisation of the eggs takes place outside the woman's body. Fertility drugs are used to stimulate the ovaries to produce multiple follicles. Each mature follicle should contain one egg but follicles do not always guarantee that an egg is contained within; this can only be confirmed at the time of egg collection. The chances of pregnancy are increased if more than one egg can be obtained and fertilised. Usually a maximum of 2 and sometimes 3 fertilised eggs (embryos) are then transferred into the woman's uterus.

IVF with donor eggs: this is where a woman needs to receive eggs from another woman. The sperm of the recipient woman's partner / husband are used to fertilise the eggs that have been collected from a suitable donor. The donating woman will have received fertility drugs (similar to those given to women undergoing IVF) in order to enhance her egg production. After fertilisation has occurred, one or 2 embryos are placed into the recipient woman's uterus. Prior to the transfer, the recipient woman will receive Hormone Replacement Therapy (HRT) to prepare her uterus for the transfer and hopefully a pregnancy.

Who needs egg donation?

Several categories of women may require egg donation - these include women who still menstruate and have normal ovarian function, as well as women whose ovaries no longer function normally who may have gone through the menopause.

Egg Donation may be an option for women who :

- 1) Have no ovaries or had them removed
- 2) Have had cancer treatment which have damaged the ovaries
- 3) Are post- menopausal

- 4) Are producing too few or poor quality eggs
- 5) Have tried to conceive unsuccessfully using fertility drugs or IVF
- 6) Have had several recurrent miscarriages
- 7) Have a high risk of passing on a serious inherited disorder.

Joining the waiting list

There is a **£550** fee to pay to join the waiting list. This fee is **non-refundable** and goes towards recruiting donors and egg sharer's through advertising and fertility shows as well as compensating altruistic donors £750 as per HFEA Guidance 13A.

The waiting list is presently 9-12 months, it could be longer depending on personal requirements and ethnicity for the donor. Recipients from non-caucasian ethnicities may wish to explore advertising for their own donor in order to ensure their wait is less than 12 months. If you are able to recruit your own donor, you can commence treatment when both you and your donor are ready.

Once a cycle has been completed, regardless of the outcome, if you wish to have treatment with us again you will need to re-enroll on the waiting list and pay the **non-refundable fee again**. Your position on the waiting list is based on the date of **YOUR SECOND ENROLLMENT** i.e. you will rejoin at the bottom of the waiting list. Women are not able to join the waiting list while they have frozen embryos in storage.

Women can join the waiting list up to and including the age of **48**, i.e. you must not have reached your 49th birthday. After this time, couples would need to provide or recruit their own donor in order to receive treatment. Treatment must be completed before the recipients 51st birthday.

Patients who have their own egg donor can normally be treated with fresh donated eggs up to the age of 51. Patients who have frozen embryos should normally use them before their 53rd birthday.

How does the waiting list work?

A recipient's date of enrolment is based on the date their fee is paid. The Patient Enquiries Officer will send out a letter (during the first week of the following month as the accounts department updates the list on a monthly basis), confirming the date of enrolment and the recipients position. This letter will also include how long the recipient should expect to wait for treatment. Recipients are free to contact us to find out their progress on the waiting list, please allow time for the list to be checked.

Once the recipient has reached position 30-40 a second letter will be sent outlining the screening tests required, information regarding a Monitored Cycle and a current price list.

It is preferable that the tests are performed at the Lister Fertility Clinic where a discounted package is available (price upon request), as the results will automatically come to the Clinic and if the wrong tests are performed elsewhere this can result in a delay of treatment. However, the tests can be performed at the patients GP if necessary.

What tests will be done before I am accepted for treatment?

All *female patients* will need to have tests for the following before commencing egg donation treatment:

- **Rubella immunity**
- **FBC** (within 12 months of treatment)
- **Thyroid stimulating hormone (TSH)** (within 12 months of treatment)
- **Chlamydia Trachomatis PCR urine** (within 2 years of treatment)
- **Blood pressure** (within 6 months of treatment.)
- **Cervical smear** - in line with national testing guidelines
- **Bone density scan** - if menopausal for 3 or more years (within 12 months of treatment)
- **Mammogram** – if aged 45 years or above – In view of the increased prevalence of breast disease we would recommend screening prior to commencing a treatment cycle (unless one has been performed within the last 3 years). A mammogram is mandatory in women aged 50 years or above.

