

RECIPIENT INFORMATION EGG-SHARING PROGRAMME

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

Each patient is assessed on an individual basis. Where the age of the recipient woman exceeds 50, the case will be discussed at a full clinical meeting and, if necessary, referred to The LWC Ethics Committee. All potential egg recipients will be required to undergo an examination and to discuss their own and their family's medical history. We will need permission to contact the GPs. More intensive investigation is required for recipients aged 50 or over.

SCREENING AND CONSENT OF EGG SHARERS

A number of initial screening tests are required prior to acceptance on the programme and the nurse will discuss these at your initial meeting. Generally these will include HIV, hepatitis B & C (annually), blood group, cytomegalovirus, Chlamydia and rubella antibodies.

All potential egg providers or sharers have an initial appointment with a consultant and a counselor at The LWC. The potential provider then undergoes a variety of screening tests before being accepted for treatment. Careful screening minimizes the risk of transmissible diseases or hereditary problems. Counselling for the provider is available at all times, and she is free to change her mind at any time during the recruitment process.

UNDERSTANDING OUR OVUM DONATION RECRUITMENT FEE

Recipients may wish to look for an egg provider/donor while they remain on our waiting list. We can provide you with advice and printed material if you are actively seeking a known donor. Donors must be screened for suitability and must be aware that risks can occur.

MATCHING EGG PROVIDER WITH EGG RECIPIENT

Upon request, we endeavour to match, as closely as possible, the physical characteristics of the egg provider to the recipient. In some cases, we will be asked to match characteristics to a patient's partner instead, depending upon the availability of egg providers/donors.

TREATMENT MANAGEMENT AND INFORMATION

Medication and side effects for egg recipients

Cycle Manipulation: Recipients with menstrual cycles may need to take a low dose contraceptive pill for a minimum of two weeks to ensure that their period arrives at the correct time to overlap with the egg provider.

Down Regulation: Recipients with regular menstrual cycles may be asked to take a drug to temporarily "shut down" their body's own natural cycle. This is usually taken in the form of a daily subcutaneous injection or a single depot preparation.

Endometrial Stimulation: In order to prepare the womb lining for implantation, tablets are used which contain oestrogen. They are taken until the day of a pregnancy test and for a further eight weeks if positive. Before embryo transfer, from the day of the donor's egg collection, progesterone is taken twice daily in the form of a pessary.

Alternative forms of oestrogen such as patches or progesterone injections are occasionally used.

Side effects: Not all women will experience any or all of these side effects and they vary greatly in their degree of severity. They can include:

- Hot flushes
- Mood swings
- Restless sleep
- Pre-menstrual changes and discomfort
- Fluid retention
- Headaches

Careful monitoring of treatment using vaginal ultrasound is carried out and hormone assays are of value in selected situations. Any patient who is worried about side effects that she may experience should telephone the clinic.

GUIDELINES FOR EGG RECIPIENTS FOR SELF-RECRUITMENT OF EGG PROVIDERS

You may wish to contact local or national self-help groups such as Child, Issue or the National Childbirth Trust. Some women have had success by having an article or letter published in a newspaper or women's magazine. You might also wish to refer to the links page on our website: www.londonwomensclinic.com

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*

Potential Egg Providers are required to complete initial screening tests and consent forms. We follow the Human Fertilisation and Embryology Authority (HEFA) and the British Fertility Society recommendations for good practice, which require:

- Completing a medical and family history questionnaire
- Completion of a HFEA Welfare of the Child consent forms Completion of The London Women's Clinic Egg-Sharing Programme consent form
- Completion of HFEA consents for IVF and Egg Donors
- The following tests are required:
 - HIV (repeated 6-monthly)
 - Hepatitis B & C (repeated 6-monthly)
 - Cervical swab or urine Chlamydia
 - Rubella
 - Sickle Cell
 - TaySachs
 - CMV (Both IgG and IgM)
 - RPR / TPHA (repeated annually)
 - Chromosomal analysis
 - Cystic fibrosis (blood sample)
 - Thalassaemia

If you wish to use a 'known' donor, such as a sister or friend, the same screening and counselling criteria will be applicable as for an anonymous donor.

FEATURES OF EGG SHARING

The recipient of eggs pays the same fee regardless of whether the egg provider is self recruited or is an egg sharer - recruited by the clinic. In the case of the latter, a significant part of the fee is used for the treatment of the donor/sharer.

We would aim to provide a minimum of four eggs each for all the participants. If for some unforeseen reason the number of eggs available is lower than expected, the egg provider completes treatment at no extra cost and the egg recipient's name goes back to the top of the waiting list.

COST OF TREATMENT FOR EGG RECIPIENTS VALID FROM JUNE 1ST 2007

Chargeable items:	£
➤ Initial consultation fee	295.00
➤ Follow Up Consultations	125.00
➤ IVF Ovum Donation (UK) +drugs	5400.00
➤ Semen analysis (if required)	140.00
➤ HFEA fee	104.50
➤ Pre-IVF screening tests for both partners (package price)	
Extra procedures (if applicable):	
➤ Donor sperm (if required)	550.00
➤ ICSI	995.00
➤ Blastocyst transfer	500.00
➤ Assisted Hatching	500.00
➤ Surgical sperm retrieval	1500.00
➤ Cryo-preservation of embryos and storage for one year	500.00
➤ TPHA, Chromosomes, cystic fibrosis	138.00