

## **ADVANCED FERTILITY CARE**

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## **Embryo Donation Donor Checklist**

- Embryo donors will NOT be compensated for donating their embryos.
- Embryo donors will need to be screened in the same manner as egg or sperm donors would and those with any identified risk factors based on screening questionnaires may be considered ineligible to donate their embryos according to current FDA guidelines. However, embryos created by such individuals, or those potential donors who are not available or refuse to undergo the following screening and testing, can still donate their embryos provided that the tissue is labeled to indicate any associated increased risks and that both the physician transferring the embryos and recipient are aware of the status of results or lack thereof.
- It is important to understand that when couples interested in adopting embryos are deciding which embryos they adopt, they may choose NOT to adopt embryos from couples who have refused to undergo the recommended screening.
- IF the embryos were created using anonymous donor sperm or donor egg (or both), the donor(s) must have met all FDA screening and testing requirements and must have been determined to be eligible for anonymous donation.

Couple / Prospective Donors	
<b>Embryos must have been create</b>	ed more than 180 days before consideration for donation
☐ Initial consultation with physician	n and/or embryologist
Psychological consultation is <b>str</b> there appears to be factors that w	<b>congly recommended</b> for all couples, and will be required in couples where varrant evaluation
☐ Legal consultation with a reprodu	active health attorney is <b>strongly recommended</b> , but not required
Both Partners / Prospective Do	onors
Completion of Male & Female Emb	oryo Donor Profiles (eg. Medical History, Genetic History, etc)
Completion of FDA Donor Question	nnaire and eligibility screening form
covered by the Embryo donor	at not required): <u>Donors are financially responsible for this testing</u> . Any testing not res' medical insurance will be billed to them directly by the lab performing the tests.
- includes HIV, Hep	e Blood Infectious Disease Screening patitis B/C, Syphilis, Gonorrhea/Chlamydia ncludes HTLV-1 and 2, CMV IgG/IgM
Genetic screening by blood test documented)	for appropriate genetic disorders (based on ethnicity) – (if not already known and
☐ Blood type (if not already know	vn and documented)
	DED TESTS WILL NOT BE REQUIRED, NOT HAVING THEM DONE IHOOD OF YOUR EMBRYOS BEING ADOPTED.
Final determination: PATIEN	Γ PARTNER
☐ Screening and testing comple	eted
☐ Eligible to donate	
☐ Consent form signed and cor	nservatorship of embryos accepted
<b>□</b> Date	