The following blood tests need to be performed within 1 year of the donors egg collection OR within 24 months if you have had a cycle before (IVF or Egg Donation):

- **HIV I & II: Anti-HIV - 1, 2**
- **Hepatitis B surface antigen: HBsAg**
- **Hepatitis B core antibody: Hep BcAb or Anti-HBc**
- **Hepatitis C: Anti-HCV-Ab**

All male partners (using their own sperm) will need to have the following performed within 3 months of the donors egg collection if this is your first cycle of Assisted Reproductive Treatment OR within 24 months if you have had a cycle before (IVF or Egg Donation):

- **HIV I & II: Anti-HIV - 1, 2**
- **Hepatitis B surface antigen: HBsAg**
- **Hepatitis B core antibody: Hep BcAb or Anti-HBc**
- **Hepatitis C: Anti-HCV-Ab**
- **Semen Analysis** (within 12 months of treatment)

IMPORTANT:

It is a HFEA licensing requirement that individual tests must be accredited by UKAS, the national accreditation body for the UK, or another accreditation body recognised as accrediting to an equivalent standard

Therefore, HIV, Hepatitis B and C tests *must* be performed at the Lister prior to starting treatment to ensure this licensing requirement is complied with as our individual virology tests are UKAS/ISO 15189 accredited.

Only in the circumstance where you have already had treatment elsewhere, and virology screening is still in date with written confirmation that the test was carried out in a UKAS accredited lab will this not apply.

To confirm, we cannot accept any results that do not include the laboratory's details and confirmation that this laboratory is UKAS accredited. Even if already done prior to initial consultation, these tests will need to be repeated at the Lister Fertility Clinic who use a UKAS Accredited laboratory unless we have this confirmation. UKAS provides accreditation to the internationally recognised standard ISO 15189 Medical Laboratories.

Monitored Cycle

The purpose of a monitored/dummy cycle is to identify potential endometrial dysfunction prior to an actual treatment cycle. Unidentified endometrial dysfunction can lead to a failed egg donation cycle which in turn can cause emotional and financial burdens. A monitored cycle is performed a few months prior to the actual treatment cycle, during which 2 or 3 ultrasound scans are carried out followed by a blood test. A monitored cycle is not necessary for patients who have already completed an Egg Donation cycle or who have previously had a frozen Embryo transfer (using HRT).

When you are ready to start your monitored cycle, prior to the nurse consultation, you will need to have your blood pressure checked and an up-to-date cervical smear with your GP/Practice Nurses. The results need to be forwarded to the Egg Donation team as soon as possible. A mammogram is also recommended if you are aged 45 years or above (unless one has been performed within the last 3 years) A mammogram is mandatory in women aged 50 years or above.

Matching of Donor and Recipients

The Egg Donation Team will only match Donors and Recipients who have completed **all** of their required screening.

The matching of both donors and recipients is based mainly on physical characteristics i.e. ethnicity; skin; hair colour; eye colour; height; build (see under **Donor information** for further details). The Egg Donation team will discuss the donor's physical details as well as information about her family, work and hobbies with the recipient. However it is the recipient couple who make the ultimate decision whether to accept or reject this offer and they will be given 24 hours to make their decision.

Recipients should feel under no obligation to accept the donor that is offered – this is a very important decision for them and should not be taken without considerable thought. If they decide not to proceed with the donor they have been offered, this will not jeopardise their position on the waiting list. They will be offered the next suitable donor who can begin treatment.

It is important to realise that a child created with donated eggs may not resemble either of its parents even if the physical match with the donor has been close.

If for any reason couples at the top of the waiting list are unable to start treatment straight away, then they will stay at the top of the list until they are able to start treatment. A couple is put “On Hold” on the waiting list until ***notification is issued to proceed again.***

Treatment Cycle

If the recipient is happy with “the match” she has been offered, the Egg Donation Nurses will provide detailed instructions about the forthcoming cycle and send the relevant consent forms and prescription for treatment. The consent forms need to be signed and returned at the first scan visit due at the commencement of the treatment cycle. Full payment of the treatment is also required at this time.

