



Carolina Conceptions

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Oocyte Recipient Program

This brochure is an introduction to Carolina Conception's Anonymous Oocyte Recipient Program. The purpose of this program is to provide oocytes (eggs) to women who are unable to conceive because of impending or complete ovarian failure. The majority of oocyte donor cycles at Carolina Conceptions are performed using anonymous donors. Women are recruited based on their interest in helping couples like you achieve a pregnancy. The motivation for most of these donors are both altruist and financial.

If you elect to participate in the anonymous oocyte recipient program this information will be held in confidence. Health care providers who assist in your care may know that you are an oocyte recipient but will keep this information confidential. At the completion of your cycle your donor will not be informed of the outcome. It will be up to you and your partner to decide with whom to share this information, including your obstetrician, should you conceive. We recommend that you consider who you will inform and the potential consequences of this decision prior to beginning a cycle of receiving anonymous oocytes. The oocyte donor's identity is also protected and you will not be given any information about her. We will discuss our screening and matching procedures with you and make an attempt to incorporate any special requests that you may have in the selection of your donor. If you should use a known donor, she must meet the same screening criteria as our anonymous donors. Charges for the cycle with either anonymous or known donors are the same with the possible exception of donor compensation. It is your decision to choose whether or not you want to compensate a known donor.

Following the program summary, you will find an estimate of charges that are incurred during an average cycle. You must understand that these are only estimates. Additional charges for medications, laboratory screening or other services may be incurred. These charges are also subject to change without prior notice. A deposit of \$3,000 (\$500 non-refundable) is required prior to beginning the matching process. Once you have been matched, the remainder of the cycle charges must be paid in full prior to initiating a cycle. This policy is designed to help us minimize the cost of oocyte donation for our patients. Questions regarding financial matters should be addressed to our financial coordinators.

With this packet we have included a genetic history form to be completed by you and your partner. This information will need to be returned to us before we can begin the matching process. In this form you are asked to provide physical characteristics (height, weight, hair and eye color, and blood type) and genetic/medical history of both partners. Donors are matched with these characteristics as closely as possible. We also require that both partners have screening lab work obtained prior to beginning a cycle. The lab work required is:

Female partner: HIV 1 & 2, Hepatitis B surface antigen, Hepatitis B core antibody, Hepatitis C, CMV, RPR, Varicella, Rubella, Blood Type, PAP Smear, Gonorrhea and Chlamydia culture.

Male partner: HIV 1 & 2, Hepatitis B surface antigen, Hepatitis B Core antibody, Hepatitis C, RPR and blood type.

This lab work may be performed at Carolina Conceptions or at an FDA approved lab and the results faxed to our office. The results must be current within six months (except blood types, CMV and rubella status – these may be from any time) and must be received by us prior to beginning a cycle.

We require that the male partner perform a specialized semen evaluation called a semen analysis. This is a test that provides us with important information regarding the ability of the sperm to fertilize oocytes and assists us in deciding the percentage of ICSI (IntraCyttoplasmic Sperm Injection) needed to assist with the fertilization of the oocytes.

We also recommend that all couples discuss their decision to undergo a cycle utilizing anonymous oocytes with a counselor or psychologist trained in this area. We can recommend a Liscensed Clinical Psychologist. All of our oocyte donors also undergo an evaluation prior to starting the donation process.

Oral, transdermal, subcutaneous and/or intramuscular medications are administered in a programmed regimen to allow us to mimic an optimal menstrual cycle that can be synchronized

with your donor. This programmed cycle will be evaluated by serum (blood) hormone testing and transvaginal ultrasounds.

If you have any medical problems that might increase your risks during pregnancy we recommend that you meet with a specialist in Maternal Fetal Medicine for preconception counseling.

A cycle begins when we have matched you with an oocyte donor. It may take anywhere from 3 – 6 months to find a suitable match. We will notify you by phone that we have found a match and schedule a date to begin medications.

You will begin OCP's (birth control pills) with the start of your menstrual cycle in an effort to get you and your donor in sync with each other. You will begin a drug called Lupron at a specified time and overlap with your OCP's by four days. Lupron is a daily subcutaneous injection that should be given around the same time each day. You should experience a bleed 4-7 days after your last OCP. We ask that you call the office with your menses. Please notify us if you have not had a menses after 14 days of stopping your OCP. We will draw a serum estradiol to check your estrogen level.

