



# INDIAN EGG DONORS AND SURROGACY4ALL

DIVISION OF DGA, INC.  
800 Second Avenue, Suite 900 (at 42<sup>nd</sup> Street)  
New York, NY 10017  
Phone/Fax: (212) 661-7177  
Mobile: (917) 601-4919  
Web: [www.indianeggdonors.com](http://www.indianeggdonors.com)  
Email: [info@indianeggdonors.com](mailto:info@indianeggdonors.com)

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## CONSENTS FORM

### Indian Egg Donors' Commitment Agreement

Please do *not* submit an Egg Donor Application unless you are certain that you are ready to commit to be a Donor. If you have any hesitations, concerns, or questions before submitting your application, please contact us and we will be happy to address these with you. Your application submission along with thorough reading of this Egg Donor Information packet indicates to us that you have informed yourself about egg donation and are comfortable and ready to proceed with a donation cycle.

Since the process of choosing a Donor is a lengthy, complex, and painstaking process, it can be heartbreaking to Prospective Parents to choose a Donor who opts not to donate or is unavailable to donate after being chosen. For this reason, we ask that you be prepared to fully commit to donate upon submitting a Donor application, as well inform us if you are no longer available to donate at any time. It is acceptable to have schedule restrictions, but please be sure to inform us of any such restrictions as they arise.

I have read the above and thoroughly understand the commitment I am making.

I have been informed that my identifying information will not be disclosed to any person, except upon written informed consent of donor, or to authorized employees of the department.

I have been informed that genetic and disease marker testing is required for diseases common to my race and ethnicity, and I authorize the "Indian Egg Donors" organization to do so, when and if required.

I have been notified of all the ways the ova harvested from my ovaries will be used.



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I authorize IED to disclose my Medical history information to the recipients and the concerned physicians.

I have been explained the extent of my responsibility for any costs of any medical complications associated with egg donation.

I have been informed of my right to withdraw consent, only up to the time a specific recipient has begun an assisted reproductive cycle, in reliance on availability of tissue from the donor.

I have been informed of the procedures for collection, storage, retrieval, of the ova, and risks of the drugs given, surgical procedures and/or anesthesia given.

I have been informed of the procedures of the payment to be made to me.

I have been informed of the policy of IED, of not informing me of the outcome of donation.

I hereby give/do not give voluntary consent to the release of my identifying information to the child or children resulting from my donation/donations.

## **CYCLE AGREEMENT FOR ANONYMOUS OOCYTE DONORS**

I do hereby agree to participate in an in vitro fertilization (IVF) cycle where I will serve as an oocyte donor. My decision to participate in this cycle is completely voluntary. I have been given the opportunity to ask questions and to withdraw my participation. All my questions have been answered to my satisfaction.

I understand that I have been or will be matched to an individual or couple (the "recipients"), that in the medical judgment of their physicians need an oocyte donor.



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I agree to donate my oocytes to the recipients designated by their physician. I understand that my oocytes will be used to produce a pregnancy for the recipients.

**I understand that from the moment that the oocytes are removed from my body that they become the sole and undisputed property of the recipients.**

The disposition of any oocytes I have donated, or embryos derived from those oocytes shall be determined solely and completely by the recipients. I understand that these embryos may be frozen, disposed of, donated to another recipient, or donated for research at the discretion of the recipients and/or the Egg Donor Agency.

I understand that I have absolutely no legal claim to any children produced from the use of oocytes I have donated.

I agree to adhere to all instructions given to me by the IVF Center and/or Indian Egg Donors and further agrees to follow all medical instructions given by the designated fertility clinic or IVF clinic/physician which may include, but not necessarily be limited to (a) cooperating with the designated fertility clinic or IVF clinic/physician, (b) scheduling and attending any and all appointments necessary to timely complete the egg donation process, (c) taking medications and injections pursuant to the designated fertility clinic or IVF clinic/physician's instructions, (d) not unreasonably delaying the egg donation process, (e) not drinking alcoholic beverages, (f) not using illegal drugs, (g) not using non-prescription medication or any prescribed medication without consent from the designated fertility clinic or IVF clinic/physician performing the retrieval procedure contemplated by this Agreement, and (h) refraining from unprotected sexual intercourse during the period of time requested by the fertility clinic or IVF clinic/physician.

I am participating in this IVF cycle as an anonymous donor. I will not attempt to ascertain the identity of the recipients. If I discover the identity of the recipients, I will not attempt to contact the recipients, or any children born to them or attempt to obtain custody of any children produced from the use of any oocytes I have donated.

I understand my anonymity will also be maintained from the recipient couple. I acknowledge, however, that it is possible that a child or children born using oocytes I



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have donated may attempt to contact me. I realize that currently there are cases in which children who were given up for adoption have attempted through the courts or through legislation to have the identity of their birth mother revealed even against her wishes and that similar efforts could be initiated by the children born of donor oocytes.

I understand my obligations as an oocyte donor include taking medication, submitting to testing procedures as indicated by The IVF Physician or his staff, and undergoing a medical procedure under anesthesia to remove eggs from my body (oocyte retrieval). I agree to refrain from any activity that in the judgment of The IVF Physician would compromise or jeopardize the successful completion of the treatment.