NON-MENOPAUSAL WOMEN who need egg donation and still have a normal menstrual cycle will need to take the contraceptive pill, if appropriate.

Step 1

The recipient will be advised to start the oral contraceptive pill (OCP) and arrange an appointment for a transvaginal scan while still taking the OCP. The minimum time a recipient can be on the OCP is 12 days and the maximum time is 42 days. The exact length of time a recipient will be taking the OCP is determined by the nurses.

Step 2

After the scan, and depending on the findings, the recipient will be advised when to stop the OCP, which could be several days after the scan. Recipients should expect a withdrawal bleed (period) once they have stopped the OCP. On the last day of the pill, they will start down regulation with Synarel nasal spray (a GnRH analogue) **OR** Suprecur injections to suppress their own hormones prior to undergoing treatment.

Step 3

As soon as the donor is ready to start FSH injections, the recipient will start oestrogen, either tablets or patches (Progynova, Vagifem, Estraderm patches) normally one week after starting the Synarel or Suprecur. This medication will build up the endometrial lining.

Step 4

The recipient will return to the Lister Fertility Clinic for another transvaginal scan 8-9 days after starting the oestrogen to assess the endometrial lining, which needs to be more than 7 millimetres.

Step 5

If the endometrial lining is below 7 millimetres the oestrogen dosage may be increased. The doctor will prescribe Vagifem (pessaries which are inserted in the vagina) or oestrogen patches. The recipient will have to return to the clinic every 2-3 days until the lining builds.

Step 6

The recipient will remain on **both oestrogen** and the **GnRH analogue** until the donor is ready for egg collection. They will be informed about the donor's progress and when she will be scheduled for egg collection.

Step 7

Once the donor has taken her last injection of HCG (Pregnyl or Ovitrelle) which is given approximately 36 hours prior to egg collection, the recipient will be instructed to **stop** taking the GnRH analogue and to **continue** taking oestrogen and commence progesterone (pessaries or injections) on the same day as the donor's egg collection. The oestrogen and progesterone are then taken daily until the pregnancy test is performed. The male partner/husband should not ejaculate any fewer than 2 days prior to egg collection and no more than 5 days (ideally approximately 3 days of abstinence).

Step 8

Day of Donor Egg Collection - The recipient's partner produces a fresh sperm sample on the day of the donor's egg collection. The sperm and donated eggs are mixed together in the laboratory. If donor sperm is being used this will be thawed on the day of the donor's egg collection. In some cases, if the sperm parameters on the day of donor's vaginal egg collection are sub-optimal,

Intracytoplasmic Sperm Injection (ICSI) may be required. ICSI is the injection of a single sperm directly into the egg using a specially prepared needle.

If receiving eggs from an ES donor, the eggs will be allocated between the recipient and ES donor evenly and **without** judging their quality. If the ES produces an odd number of eggs the donor will receive the additional egg.

Step 9

Fertilisation of the eggs is confirmed 24 hours after insemination and the embryologists will endeavour to keep the recipient informed of the progress of the embryos. The recipient must ensure that they are available at short notice for potential embryo transfer on days 2-6 following the donors egg collection.

Step 10

Embryo Transfer - the transfer (20 minute procedure) should be as painless as a cervical smear; in the majority of women it takes only a few minutes and is performed without any difficulty. The fertility consultant will place the embryo(s) into a thin tube known as a catheter. This is then inserted through the vagina and cervix and the embryos are placed in the uterus.

Very occasionally the transfer is difficult and sometimes it is necessary to be performed under general anaesthesia. To ensure accurate placement of the embryos inside the uterus, the transfer is performed under ultrasound guidance. The recipient will be instructed to drink 2 - 3 glasses of liquid prior to the transfer.

The oestrogen and progesterone are taken daily until the pregnancy test is performed, usually 9-12 days after the date of the embryo transfer. If the pregnancy test is positive, the recipient **must** continue on the same drug regime for 12 - 14 weeks. Most women leave the hospital immediately after the procedure. Resting after the transfer is unnecessary and there are no studies which demonstrate that resting improves pregnancy rates. All patients are encouraged to resume a normal life after treatment.

MENOPAUSAL women who need egg donation do not need to take an GnRH analogue. Most of these women will already be on HRT. They will need to stop taking their regular HRT as advised by the Egg Donation Nurses.

