



Midland Fertility Services

Egg Sharing for Recipients



'Building futures,
transforming lives'

Why become an egg share recipient?

Waiting for donor eggs can be long and frustrating, but becoming an egg share recipient could mean a much shorter wait for your treatment. Most of the eggs for donation at MFS come from the egg sharing scheme, which is managed by a dedicated egg and embryo donor co-ordinator.

Receiving donated eggs via egg sharing is not suitable for everyone and your fertility specialist can discuss all the options with you and also provide you with information about alternative treatments.

Who are egg share donors?

Egg share donors are women who require IVF to conceive and who are prepared to donate some of the eggs collected as part of their treatment to women who require donor eggs, in return for subsidised treatment costs.

Potential donors must be under 36 years old, non-smokers, within a normal weight range and have no personal or family history of inherited illnesses or abnormalities. Egg share donors' eggs must also be of sufficient quality to optimise their - and the recipients' - chance of conceiving. MFS will arrange blood test to assess this.

Like other donors, potential egg sharers are screened for cytomegalovirus (CMV), sexually transmitted diseases (syphilis, chlamydia and gonorrhoea), hepatitis B and C and HIV (the AIDS virus). They also provide a blood sample which MFS checks for chromosomal abnormalities and the common mutations for cystic fibrosis.

Who is suitable to be an egg share recipient?

To be considered as an egg share recipient, you should be 49 years old or younger and in good health. Requests from women over 50 years will be considered on an individual basis. You will be seen by a doctor and a specialist nurse or midwife for assessment and you will also be offered the chance to see an independent counsellor. Every case may be discussed at a meeting of the unit staff.

What do recipients pay for?

Egg share recipients are responsible for the following costs:

- your first visit and baseline tests*
- the full cost of receiving donor eggs using either standard IVF or ICSI*
- the cost of the drugs needed for your treatment
- any frozen embryo transfers and yearly storage fees (applicable only if frozen embryos are created and/or if the embryos are not used within 12 months of their creation)*
- the HFEA levy on treatment*

* details of current treatment costs at MFS and of HFEA levies are available in the Patients' Guide to Services or via www.midlandfertility.com

How are eggs allocated?

- if six intact eggs or more are collected, the donor shares her eggs with the recipient. If an even number of eggs is collected, both receive half. If an odd number is collected, the extra egg is given to the recipient
- if the donor produces only one or two eggs, then we ask her to keep them herself as there is a chance these eggs

- could be of poor quality
- if three, four or five eggs are collected, splitting the number will not give either the donor or recipient a good chance of pregnancy, in which case there are two options:
 - the donor gives the recipient all the eggs
 - the donor keeps all of the collected eggs - in which case the recipient's treatment will be postponed and she will be credited towards a future treatment cycle, as per the MFS cancellation policy

MFS makes every effort to ensure an adequate response from the donor, but cannot guarantee that a minimum number of eggs will be retrieved.

How are egg sharers matched?

MFS will match, as closely as possible, the following characteristics of the donor and recipient:

- ethnicity
- eye and hair colour
- height and build

Your treatment can go ahead only if a matching patient who requires IVF treatment is ready to start her treatment. This means that you may need to wait until a donor is available.

Will you know the identity of your egg donor?

You will not be told the identity of the woman who donates her eggs to you, but you will have access to some information about the donor, including, for example, whether she has children and what her hobbies and interests are. You will also remain

anonymous to her, although if the donor wishes, she may be informed if the recipient of her donor eggs achieved a pregnancy, but no further information can be supplied. However, in 2005 the law regarding donor anonymity changed so that any child conceived after 1 April 2006 from eggs from donors registered after 1 April 2005 will be able on reaching the age of 18 - or sooner if they plan to marry - to access identifying information about the donor.

The Human Fertilisation and Embryology Act 1990 means the recipient will be the legal parent of any child to which you give birth as a result of donor egg treatment.

Any implications about the removal of donor anonymity for donors, recipients, children or their families can be discussed with MFS staff or a counsellor.

Using frozen embryos

Donors are asked to return to MFS six months after their donation so that blood can be taken for a repeat infection screen. Recipients have the opportunity to use any frozen embryos once MFS has these results.

How successful is egg sharing at MFS?

Results of egg donor and egg sharing treatments at MFS are available in the current Patients' Guide to Services or via www.midlandfertility.com

List of Services

- In Vitro Fertilisation (IVF)
- Intra Cytoplasmic Sperm Injection (ICSI)
- Surgical Sperm Recovery (PESA/TESA)
- Embryo Freezing
- Blastocyst Culture
- Intra Uterine Insemination (IUI)
- Sperm Storage
- Assisted Hatching
- Egg Freezing
- Egg Donation
- Egg Sharing
- Tubal Patency Testing
- Fertility Investigation Package
- Phospholipid Auto-antibody Screen
- Sperm Analysis
- Recurrent Pregnancy Loss and Implantation Failure
- Genetic Screening
- Ovarian Reserve Testing
- Vasectomy Reversal Back-Up

How to get to Midland Fertility Services

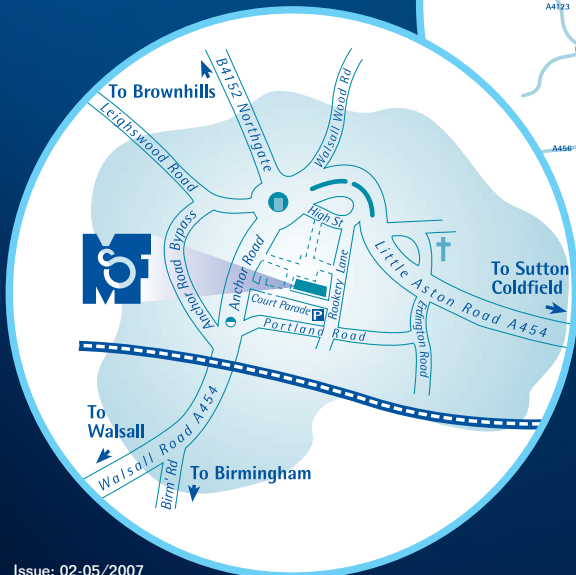
Third Floor, Centre House,
Court Parade, Aldridge,
West Midlands WS9 8LT

t: 01922 455911

f: 01922 459020

e: mfs@midlandfertility.com

w: www.midlandfertility.com



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FS 85979

