

# Provider Information Egg Sharing Programme

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The shortage of donated eggs in the UK has resulted in a long wait for treatment for those women who need them. The Egg-Sharing Programme offers a practical solution by bringing together infertile women willing to donate some of their eggs to other infertile women unable to produce their own eggs.

## CRITERIA FOR ACCEPTANCE ONTO THE PROGRAMME

### Potential Egg-Providers must meet the following Criteria:

Be between the ages of 18 and 35. The HFEA state that no one over the age of 35 should become an egg provider, except in exceptional circumstances.

Be a Non-Smoker

Fit and healthy with BMI between 20 – 30

Her FSH levels on day 2/3 of the cycle must be less than 8 iu/L, Oestradiol and LH must all be normal.

Have no previous history of severe endometriosis or of having had one ovary removed


Have no history of previous low ovarian response to ovarian stimulation

Have both ovaries

No personal history of transmissible disease

No personal or family history of inheritable disorders.

An egg provider will not be accepted with untreated polycystic ovarian disease

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## TREATMENT MANAGEMENT AND INFORMATION

If there are fewer follicles than the minimum (ideally a minimum of 12-14 follicles) I could choose to go ahead using all the eggs myself and pay the full cost of treatment and the drugs or abandon the cycle with no further cost or commitment to the program .If fewer eggs are collected than the minimum needed to share (ideally a minimum of 10), I could choose to go ahead using all the eggs myself at no extra cost and with no further commitment.

If the egg provider produces fewer follicles than the minimum (ideally 12/14 follicles) needed for sharing, she could choose to go ahead, using all the eggs herself and pay the full cost of treatment and drugs or abandon the cycle with no further cost or commitment to the program. If the IVF cycle is abandoned because of poor ovarian response, it is unlikely that the egg provider will be accepted into the scheme again.

If the egg provider's first cycle is not successful, she will be invited for a free review consultation to discuss further treatment options. If the provider has responded well and produced a sufficient number of eggs and good quality embryos, the clinic might offer further cycles up to a maximum of three cycles.


In accordance with the HFE Act 1990, the egg provider may withdraw or vary her consent up to the time an embryo containing her gametes is used in treatment. If the egg provider produced a sufficient number of eggs to share with the recipient, but then decided to withdraw consent, she is responsible for the full cost of the IVF cycle with drugs.

- The egg provider and recipient will remain anonymous to each other. Every care is taken to ensure that this confidentiality is not compromised. In an egg sharing agreement, the clinic can release non identifying outcome information to the donor only where:

The centre or the HFEA, (or both) may disclose non-identifying information about the donor, for example to prospective recipients or to the parents of donor-conceived children.

It is the HFEA's obligation to disclose non-identifying information (and identifying information if donation took place after 13 March 2005), to someone who applies for such information if;

- the applicant is aged over 16 (to access non-identifying information) or 18 (to access identifying information, an
- the applicant appears to have been conceived using the donor's gametes, or embryos created using the donor's gametes
- the importance of supplying up-to-date contact information so that the donor can be informed if and when disclosure of identifiable information will be made

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- the possibility that a donor-conceived person who is disabled as a result of an inherited condition that the donor knew about, or ought reasonably to have known about, but failed to disclose, may be able to sue the donor for damages

As of 1<sup>st</sup> October 2009 donors of gametes and embryos are entitled to enquire information about any children born as a result of their donation:

- A Number
- B Sex
- C Year of Birth

The centre should inform donors and potential donors that they may ask at any time how many children have been born as a result of their donation

The centre should inform donors seeking information about children born as a result of their donation that they may find counselling, or similar support services, helpful in considering the implications or receiving such information.

The centre should inform anonymous donors seeking information about children resulting from their donation that they have right to re-register as identifiable, if they wish

The centre should also inform donors who register or re-register after 31 March 2005 that anyone born as a result of their donation will have access to the following identifying information, from the age of 18:


- full names (and any previous names)
- date of birth, and town or district where born, and
- last known postal address (or address at time of registration)

The centre should inform identifiable donors that it will make a reasonable attempt to contact and forewarn them before disclosing identifiable details to anyone born as a result of their donation. The centre should encourage donors to provide up-to-date contact details to facilitate this.

- Appropriate counselling has been given to all parties involved in the egg sharing arrangement.

The HFEA Code of Practice permits a maximum of 10 families (twins or triplets count as one) as a result of donations from any one gamete donor. Twin and triplet births may be counted as one towards the limit of 10.

It may take 8-10 weeks of preparation from the time of initial consultation before the Egg-Share is allowed to commence treatment. We would advise you to inform your General Practitioner of your

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intention to become an Egg-Sharer. The London Women's Clinic may seek your General Practitioner's views regarding fitness or suitability to donate eggs.