Step 1

The recipient will be advised to arrange an appointment for a transvaginal scan when they have a withdrawal bleed from stopping the HRT.

Step 2

After the scan, depending on the findings, and as soon as the donor is ready to start FSH injections the recipient will be advised when to start oestrogen either tablets or patches (Progynova, Vagifem, Estraderm patches). These tablets will build up the endometrial lining.

Step 3

Recipients will return to the Lister Fertility Clinic for another transvaginal scan 8-9 days after starting the oestrogen's to assess the endometrial lining, which needs to be more than 7 millimetres

Step 4

If the endometrial lining is below 7 millimetres the oestrogen dosage may be increased. The nurses will prescribe Vagifem (pessaries which is inserted in the vagina) or Oestrogen patches. The recipient will have to return to the clinic every 2 to 3 days until the lining builds.

Step 5

The recipient will remain on the oestrogens until the donor is ready for egg collection. They will be informed about the donor's progress and when she will be scheduled for egg collection.

Step 6

Once the donor has taken her last injection of HCG (Pregnyl or Ovitrelle) which is given approximately 36 hours prior to egg collection, the recipient will be instructed to *continue* taking the oestrogen and commence progesterone (pessaries or injections) on the same day as the donor's egg collection. The oestrogen and progesterone are then taken daily until the pregnancy test is performed. The male partner/husband should not ejaculate any fewer than 2 days prior to egg collection and no more than 5 days (ideally approximately 3 days of abstinence).

Step 7

Day of Donor Egg Collection - The recipient's partner produces a fresh sperm sample on the day of the donor's egg collection. The sperm and donated eggs are mixed together in the laboratory. If donor sperm is being used this will be thawed on the day of the donor's egg collection. In some cases, if the sperm parameters on the day of donor's vaginal egg collection are sub-optimal, Intracytoplasmic Sperm Injection (ICSI) may be required. ICSI is the injection of a single sperm directly into the egg using a specially prepared needle.

The eggs will be allocated between the recipient and donor evenly and **without** judging their quality. If the donor produces an odd number of eggs the donor will receive the additional egg.

Step 8

Fertilisation of the eggs is confirmed 24 hours after insemination and the embryologists will endeavour to keep the recipient informed of the progress of the embryos. The recipient must ensure that they are available at short notice for potential embryo transfer on days 2-6 following the donor's egg collection.

Step 9

Embryo Transfer - the transfer (20 minute procedure) should be as painless as a cervical smear; in the majority of women it takes only a few minutes and is performed without any difficulty. The fertility consultant will place the embryo(s) into a thin tube known as a catheter. This is then inserted through the vagina and cervix and the embryos are placed in the uterus.

Very occasionally the transfer is difficult and sometimes it is necessary to be performed under general anaesthesia. To ensure accurate placement of the embryos inside the uterus, the transfer is performed under ultrasound guidance. The recipient will be instructed to drink 2 - 3 glasses of liquid prior to the transfer.

The oestrogen and progesterone are taken daily until the pregnancy test is performed, usually 9-12 days after the date of the embryo transfer. If the pregnancy test is positive, the recipient **must** continue on the same drug regime for 12 - 14 weeks. Most women leave the hospital immediately after the procedure. Resting after the transfer is unnecessary and there are no studies which

demonstrate that resting improves pregnancy rates. All patients are encouraged to resume a normal life after treatment.

The Clinic tries to ensure that all recipient couples receive **AT LEAST 4 EGGS** from their donor. Occasionally, if the donor produces fewer eggs, the recipient can choose to accept fewer eggs. ***When allocating eggs, THERE IS NO GUARANTEE OF FERTILISATION OR OF GOOD QUALITY EMBRYOS as these depend on a variety of factors. If any of these situations arise, the recipient will be offered an appointment to see the doctor to discuss future treatment options.***

If a donor has been recruited by the clinic and ***is not having treatment herself*** (altruistic donor), her eggs may be shared between 2 recipient couples. One couple will be **FIRST IN LINE** and they will receive the first quota of eggs (at least 4 eggs). The **SECOND IN LINE** couple may not receive any eggs if the donor only produces enough eggs for the first couple, luckily this does not happen very often. If the second in line couple are cancelled, then the Ovum Donation team will try and line them up with another donor as soon as possible.

