

4.7 Agreement for Surrogacy

I, _____ (the woman), with the consent of my husband (name), of _____ (address) have agreed to act as a host mother for the couple, _____ (wife) and _____ (husband), both of whom are unable (or do not wish to) to have a child by any other means.

I had a full discussion with _____ of the clinic on _____ in regard to the matter of my acting as a surrogate mother for the child of the above couple.

I understand that the methods of treatment may include:

1. Stimulation of the genetic mother for follicular recruitment
2. The recovery of one or more oocytes from the genetic mother by ultrasound-guided oocyte recovery or by laparoscopy.
3. The fertilisation of the oocytes from the genetic mother with the sperm of her husband or an anonymous donor.
4. The fertilisation of a donor oocyte by the sperm of the husband.
5. The maintenance and storage by cryopreservation of the embryo resulting from such fertilisation until, in the view of the medical and scientific staff, it is ready for transfer.
6. Implantation of the embryo obtained through any of the above possibilities into my uterus, after the necessary treatment if any.

I have been assured that the genetic mother and the genetic father have been screened for HIV and hepatitis B and C before oocyte recovery and found to be seronegative for all these diseases. I have, however, been also informed that there is a small risk of the mother or/and the father becoming seropositive for HIV during the window period.

I consent to the above procedures and to the administration of such drugs that may be necessary to assist in preparing my uterus for embryos transfer, and for support in the luteal phase.

I understand and accept that there is no certainty that a pregnancy will result from these procedures.

I understand and accept that the medical and scientific staff can give no assurance that any pregnancy will result in the delivery of a normal and living child.

I am unrelated/related (relation) _____ to the couple (the would be genetic parents).

I have worked out the financial terms and conditions of the surrogacy with the couple in writing and an appropriately authenticated copy of the agreement has been filed with the clinic, which the clinic will keep confidential.

I agree to hand over the child to _____ and _____, the couple (to _____ in case of their separation during my pregnancy, or to the survivor in case of the death of one of them during pregnancy) as soon as I am permitted to do so by the Hospital/Clinic/Nursing home where the child is delivered.

I undertake to inform the ART clinic, _____, of the result of the pregnancy.

I take no responsibility that the child delivered by me will be normal in all respects. I understand that the biological parents of the child have a legal obligation to accept their child that I deliver and that the child would have all the inheritance rights of a child of the biological parents as per the prevailing law.

I will not be asked to go through sex determination tests for the child during the pregnancy and that I have the full right to refuse such tests.

I understand that I would have the right to terminate the pregnancy at my will; I will then refund all certified and documented expenses incurred on the pregnancy by the biological parents or their representative. If, however, the pregnancy has to be terminated on expert medical advice, these expenses will not be refunded.

I have been tested for HIV, hepatitis B and C and shown to be seronegative for these viruses just before embryo transfer.

I certify that (a) I have not had any drug intravenously administered into me through a shared syringe; (b) I have not undergone blood transfusion; and (c) I and my husband have had no extramarital relationship in the last six months.

I also declare that I will not use drugs intravenously, undergo blood transfusion excepting of blood obtained through a certified blood bank, and avoid sexual intercourse during the pregnancy.

I undertake not to disclose the identity of the couple.

In the case of the death of both the husband and wife (the couple) during my pregnancy, I will deliver the child to _____ or _____ in this order; I will be provided, before the embryo transfer into me, a written agreement of the above persons to accept the child in the case of the above-mentioned eventuality.

Endorsement by the ART clinic

I/we have personally explained to _____ and _____ the details and implications of his/her/their signing this consent/approval form, and made sure to the extent humanly possible that he/she/they understand these details and implications.

Signed:

(Surrogate Mother)

Name, Address and Signature
of the Witness from the clinic

Name and Signature of the Doctor

Dated