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## MEDICATION AND POSSIBLE SIDE EFFECTS FOR EGG SHARERS

### Ordering Medications (Home Care)

At the consultation a prescription for medication will be given to you. The delivery will be arranged at a convenient time by the drugs company. Suitable arrangements have to be made to make sure you have the medication at least one week before the commencement of your treatment. *Your medications will be provided to you up to your pregnancy test and any medications you require after the pregnancy test is chargeable*

**Cycle manipulation:** Most Egg-Sharers need to take a low dose contraceptive pill for a minimum of two weeks to ensure that menstruation commences at the correct time to overlap with the recipient.

**Down regulation:** In order to allow the drugs to work their best it is necessary to temporarily “shut down” the body’s own natural cycle. This is done with a drug taken in the form of a daily subcutaneous injection or a nasal spray, for four to six weeks. This acts on the pituitary gland and once stopped your own cycle will immediately return to normal.

**Follicle stimulation:** Eggs grow within cystic structures in the ovary called follicles. Each month a woman should normally mature one egg within a follicle. Drugs will be given to stimulate a donor to produce several of these follicles (which are normally wasted) in each ovary. These drugs are hormones taken in the form of daily injections for ten to sixteen days.

### Possible side effects of medication:

Not all women will experience any or all of these side effects and they vary greatly in their degree of severity. Side effects can include hot flushes, mood swings, restless sleep, pre-menstrual changes and discomfort, fluid retention and headaches. Careful monitoring of treatment using vaginal ultrasound is carried out and hormone assays are of value in certain situations. Any patient who is worried about side effects which she may experience should contact the clinic.

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## THE HFEA REGISTER

The HFEA keeps a confidential register of information about donors, patients and treatments. The register was set up on 1st August 1991 and therefore contains information concerning children conceived from licensed treatments from that date onwards.

As from the year 2008, people aged 16+ (if contemplating marriage) or 18 who ask the HFEA will be told whether or not they were born as a result of licensed assisted conception treatment, and if so, whether they are related to the person they want to marry. As the law now stands for children conceived before April 1, 2005, that is the only information that will be disclosed by the HFEA.


From 1st April 2005, the Human Fertilisation & Embryology Authority (HFEA) requires all gamete donors to provide identifying information. This information will enable the HFEA to inform a donor in the future of any enquiries made by a child that has been born following a donation when that child reaches the age of 18. The HFEA will not disclose any information without first contacting the donor.

In the event that a donor fails to disclose relevant genetic medical history and a child is born with a disability, a court can require the HFEA to disclose the donor's identity under the Congenital Disabilities Act (Civil Liabilities) Act 1976.

## RESPONSIBILITY TO ANY CHILD BORN FOLLOWING EGG DONATION

The recipient will be responsible for any child born following the donation. The donor relinquishes all legal rights and claims over any offspring that may result from her donated eggs, along with all duties towards the child.

If you have further queries, please contact Sister Mimi Arian-Schad on Tel: +44 (0)20 7487 5050 or email us on [info@londonwomensclinic.com](mailto:info@londonwomensclinic.com)

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**COST OF TREATMENT FOR EGG SHARERS VALID FROM July 1ST 2009****Non Chargeable Items:**

The IVF cycle treatment fee  
 Implications and support counselling (initial consultation)  
 Access to a nurse to discuss any questions  
 Review consultation if the cycle is not successful  
 Drugs required for the IVF cycle up to pregnancy test, chargeable thereafter  
 Review consultation before embarking on treatment

**Chargeable items:**

	£
Initial consultation fee	295.00
Semen analysis (if required)	70.00
HFEA fee	104.50
FSH	28.00
LH	27.00
E2	25.00
HIV	29.00
HEP B antigen	26.00
HEP B Core	28.00
HEP C	55.00
Chlamydia	53.00
Rubella	26.00
Cervical Smear	39.00
Sickle cell ( if necessary)	19.00
HTLV ½	42.00
TPHA	26.00
Cystic Fibrosis	80.00
CMV Igg, Igm	89.00
Chormosomes	122.00
Blood group	21.00

**Extra procedures (if applicable):**

Donor sperm (if required)	850
ICSI	995
Blastocyst transfer	500
Assisted Hatching	500
Surgical sperm retrieval	1500
Cryo-preservation of embryos and storage for one year	500

Your General Practitioner may be prepared to carry out the investigations. Should this be the case, you will only be required to pay for your initial consultation, semen analysis and HFEA fee.

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On the day of your baseline scan the day you start stimulation, you will be required to pay for the HFEA fee and any other extra chargeable procedures.

Extra procedures, such as donor sperm preparation, ICSI, cryopreservation of embryos, assisted hatching, surgical sperm retrieval and blastocyst transfer are chargeable. Egg retrieval is normally performed under intravenous sedation.

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