Our aim is to provide the recipient with fresh embryos. If, however, complications arise during the treatment cycle i.e. sub-optimal endometrial lining, recipients will have the following 2 options:

1. Cancel the treatment cycle and be allocated to a new donor in approximately 1 - 6 months time (depending on ethnicity)
2. Proceed with the existing donor and freeze the resulting embryos. These embryos can then be thawed out at later stage (there is a 90% chance that some or all of these embryos will survive the thawing process).

Recipients who undergo KNOWN DONATION will obviously receive all the eggs their donor produces. However, the recipient couple will be asked to fund the consultation, investigations and ultrasound scans for their known donor. They will also be asked to pay the £750 donor compensation, if agreed, via the Lister Fertility Clinic who will act as a third party.

WITHDRAWING CONSENT TO DONATE/EGG SHARE

Donors can withdraw consent for the use of their donated eggs/embryos up to the time of embryo transfer. Withdrawal of consent can take place before the egg collection. This will mean that the recipient cycle will be cancelled and the recipient will be placed back on the top of the waiting list. Should this happen the cycle fees will be on hold. If the recipient wishes to withdraw they will receive a refund of the treatment cycle fee (excluding the medications, consultation and monitored cycle fee).

TYPES OF DONORS

Known Donors

Some recipients are able to recruit a donor who will donate eggs directly to the recipient to assist them in their egg donation treatment. This may be a friend, relative or someone else they know. This is called "Known Donation". Patients who have a known donor do not need to enrol on the waiting list. Known Donors must attend the clinic for initial consultations and screening. They can have only the 1st scan abroad and they must come to the Lister Clinic to complete further scans and

Egg collection. They can commence treatment as soon as ***all blood results have been completed for both Donor and Recipient and confirmed as normal; counselling and joint counselling has been completed, GP letter has been received regarding the donor and a monitored cycle has been completed for the recipient.*** The recipient will be charged £1,500 to cover the costs of the donors initial consultation, investigations, oestradiol blood tests during treatment and ultrasound scans in addition to the standard Ovum donation treatment package (see price list). The recipient will also be charged £750, if agreed, for their donors compensation payable to the Lister Fertility Clinic who will act as a third party.

Altruistic Donors – (3 Groups)

In order to run a successful egg donation programme, a constant supply of donors is required. Therefore, all potential recipients joining the programme are given an advertising booklet, if required, to help recruit a donor.

1. Donors who donate directly to the recipient who recruited them but are unknown to the recipient -

Some patients are able to recruit their own donor through advertising who will donate directly to them, however, they will not know the donors identity. Patients who have recruited a donor for their own treatment do not need to enrol on the waiting list unless they wish to do so in addition to this option. The recipient is responsible for all investigations, oestradiol blood tests during treatment; consultation fees and initial ultrasound scan charges.

Recipients are responsible for reimbursing the donor her expenses and loss of earnings up to a maximum compensation of £750.

2. Donors who donate to the pool on behalf of a recipient, enabling the recipient to go to the top of the waiting list -

Some patients are able to recruit a donor (via advertising or a possible friend/family member) but may not wish to receive their eggs personally. In these cases, the donor will donate to someone else who is on the waiting list. In turn, once the donor has donated, the recipient will automatically go to the top of the waiting list and be matched with another donor as soon as a suitable characteristic match becomes available. Any recipient who successfully recruits a donor will herself receive priority and remain at the top of the waiting list until she is treated.

3. Anonymous donors donating directly to the pool – Donors unrelated to the recipients who do it for altruistic reasons. These are anonymous donors recruited by the Lister Fertility Clinic. The LFC advertises for donors and egg sharers in national papers such as The Metro as well as in magazines including ‘In Style’, ‘Cosmopolitan’ and ‘Elle’.

Donors go through all the inconveniences of an IVF cycle with no benefit to themselves, other than the knowledge that they are helping a recipient couple to hopefully achieve their longed for goal of becoming a family. The shortage of donors has meant that the waiting time for treatment for recipient couples has often been greater than 12 months. In an attempt to reduce the long wait for donated eggs we have a successful egg sharing programme as a treatment option available in our unit.

