

Female Patient Name: _____ Social Security #: _____

Partner's Name: _____ Social Security #: _____

Karande & Associates, S.C. doing business as
InVia Fertility Specialists

**USE OF DONOR OOCYTES IN ASSISTED REPRODUCTIVE TECHNOLOGIES
(A.R.T.) ACKNOWLEDGEMENT OF DONOR OOCYTE UTILIZATION
Description, Explanation, and Informed Consent**

We have reviewed and executed the form captioned Consent to the Use of Donor Oocytes in Assisted Reproductive Technologies (A.R.T.). With regard to the use of donor oocytes (eggs):

FemalePartner

Option #1: We acknowledge that all donated oocytes (eggs) from the egg donor designated for this cycle are reserved for our use only. We acknowledge receipt of information regarding the appropriate and anticipated financial costs of the procedures with regard to use of donor oocytes and we agree to accept full financial responsibilities for all expenses including any increased costs that may arise regardless of our subsequent ability to use such eggs.

FemalePatient

Option #2: We agree that the donated oocytes obtained from the donor designated for use in this cycle will be divided between two (2) recipients, a Primary and Secondary recipient, (us and another couple) and the expenses will be divided appropriately.

We also acknowledge and agree that, if in the reasonable judgment of the A.R.T. team, the number or quality of donated oocytes retrieved is insufficient to be divided between two recipients, all of the oocytes (eggs) will be given to the primary recipient. The primary recipient will then assume all financial responsibility. The secondary recipient will not receive any oocytes in that cycle, but will be financially responsible for any services already completed.

We understand and agree that for the purpose of the cycle we have been designated as (to be circled by INVIA FERTILITY SPECIALISTS staff member):

- 1. PRIMARY RECIPIENT**
- 2. SECONDARY RECIPIENT**

and will accept the financial responsibility as outlined above.

We agree to disclose such information as is required to determine our financial status and ability to pay for such procedures. We understand that delinquent accounts may be referred to an attorney or collection agency for collection and we agree to pay reasonable attorney fees, collection costs, and other cost related to collection or delinquent accounts.

All of our questions regarding INVIA FERTILITY SPECIALISTS Use of Donor Oocytes In Assisted Reproductive Technologies (A.R.T.) – Acknowledgement of Donor Oocyte Utilization have been answered. Each of us has had the opportunity to read the consent, have had the content fully reviewed with us in our presence, and acknowledges receipt of a copy of this consent. By signing below, we agree to this agreement in its entirety.

Date Signature of Female Patient Female Name – Print

Date Signature of Partner Partner’s Name – Print

As one of the members of INVIA FERTILITY SPECIALISTS, by my signature indicate that the foregoing consent was read, discussed, and signed in my presence.

Date Signature of Witness (Female Patient) Witness Name – Print

Date Signature of Witness (Partner) Witness Name – Print

NOTE: If you or your partner are unable to have this consent witnessed by a staff member at INVIA FERTILITY SPECIALISTS or FULLY UNDERSTAND THE CONSENT, please notify INVIA FERTILITY SPECIALISTS medical staff. We will provide you with further information and a witness. If you wish to sign the consent outside of INVIA FERTILITY SPECIALISTS, please have the consent notarized.

State of _____, County of _____ ss., I, the undersigned, a Notary Public in and for the said County in the State aforesaid; DO HEREBY CERTIFY that

(Female Patient/ Partner)
personally known to me as the same persons whose names are subscribed to the foregoing document appeared before me this day in persons, and acknowledged that he and she signed, sealed, and delivered the said document as his and her free and voluntary act, for the use and purposes therein set forth.

Given under my hand and official seal this _____ day of _____, 20____.

Commission expires on: _____, 20____.

(Notary Public)

(Notary Seal)