If I fully complete the intended treatment (through the oocyte retrieval procedure), I will receive compensation in the amount stated in my agreement with the Egg Donor Agency (Indian Egg Donors)

However, if I am deemed by The IVF Physician to have **not** fully complied with the instructions given to me by The IVF Physician or his staff, my cycle may be cancelled by The IVF Physician, and **I will not receive any compensation.** I will not be entitled to any additional compensation such as travel costs, personal expenses etc. beyond sums already advanced to me. I understand that I am acting as an independent contractor and this compensation is subject to taxation. I understand that the compensation is provided by the recipient couple, but in order to help maintain anonymity, it will be dispersed by Egg Donor Agency upon completion of your donation. Compensation will be mailed to you. Therefore, it may take up to 7 business for you to receive it.

I agree at the completion of the cycle to return any unopened, unused medication that had been provided to me.

## **Indian Egg Donors' Release of Photo and Donor Profile**

I authorize Indian Egg Donors to post my photos and Donor Profile on Indian Egg Donors' password-protected online Donor Database. I understand that the passwords for this online Donor Database are only distributed to Prospective Parents and, for the



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privacy of Donors, cannot be released to me or any other Donor represented by Indian Egg Donors.

I also authorize Indian Egg Donors to use my photo in email updates to be sent exclusively to Prospective Parents who have registered for access to the password protected database, informing them of new donors being added to the database.

## Legal Notice

### *Personal Information/Photo Release*

I as an egg donor applicant, acknowledge, understand, and agree, by the act of submitting this application, whether electronically or via hard copy, to have non-identifying information about me listed on the Indian Egg Donors website (last name, address, social security number and driver's license number are kept confidential and will not be listed on the website). I understand that Indian Egg Donors uses photographs to facilitate the matching process between oocyte ("egg") donors and recipients. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I further consent to the reproduction and/or authorization by Indian Egg Donors of said photographs or motion picture footage for use in all domestic and foreign markets.

The information listed on the website or provided to the recipient may include a picture(s) of me and other information that may be of an identifying nature. Confidential information such as last name, address, phone numbers, and social security numbers data are not provided on-line or in information distributed to potential recipients. However, applicant acknowledges and understands that the information provided on-line is available for review by the general public after they have called the office and secured a password and could be enough for the donor to be identified by any other party. Indian Egg Donors cannot guarantee that your confidentiality will be maintained



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or protected because you have provided detailed information about your background, which may be of an identifying nature.

The egg donor applicant acknowledges, understands, and agrees to the best of their knowledge to provide accurate and complete profile information as requested on the application form. In addition, the applicant agrees to provide, accurate social, medical, biographical, and historical information as requested by Indian Egg Donors.

Indian Egg Donors relies upon the accuracy of information provided by the applicant, and makes no representation or warranty, express or implied, as to the accuracy or authenticity of information provided to the applicant or furnished on behalf of the applicant. Verification of the accuracy and authenticity of this information lies solely with the applicant.

Indian Egg Donors does not guarantee or promise that the applicant will be matched with a family/individual who is seeking egg donor assistance or promise any time frame in which this selection will occur. Applicant understands and acknowledges that there is a risk that they may never be matched with a family/individual.

Applicant agrees to take full responsibility for researching and obtaining medical and other information concerning the possible risks of the procedures involved in egg donation. Indian Egg Donors is not a medical clinic or a legal office and cannot provide medical or legal advice.

Applicant understands and acknowledges that laws concerning assisted reproduction vary from state to state and country to country. These laws and regulations may also change frequently. Applicant understands and accepts full responsibility for researching these laws and regulations concerning the legality of egg donation.



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Applicant agrees to hold Indian Egg Donors harmless and free from any liability as a result of any violation of any such law or regulation. Applicant hereby releases Indian Egg Donors and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their director's officers, agents and employees from all claims of every kind on account of such violation.

Applicant understands, acknowledges, and agrees that Indian Egg Donors has the right to remove the profile of any applicant in their sole discretion.

I affirm that this release was not obtained through duress or undue influence.

I have been encouraged to ask questions and all questions have been answered to my satisfaction.

I acknowledge that I have read the above agreement in its entirety and have had any questions answered completely and to my satisfaction. I agree to participate in an IVF cycle and to donate the oocytes retrieved to the recipient couple.

Donor's Printed Full Name: \_\_\_\_\_

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Donor# \_\_\_\_\_ (for office use only)

Signed for Agency: \_\_\_\_\_

Date: \_\_\_\_\_





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## EGG DONOR INFORMED CONSENT

- 1) The egg donor has been informed that her name will be on file and has been advised on restrictions of release of donor identifying information. Donor has been informed that donor identifying information will not be disclosed to any person, except upon written consent of donor, or to authorized employees of the department.
- 2) Donor has been notified of all the ways in which her ova will be used.
- 3) Donor's authorization has been taken, for disclosure of donor medical history information to the intended Parents and the concerned physicians.
- 4) Donor has been explained the extent of her responsibility, for any costs of any medical complications associated with donation.
- 5) Donor has been informed that she has the right to withdraw consent up to the time a specific Intended Parent has begun an assisted reproductive cycle, in reliance on the availability of tissue from the donor.
- 6) Donor has been informed of the procedures for formation of the ova, and the retrieval of the same, and the risks of the drugs given, surgical procedures &/or anesthesia given.
- 7) Donor has been informed of the procedure of payment.
- 8) Donor has been informed that the policy of IED is, not to disclose the outcome of the donation.
- 9) Donor has/has not, given voluntary consent to release identifying information about them to the resulting child or children.

Signature \_\_\_\_\_  
Egg Donor

Date \_\_\_\_\_