Egg Sharing Donor

Egg sharing is a means of providing treatment to those couples who need IVF but have no access to the very limited (and long) NHS waiting lists.

Those women who are prepared to share their eggs with other women who need eggs obviously have to go through the same health checks and blood tests that an altruistic or known donor would undergo. Once these results are available, providing a suitable recipient is found, treatment can be scheduled. If the egg sharer does not produce enough eggs for the recipient and herself, in most cases the sharer will allow the recipient 4 eggs and keep the remaining for herself. Since most of the sharers are young and have good ovarian function this does not happen very often.

You are normally guaranteed 4 eggs, however if the egg sharer produces less than 8 they may either:

- a) keep all the eggs and you, as the recipient, your cycle will be cancelled and you will be rematched as soon as possible, and you will retain your place on the waiting list.**
- b) Donate 4 eggs to you, the recipient, and keep the remaining for their own treatment.**

You are not obliged to accept less than 4 eggs, and if this is the case the egg sharer would keep all. If you accept less than 4 eggs and the treatment is unsuccessful you will retain your place on the waiting list.

In the event we collect 24 eggs or more from the egg sharer, the egg sharer will keep half of the eggs and the other half to be donated will be shared between 2 recipients (yourself and the Lister egg bank). Eggs in the egg bank will be donated to another recipient at a later time.

It is important to note that there is not a separate waiting list to receive eggs from an egg sharer. At the Lister Fertility Clinic, there is only one waiting list and you may therefore receive eggs from either an altruistic donor or an egg sharer. Whether you receive eggs from an egg sharer or donor, your treatment costs will be the same.

Since the Lister Fertility Clinic has introduced egg sharing, the waiting list for donated eggs has reduced without any reduction in success rates for the recipients. The results for recipient couples who receive eggs from a sharer are the same as those for recipient couples who receive eggs from other egg donation sources.

If receiving eggs from an egg sharing patient, the recipient should sign the agreement confirming that they understand the egg provider may withdraw or vary their consent about any embryo created using their eggs at any time until that embryo is transferred to a woman, used in a research project, used in training, or allowed to perish.

Donor Selection Criteria

Donating women should be aged 18 - 35 years old. This may differ for a known donor if the recipient is in agreement. At the initial consultation, the prospective donor will spend time with the doctor, the counsellor and the egg donation nurses. The doctor will assess the donor. Prior to seeing doctor, a pelvic ultrasound scan is performed to check the ovaries, uterine cavity and antral follicle count. A full medical, obstetric, gynaecological and family history will be recorded in order to confirm that there is no reason why the woman should not become a donor. Women who

have any serious medical problems themselves, whose children have any serious medical problems or whose close family have any serious medical problems that are inherited would all be unsuitable donors. If a woman purposefully withheld relevant medical information and then proceeded to donate her eggs and the resulting child was born with a defect, then the donor may be held liable.

The following screening tests are performed on all donors:

- **HIV 1 and 2**
- **Hepatitis B (HBsAg/Anti-HBc) and Hepatitis C (Anti-HCV-Ab)**
- **VDRL (Syphilis) testing**
- **HTLV-I & II** antibody testing must be performed for those with a history of IV drug use and donors living in or originating from high incidence areas or with sexual partners originating from those areas or where the donor's parents originate from those area (Caribbean, Japan, South America, and Africa, with HTLV-II found among some native American groups).
- **Chlamydia**
- **Gonorrhoea**
- **FBC**
- **Blood Group**
- **Cystic Fibrosis**
- **Chromosomal study.**
- **Haemoglobinopathy**
- **Tay Sachs** if Jewish
- **Trypanosomiasis Cruzi** blood screening if donor has had recent travel to Mexico or elsewhere in central or South America
- **Malaria blood screening** if donor has had recent travel to areas where Malaria endemic
- **ZIKA risk and EBIOLA risk is also assessed by confirmation of recent travel to exposed areas**

Donation is altruistic and all donors are reimbursed a maximum of £750 in expenses. *No other payment is given to the donor by the hospital, any recipient couple or any third party.* This is explained to the donors before they sign their consent forms. The donor's written permission to correspond with her GP is taken in order that we may approach him/her to confirm details of past medical history.

