

An Eggceptional Match – Prospective Donor – Donor Egg Program Information Packet

The Donation in Detail

Once you are matched with your prospective parent(s), approved by their clinic and pass all of your screenings the actual cycle will begin. You will now be placed on a monophasic birth control pill ("the pill") along with the prospective mother (or surrogate) to begin synchronization of your cycles and begin ovulation suppression. You will remain on the pill for a minimum of 3 weeks prior to beginning your injections.

You will be instructed to execute a legal contract with the prospective parent(s). AEM will provide you with legal representation throughout the cycle, manage all fees and answer any questions you may have along the way. This contract must be executed prior to administering any injectable medications.

Following contract execution, you will be given a calendar from the fertility clinic with specific instructions on dates, times and dosages for your prescribed protocol. Your first injection of Lupron (or other agent) if prescribed, will be overlapped with your birth control pill for approximately 5 days. You will receive \$1000.00 of your compensation when you begin injections. If you are not prescribed Lupron or similar, you'll then receive your initial check once your actual stimulation medications begin.

After taking your last birth control pill you will continue to administer Lupron injections. (or other agent). You will have a period after completing your birth control that you will need to report to your clinic. You will have another ultrasound and blood work appointment to confirm ovulation suppression prior to beginning your stimulation injections. Your stimulation injections will last for approximately 7-14 days. Most women will stimulate on average 10 days, some will be ready for egg retrieval sooner and some take additional time.

There are many different stimulation agents that vary between clinics. The stimulation agents are a form of synthetic FSH or follicle-stimulating hormone to increase follicular growth on the ovaries. Some forms of FSH you may hear of are Gonal-F, Follistim, Fertinex and Bravelle.

There will typically be the need for 4-7 monitoring visits to check the status of your follicular growth. This is done by vaginal ultrasound and blood draws. At the end of each monitoring visit, your clinic will adjust your dosage of medication. Once the physician feels you are at a stage deemed "ready for egg retrieval", you will be instructed to take a shot of hCG (human Chorionic Gonadatropin), which will give the follicles what they need for their final maturation. The injection of hCG is extremely time sensitive.

You must take this injection at the exact time that it is instructed because your egg retrieval will be scheduled 36-38 hours later. **If you fail to take this at the time instructed, this will cause you to ovulate prior to the retrieval and the entire cycle will be cancelled.**

The Egg Retrieval

During the egg retrieval process, you will be placed under "twilight" I.V. anesthesia and will be sleeping comfortably during the procedure. The egg retrieval or aspiration is done using a

vaginal ultrasound with a needle guide. The entire procedure is monitored through ultrasound to ensure accuracy of placement. The physician will make a small puncture in each follicle on both ovaries until all of the follicles have been emptied. This is done using a small suction that is attached to the needle. You will be tender and bloated throughout your monitoring and after the egg retrieval. Staying well hydrated, increasing your protein intake and resting post retrieval will help decrease the water retention and bloating and get you back on your feet faster!

Once the procedure is complete, you will remain at the clinic for approximately 1 hour for recovery. This will vary depending on your individual retrieval. After the anesthesia has worn off, you will be discharged to your designated driver. You are not allowed to drive for 24 hours after anesthesia initiation and therefore must bring someone with you.

You can expect to return to normal work and activities a day or two after the retrieval. It is very important that you follow the clinic's post-op instructions. This will ensure that bloating is resolved in a timely manner. You should expect your period in approximately 2-4 weeks after the retrieval; this varies from each individual. You are strongly advised not to have sexual intercourse until you have had your period as you will be at high risk for pregnancy during this time period.

Compensation

Final compensation will be received within a week of the retrieval. Please remember you are responsible for reporting this income to the IRS, An Eggceptional Match, LLC does not withhold taxes for you and is not responsible for reporting this to the IRS.

Everything will be covered by the prospective parent's escrow account managed by AEM. If you experience any out of pocket expenses, please keep all receipts for reimbursement. Additionally you will be required to show proof of wages and childcare expenses for reimbursement.

The Results

Many donors will ask whether or not their donation was successful for the prospective parents. This will be individually based and each couple will decide if they are comfortable with you knowing the outcome of a pregnancy or not. Some donors do not want to know if the prospective mom achieved pregnancy or not, please make this clear ahead of time so we may respect your wishes as well.

Potential Risk Factors for Egg Donors

- As with any medication, there are potential side effects from the Lupron (or other agent) and the stimulation agent. Two of the most common complaints of Lupron are headaches and insomnia (this drug has not been approved by the FDA). You may only take Tylenol during this process. Ibuprofen is not allowed due to the anti-inflammatory response it creates. With each stimulation agent, you will experience bloating and tenderness in the

pelvic region due to the enlargement of the ovaries. Some of the agents sting upon injection and could also leave slight swelling or bruising at the injection site. These will dissipate with time and are not harmful. You can expect to gain a small amount of weight due to the bloating (2-7 lbs), this will also resolve itself in a couple of weeks after the egg retrieval.

- The most common risk with ovarian stimulation is "hyperstimulation" of the ovaries. The goal is to "over" stimulate, not "hyperstimulate." If this occurs, you will be required to repeat a visit back to the clinic to have the added fluid aspirated out of the ovaries. This is done similarly to the egg retrieval itself, although usually you are not given anesthesia for this process. It is a quick procedure that will help you rid of the excess fluid. If you are hyperstimulating during the monitoring process, the physician may be inclined to cancel the cycle due to health risks to you.
- In severe cases, ovarian twisting could occur (less than 1%) in which the ovaries cut off their own blood supply. In this case, the ovary would have to be removed. There are also additional risks to surrounding organs such as nipping the bladder. Your risk factors should be discussed in detail with your clinic before consenting to the procedure.
- Egg donation has come a long way and studies on long-term risks are ongoing. The primary concern is the long term ability for the donor to conceive offspring. Independent studies have not shown this procedure to cause any increased risks of infertility, many of our donors have had healthy, successful pregnancies of their own after completing their donations. Cancer is a risk factor that is also being studied and thus far has not shown any increased risk to donors.

Thank you again, and we look forward to sharing this amazing experience with you!