

## 4.8 Consent Form for the Donor of Eggs

I Ms. \_\_\_\_\_ consent to donate my eggs to couples who are unable to have a child by other means.

I have had a full discussion with Dr. \_\_\_\_\_  
(name and address of the clinician) on \_\_\_\_\_.

I have been counselled by \_\_\_\_\_  
(name and address of independent counsellor) on \_\_\_\_\_.

I understand that there will be no direct or indirect contact between me and the recipient, and my personal identity will not be disclosed to the recipient or to the child born through the use of my gamete.

I understand that I shall have no rights whatsoever on the resulting offspring and vice versa.

I understand that the method of treatment may include:

- Stimulating my ovaries for multifollicular development.
- The recovery of one or more of my eggs under ultrasound-guidance or by laparoscopy under sedation or general anesthesia.
- The fertilization of my oocytes with recipient's husband's or donor sperm and transferring the resulting embryo into the recipient.

**Endorsement by the ART clinic/oocyte bank**

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: \_\_\_\_\_

Name, Address and Signature of the Witness from the clinic

Name and Signature of the Doctor

Dated