Donors are therefore only accepted if:

- there is no adverse relevant family or medical history which must be confirmed in writing by the GP
- all their screening tests are normal and the risk of infection to any recipient has been confirmed as negligible.
- the team who assessed them at their initial consultation are satisfied that they would make a suitable potential donor
- the donor has signed all of the relevant consent forms.

Donor Information

What information will I be given about the donor?

All information given to the recipient will be non-identifying. The HFEA may also disclose the information that the clinic may disclose in these circumstances if that information is contained on its register.

Once a child is born as a result of egg donation, you will be entitled to access:

- a) All non-identifying information about the donor.
- b) Information about the number, sex and year of birth of your child's genetically related donor-conceived siblings.

We try to match donor and recipient physical characteristics as closely as possible; however, we advise that the results of this cannot be guaranteed. You should be aware that there is a likelihood that your child may inherit physical characteristics from the donor although this is never guaranteed.

Recipients will be told the following information:

Age	body type	education
Ethnicity	eye colour	profession
Height	hair colour	hobbies
BMI < 30	skin tone	allergies
Relevant medical history		

Every patient's treatment is confidential therefore no other additional information other than outlined above will be disclosed.

What information will the donor be given about the recipient?

We can inform egg donors whether a live birth has resulted from their donation and if so, the number of such births that have resulted, sex of the child/ren and year of birth.

Donor identifying information

Information about the donor will be held at the central register with the HFEA. This means that at the age of 18 a person born as a result of sperm, egg or embryo donation will have access to identifying information about their donor should they wish to. This will not apply to donation treatment received prior to 1 April 2005.

Information for Donor-conceived children

If a donor-conceived child is over 16 years old, they are able to apply to the HFEA directly to find the anonymous information the donor and any donor conceived genetic siblings.

If a donor-conceived child is over 18 years old, they are able to apply to the HFEA directly to find identifiable information the donor and any donor conceived genetic siblings.

If there is mutual consent the child may be given identifying information about genetic siblings from the age of 18.

They will also be given information about the possibility of being related to the person they intend to marry or enter into a civil partnership with at any age, and information about the possibility of being related to the person they intend to enter into an intimate physical relationship from the age of 16.

Non identifying information includes:

- physical description (height, weight, and eye, hair and skin colours)
- year and country of birth

- ethnic group
- whether the donor had any genetic children when they registered, and the number and sex of those children
- other details the donor may have chosen to supply (eg, occupation, religion and interests)
- the ethnic group(s) of the donor's parents
- whether the donor was adopted or donor conceived (if they are aware of this)
- marital status (at the time of donation)
- details of any screening tests and medical history
- skills
- reason for donating
- a goodwill message, and
- a description of themselves as a person (pen portrait)

Identifying information about the donor which is available to donor conceived child from 18 includes:

- Full name
- Date of Birth and Town or District where born
- Last known postal address

Please also go to <http://www.hfea.gov.uk/23.html> for further information regarding parents of donor-conceived children and donor-conceived children.

The HFEA will seek to inform donors of gametes and embryos that it has received an application by a donor-conceived person for identifying information about them, however they are legally bound to give the information to the applicant whether they can inform the donor or not. The HFEA will not give the donor any information about the person making the application.

Recording of Information

The HFEA keeps information about all donors and egg sharers and about any children born as a result. Licensed centres may inform egg donors on request whether a live birth has resulted from their donation and if so, the number of such births that have resulted, sex of the child/ren and year of birth.

It is important to notify the HFEA of any babies born as a result of donated gametes. When the number of children believed to have been born from donated gametes reaches 10 the donor should not donate again unless it is a sibling pregnancy.

Legal Parents

The recipient couple are the child's legal parents, providing they have completed the necessary forms. A donor has no legal claim to any child born as a result of their donation neither do they have a right to any information about any such children.

Both the donor and the recipient will be asked to sign consent forms where this is clearly stated. These forms should be read carefully before signing. If there is anything in these forms that you do not understand, please ask a member of staff for a more detailed explanation.

The Human Fertilisation and Embryology Authority (HFEA)

The HFEA is a statutory body set up to regulate and licence fertility centres in the UK. Their responsibility is for the licensing, regulation and audit of infertility centres to the HFEA which imposes legal requirements on all centres to maintain certain standards in the conduct of clinical and laboratory practices.