Around this time we will have started the donor on OCP's in an effort to control her cycle. Once you have had a menses and your donor has been on OCP's for at least 14 days, we can begin to coordinate your cycles. You will start using Vivelle (Estrogen) patches (3 patches applied at the same time) to be changed every three days and the donor will begin the drugs to stimulate her ovaries. 8-12 days after beginning estrogen replacement you will have a serum estradiol level and vaginal U/S performed. This is done to ensure an appropriate estrogen level and uterine lining. When the follicles on the donor's ovaries have reached a mature size; generally after 10-15 days of stimulation drugs (gonadotropins), we will notify you by phone that we are ready for the next step. At the time of this call we will instruct you to begin your intramuscular progesterone injections (one injection each evening). On this day you will stop the Lupron injections but continue your Vivelle patches. We will also schedule semen collection for the day of egg retrieval. This will generally be two days after this phone call and will be in the late morning. You may choose to collect at home if you live within 30 minutes of the clinic. Please arrange to pick up a container from us ahead of time. We have a private room outside the clinic area for those whom wish to collect at the clinic. Very rarely we will need to collect a second specimen so please leave a number for us to contact you should this be necessary. On the day before the retrieval you will begin a 5 day course of the antibiotic Zithromax.

You will be contacted the evening of the retrieval informing you of the number of eggs retrieved. The next day (the day after egg retrieval and sperm collection) we will call you with the results of fertilization (how many embryos resulted). We will also contact you over the next few days to update you on the progress of your embryos. Embryo transfer will occur 3 to 5 days after retrieval.

On the day of embryo transfer, we will discuss with you the number of embryos that will be transferred. The transfer is performed in a room near our laboratory area. Please arrive with a full bladder, since the transfer will be done with ultrasound guidance. The discomfort is similar to a PAP smear. The day following the transfer you may resume your normal daily activities.

Two weeks after the egg retrieval we will perform a serum (blood) pregnancy test. The progesterone usually prevents a period even if you are not pregnant. If the pregnancy test is negative you will discontinue all medications and will probably begin a period within the next week. If the pregnancy test is positive you will continue the supplemental estrogen and progesterone for another 8 weeks (until 10 weeks gestation when the placenta will be supporting the pregnancy). A positive pregnancy test will be repeated in 2-4 days and if levels are rising appropriately an ultrasound will be scheduled for 3 weeks later.

There are several reasons why a cycle of anonymous oocyte donation may be cancelled. The most common reasons are poor stimulation of the donor's ovaries, excessive stimulation of donor's ovaries, and presence of ovarian cysts prior to beginning a cycle or a change of heart for either the donor or recipient (this is a very rare occurrence). There is no guarantee as to the number of oocytes that will be retrieved, the number that may fertilize, the quality of the recovered oocytes, or that a pregnancy will result. There is also no guarantee that a positive pregnancy test will lead to a live birth.

At your initial visit with either Dr. Couchman or Dr. Meyer they will quote you the most recent program statistics.

We look forward to working with you. Please call our office at 919-782-5911 if you have any questions regarding information in this brochure. To schedule an appointment with Dr. Couchman or Dr. Meyer, please call 919-782-5911 and request a "New IVF/Recipient" appointment.

History for Recipient Couples

Date completed: _____

Female Partner Information

Name _____ Date of Birth _____

Address _____

Phone: Day _____ Night _____

Other _____

Occupation _____

Education _____

Ancestry (The country of your birth and most of your ancestors) _____
(e.g. German, French, African...)

Height _____ Weight _____ Blood Type _____ Race _____

Hair color and texture _____ Eye Color _____

Do you have any health problems? Yes No
If yes, please describe the problem and age of diagnosis: _____

| | | | |
|--|-----|-----|----|
| Do you have any Jewish ancestors? | Yes | No | |
| If yes, have you ever been tested for Tay Sach's disease? | | Yes | No |
| Do you have any African American ancestors? | Yes | No | |
| If yes, have you ever been tested for Sickle Cell disease? | | Yes | No |
| Have you ever been tested for Cystic Fibrosis? | Yes | No | |
| If you have been tested for any of these, what were the results of the test? | | | |

Male Partner Information

Name _____ Date of Birth _____

Address _____

Phone: Day _____ Night _____

Other _____

Occupation _____

Education _____

Ancestry (The country of your birth and most of your ancestors) _____
(e.g. German, French, African...)

Height _____ Weight _____ Blood Type _____ Race _____

Hair color and texture _____ Eye Color _____

Do you have any health problems? Yes No

If yes, please describe the problem and age of diagnosis:

Do you have any Jewish ancestors?

