

INFORMATION THE EGG SHARING PROGRAMME (DONOR)

What is Egg Sharing?

Egg sharing is a process whereby patients with a normal egg reserve can undergo IVF and share their eggs with a woman who cannot produce their own good quality eggs. By sharing their eggs the donor is helping a couple and there is a reduction in the cost of standard treatment, as the person receiving the eggs (the 'recipient') undertakes to pay most of the expenses involved.

Who can be an egg-sharing donor?

Egg sharing donors at GCRM must:

- be less than 34 years of age (i.e. before the 34th birthday).
- have an AMH value of at least 16 pmol/L (showing a good ovarian reserve).
- have body mass index of <28 Kg/m².
- be a non-smoker.
- be negative for various infectious diseases and have a normal genetic analysis.
- approved medical & family history.

Who can be an egg recipient?

Recipients are normally women whose ovarian reserve has declined to minimum, so that they fail to produce any (or sufficient) mature, good quality eggs for fertility treatment. There are also individuals with specific genetic conditions which they wish to avoid passing on to the next generation.

What is generally involved?

The processes involved are slightly more complicated for the Clinic than standard IVF. The egg-sharing donor is donating some of her eggs for the use of others, and therefore has to undergo more screening tests than normal. Furthermore, she has the implications of the donation to consider and counselling is strongly recommended before final decisions are made. After the preliminary tests and signed the appropriate consent forms, the egg-sharing donor undergoes a normal IVF cycle. The aim is to donate a *minimum of 5* eggs to the recipient. The recipient can receive the eggs either fresh (when the menstrual cycle has been coordinated with the treatment cycle of the donor) or the eggs can be "vitrified" for the recipient to use at a suitable date in the future. This latter method (receiving vitrified eggs) is easier to co-ordinate and, importantly, using vitrified eggs results in the *same* pregnancy rate as using fresh eggs.

The donor undertakes to donate at least 5 of her eggs to the recipient. To ensure that the procedure is fair to all participants, strict criteria for donors are applied and are restricted to women who are likely to achieve at least 7 eggs after fertility drug treatment.

From our treatment programme, we have calculated that if the *donor* has at least two (2) eggs, her pregnancy rate is not reduced.

The sequence of events for potential egg-sharing donors

At the initial consultation at GCRM, the principle steps will be explained to you. Essentially, they will follow the path of taking your relevant medical details, including an assessment of your ovarian reserve if this has not been performed already. If this is satisfactory, indicating the likelihood of obtaining 10 eggs or more, and you are still keen to participate in the egg-sharing programme, then we will ask you to pay a deposit (which is deducted from your final treatment

costs) and return to have the necessary screening tests performed. We strongly recommend a session with the counsellor, who will provide implications support. This also allows you further time to consider your decision before signing the necessary consent forms and subsequently embarking on treatment.

Assessments and tests for Donors

The standard assessments and tests for IVF will be carried out (HIV, Hepatitis B and Hepatitis C, see information on IVF), but there are additional tests required prior to donation of eggs (syphilis, CMV, Chlamydia, gonorrhoea, cystic fibrosis gene testing, blood group and chromosome analysis). A positive test for CMV antibodies does not exclude a donor from treatment (see our information leaflet about CMV: INF-Clin041).

Commitments

The egg-sharing donor will formally make a commitment to donate at least 5 of her eggs to a recipient. This will include a formal document, as well as appropriate consent forms.

NB. It is important that both the donor and recipient are fully aware that the donor is free to withdraw consent to donate her eggs or to transfer embryos derived from those eggs at any time until they are transferred to the recipient.

The sharing donor commits to donate **at least 5 eggs**. However, regardless of the number of eggs that the donor produces, she can decide to keep all the eggs for her own use, but she would have to pay the full costs of that cycle.

How the eggs from the treatment cycle are shared

It is the policy of GCRM to try to ensure that the donor's chances of pregnancy are not reduced by donating some of her eggs. As long as the donor gets at least 2 eggs for her own use, our data from the egg-sharing programme shows that the donor has no reduction in her expected chances of pregnancy in her fresh treatment cycle.

The sharing donor commits to donate **at least 5 eggs**. The next 5 will be kept by the donor, thereafter eggs are allocated on an alternate basis and when there is an odd number of eggs (e.g. 13, 15 etc) the extra egg is allocated to the recipient.

Table of egg distribution when more than 6 eggs are collected

Eggs collected	Eggs to Recipient	Eggs retained by donor	Choice
7	5	2	Continue with egg share arrangement. If donor decides to keep all eggs she will be liable for full treatment costs
8	5	3	
9	5	4	
10	5	5	
11	6	5	
12	6	6	

What if the egg-sharing donor doesn't produce at least 7 eggs?

If less than 7 eggs are retrieved from the donor, there are a few choices to be made.

The donor will have the choice to *either* donate her eggs *or retain* them for her own use. If the latter option is chosen the 'donor' will have to pay the full costs of her treatment cycle.

The alternative choices are shown in the table below.

- If *5 or 6 eggs* are retrieved, the donor must decide to either keep or donate all her eggs. If the latter is chosen, then a subsequent treatment cycle will be offered, free of charge, apart from the stimulation drugs, which the donor must pay herself.

Table of choices when less than 7 eggs are collected

Eggs collected	Eggs to Recipient	Choice
6	(6)	Donor MUST decide to – EITHER donate all eggs, and receive a second (free) cycle, except for cost of drugs OR retain all eggs for her own use (this requires payment in full for the treatment cycle)
5	(5)	Donor MUST decide to – EITHER donate all eggs, and receive a second (free) cycle, except for costs of drugs OR retain all eggs for her own use (this requires payment in full for the treatment cycle).
4 or less	4 or less	Donor MUST decide to – EITHER retain all eggs for her own use (this requires payment in full for the treatment cycle), OR donate all eggs, and receive a second (free) cycle, except for cost of drugs. With this latter option, the first eggs retrieved will be donated to the recipient to complete the minimum donation of 5 eggs. The next 5 eggs will be retained for own use, and any eggs thereafter will be distributed between the recipient and donor as above.

Please note; If during monitoring it is deemed that an inadequate response indicates insufficient follicles are developing, the stimulation cycle will be cancelled. If the donor wishes to continue with treatment for herself, she will be liable for all the treatment costs.

Information regarding outcome

Donors can inquire whether their donation has resulted in a live birth, by contacting GCRM after sufficient time has elapsed (usually at least 1 year from donation). GCRM can inform the donor of the gender of any live birth but, under the terms of the HFE Act, no other identifying information can be released.