The HFEA has a general obligation to review information about embryos, the provision of services and activities governed by the Act. In addition, the Act requires the HFEA to keep a register of information on all patients who:

1. Participate in treatment i.e. transfer of embryos
2. Provide their gametes for storage, donation or research purposes
3. Are recipients of donor eggs and/or donor sperm.

The HFEA is required to charge fees in respect of all licences issued under the Act.

The HFEA charge is payable at the onset of every Egg Donation cycle (fresh or frozen). This fee is payable whether or not the treatment is completed and in the case of frozen embryos, whether or not the embryos survive.

Where do I go from here?

The information in this booklet has been designed to give you an overall picture of what is required if you are going to receive donated eggs. If you are happy to book your initial consultation, please call our Medical Secretaries on **020 7730 5932** to set up an appointment. If you would like to discuss any points in more detail before booking an appointment please contact the Egg Donation team.

Making an Appointment

We prefer to make appointments following a referral letter from your GP or Consultant Gynaecologist, giving details of your previous investigations and treatment. Please bring any relevant information that may help us to plan your treatment. If you do not wish to inform your doctor, or if you do not have a doctor, please contact the clinic personally to arrange an appointment.

We will offer an appointment that is convenient for you, usually within 2 weeks of initial contact.

The Consultation

The initial consultation will take 2 - 3 hours and involves several stages.

1. A full medical history will be taken by the doctor.
2. The relevant treatment options will be explained, results will be reviewed and an appropriate drug regime will be discussed.
3. There is a fee to join the waiting list which is payable at the time of enrolment; this is non-refundable.

4. Details of overseas Egg Donation Programmes will be given if requested.
5. Counselling is offered to all couples joining the waiting list for egg donation, additional counselling sessions can always be arranged if necessary at no charge.
6. All recipients will undergo a monitored cycle before they receive treatment. The purpose of the monitored cycle is to ensure that each woman receives an appropriate dose of hormones and that the lining of her uterus (endometrium) develops appropriately.
7. Recipients will then be seen by the Ovum Donation Patient Enquiries Co-ordinator officer who will discuss the waiting list, donor recruitment options and complete the matching form.

Counselling

All patients considering donor-assisted conception are booked an appointment to see a counsellor as part of their initial consultation. Further counselling is also available at the request of the patient.

Counselling offers those considering treatment with egg donation ([R042 Implications OD Counselling Checklist](#)):

The opportunity to explore legal, social and ethical implications of donor-assisted conception in particular how this information may be shared with a donor conceived child.

Explore issues that might be raised for themselves, their family, their social circle and for any resulting children.

Additional Support

All patients who have joined the waiting list for egg donation will have met one of the counsellors. The Lister Fertility Clinic offers additional support via the “Open Door” to counselling i.e. free counselling before, during and after treatment.

Daisy Chain

The Daisy Chain is a support group for women in their teens, 20’s and 30’s who have undergone premature menopause. It is run by volunteers who have all experienced premature menopause themselves. Further information about the Daisy Chain can be obtained by sending a large (A4) stamped self-addressed envelope to:

The Daisy Network
PO Box 183
Rossendale
BB4 6WZ

Donor Conception Network

Founded in 1993, the donor conception network is a parent-led and child-centred organisation based on mutual support. Families who have been through the donor conception process can help those who are starting on the journey. We support people around the emotional and social issues in using donor conception, and in making choices that are likely to promote the well-being of families.

154 Calendonian Road
London N1 9RD

Help and Information Line: 020 7278 2608

Email: enquiries@dcnetwork.org

Infertility Network UK

Advice, support and understanding

Charter House
43 St Leonards Road
Bexhill on Sea
East Sussex
TN40 1JA

Telephone: 0800 008 7464 or 01424 732361

Email: admin@infertilitynetworkuk.com

IF YOU HAVE A COMPLAINT

Whilst we do everything we can to ensure that your treatment is carried out as professionally and efficiently as possible, there may be times when you feel that your personal care and management has been sub-standard.

If this is so, please direct a written complaint to the Complaints Officer:

Unit Manager
Lister Fertility Clinic
The Lister Hospital
Chelsea Bridge Road
London SW1W 8RH

Email: IVFComplaints@hcahealthcare.co.uk

Direct Line: 020 7730 5932