Yes

No

If yes, have you ever been tested for Tay Sach's disease?

Yes

No

Do you have any African American ancestors?

Yes

No

If yes, have you ever been tested for Sickle Cell disease?

Yes

No

Have you ever been tested for Cystic Fibrosis?

Yes

No

If you have been tested for any of these, what were the results of the test?

The following questions refer to the genetic history of the **MALE PARTNER**. This information will be matched with the genetic history information provided by the donor.

Children (include all children, living and deceased)

| | Sex | Age (or age at death) | Health Problems | Age Diagnosed |
|---|-------|-----------------------|-----------------|---------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |

Siblings (include all brothers and sisters, living and deceased)

| | Sex | Age (or age at death) | Health Problems | Age Diagnosed |
|---|-------|-----------------------|-----------------|---------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ |

Father's Family

FATHER: Living? Yes No Age now _____ or age at death _____
If deceased, cause of death _____
Health problems and age diagnosed _____

GRANDFATHER: Living? Yes No Age now _____ or age at death _____
If deceased, cause of death _____
Health problems and age diagnosed _____

GRANDMOTHER: Living? Yes No Age now _____ or age at death _____
If deceased, cause of death _____
Health problems and age diagnosed _____

AUNTS and UNCLES (your Father's brothers and sisters) Living

| | Sex | Age | Health Problems | Age Diagnosed |
|---|-------|-------|-----------------|---------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ |

AUNTS and UNCLES (your Father's brothers and sisters) Deceased
(Include stillborn, infant death and childhood death)

| | Sex | Age | Health Problems | Age Diagnosed |
|---|-----|-----|-----------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Mother's Family

MOTHER: Living? Yes No Age now _____ or age at death _____
 If deceased, cause of death _____
 Health problems and age diagnosed _____

GRANDFATHER: Living? Yes No Age now _____ or age at death _____
 If deceased, cause of death _____
 Health problems and age diagnosed _____

GRANDMOTHER: Living? Yes No Age now _____ or age at death _____
 If deceased, cause of death _____
 Health problems and age diagnosed _____

AUNTS and UNCLES (your Mother's brothers and sisters) Living

| | Sex | Age | Health Problems | Age Diagnosed |
|---|-----|-----|-----------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

AUNTS and UNCLES (your Mother's brothers and sisters) Deceased
(Include stillborn, infant death and childhood death)

| | Sex | Age | Health Problems | Age Diagnosed |
|---|-----|-----|-----------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Have you or anyone in your family had any of the following?

| | Yes | No |
|------------------------------------|-----|-----|
| Down's syndrome | ___ | ___ |
| Mental Retardation | ___ | ___ |
| Seizure Disorder | ___ | ___ |
| Loss of Muscle Coordination | ___ | ___ |
| Premature Senility (before age 50) | ___ | ___ |
| Deafness (before age 40) | ___ | ___ |
| Schizophrenia | ___ | ___ |
| Manic Depression | ___ | ___ |
| Serious Birth Defects | ___ | ___ |
| Congenital Heart Defects | ___ | ___ |
| Congenital Hip Defects | ___ | ___ |
| Two or more miscarriages | ___ | ___ |
| Diabetes | ___ | ___ |
| Thyroid Disease | ___ | ___ |
| Progressive Kidney Disease | ___ | ___ |
| Skin Disorders | ___ | ___ |
| Lumps under the skin | ___ | ___ |
| Early Death (before age 50) | ___ | ___ |
| Arthritis (before age 50) | ___ | ___ |

If you answered **yes** to any of the above questions, please complete the following:

| Specific Relation | Specific Condition | Age Affected |
|-------------------|--------------------|--------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Mail this completed form to:

Carolina Conceptions
 Attn: Donor Oocyte Coordinator
 2601 Lake Drive, Suite 301
 Raleigh, NC 27607

Wish List

Please list the things you would like for us to look for in a donor

“Wouldn't it be nice if...?” I will try to match items in this category

“Don't match me unless...” I **must** match items in this category

WOULD YOU ACCEPT A DONOR WHO DID NOT ALLOW FUTURE CONTACT,
EVEN IF A CHILD DEVELOPED A SERIOUS HEALTH PROBLEM
THAT MIGHT BENEFIT FROM FUTURE CONTACT?

YES

NO

**Please include a large, color photograph of you and your
partner.**

(Photo will not be returned)