



**Thank you for choosing Tennessee Reproductive Medicine (TRM) as your donor egg source, it is a privilege to help you with one of the most important decisions of your life.**

TRM offers the purchase of frozen donor eggs by patients from other reproductive endocrinology & infertility practices to attempt pregnancy via in vitro fertilization. At most infertility clinics across the United States there is a waiting list for donor eggs and donors are in relatively short supply.

New advances in egg freezing have made it possible for donors to have eggs harvested and then frozen so that they are more quickly available for use by recipients. Recipients can select a donor and either have the eggs shipped to their primary clinic to thaw, fertilize and then transfer fertilized eggs or have sperm sent to TRM for TRM's lab to create the embryos and ship the embryos to the patient's primary clinic (see information in the Consent to Purchase Eggs about the Euploid Blastocyst Guarantee Program). Donor egg freezing has greatly simplified the egg donor recipient IVF process. The donor and the recipient no longer need to have cycle coordination. The procedure is more affordable to most couples who purchase a portion (batch) of a donor's eggs rather than receive all of the eggs she produces in a cycle. Using a portion of a donor's eggs versus all of her eggs also tends to decrease the likelihood that couples are left with numerous surplus embryos and the difficult decisions that accompany what to do with unused embryos. Collectively, frozen egg IVF is a great option for patients wanting a faster, simplified and less expensive option for egg donation IVF. In this document you will find information about donor screening and selection and all forms needed to reserve and purchase your eggs.

**To get started:**

1. Create a patient account with TRM by faxing 3 forms to 423-643-0699, Attention: TRM Egg Donor Coordinator;
  - a. Egg Bank Demographic Form
  - b. Patient Acknowledgement for Communications Forms
  - c. Acknowledgement of Receipt of Privacy Practices Form.

\*After TRM receives your forms, you will be contacted within a few business days to give you login information on how to access the donor database. Please direct all questions about donors and donor availability to TRM rather than your primary clinic or physician as these are handled solely by TRM.

2. Unless you are using donor sperm – forward the most recent semen analysis done for your husband or partner to TRM (must be completed within the last 12 months; there may be additional genetic recessive carrier screening needed but this will vary by donor selection)
3. You will work with the donor coordinator (Dr. Scotchie) to select your donor. Dr. Scotchie will then provide the donor forms to your primary clinic for their review and for them to confirm they will receive the donor eggs on your behalf. **Once TRM gets confirmation from your donor coordinator that the match is approved, you may purchase the eggs.** Eggs are not officially reserved until a purchase is completed.
4. To purchase eggs:
  - a. Return the following forms to 423-643-0699, Attention: TRM Egg Donor Coordinator.
    - 1.) Donor Selection Form
    - 2.) Consent to Purchase Frozen Donor Eggs
    - 3.) If using partner/husband sperm – return the *Male Fertility History Form*, copy of semen analysis & your partner’s carrier recessive screening result, if applicable

\*If using donor sperm – please forward the donor’s genetic test results to TRM

\*If choosing the Euploid Blastocyst Guarantee program, we will also provide a PGT consent for you to complete.
  - b. TRM will confirm for you that your eggs are available and confirm if you are eligible for the blastocyst guarantee options.
  - c. Make payment either with a certified check, wire transfer (additional \$50 banking fee applied to wire transfers) or credit card (additional 3% processing fee applied to credit card payments); please contact TRM Administrator for further details; 423-876-2229, ext 103. Payment amounts:
    - i. \$17,500 (for single batch of eggs with blastocyst guarantee for eligible patients - see *Consent to Purchase Frozen Donor Eggs* page for further information), or
    - ii. \$29,000 (for euploid blastocyst guarantee – for eligible patients - see *Consent to Purchase Frozen Donor Eggs* for further information).

Mailing address for TRM:  
Tennessee Reproductive Medicine  
6031 Shallowford Road, Suite 101  
Chattanooga, TN 37421

***\*Eggs cannot be reserved for recipients until payment is received.*** If the eggs you desire are reserved by another patient between when you want to reserve the eggs but before we receive payment from you, TRM will contact you upon receipt of payment and discuss options for other donors. You will never be required to rematch with a donor that you do not want to use – if something changes in availability and we no

longer have a donor you like – we will refund your payment less any banking fees/charges.

\*Please refer to the sections in this document on “*Frozen Egg Selection & Purchase*” and “*Purchasing Process*” for further information.

5. After receiving payment, TRM will confirm your purchase is complete and will coordinate shipment of eggs to your REI practice in the weeks ahead.

## **Donor Screening Process**

Our donor candidates complete an extensive array of questions about their personal and family medical history, education, hobbies, aptitudes, and ancestry. We adhere strictly to the FDA guidelines on egg donation, which mandate that we screen donors for high-risk behaviors and medical conditions that would preclude them from safely donating eggs; such donors are excluded from our program.

Upon completing the medical history and FDA risk questionnaire, donors are then invited to have an interview with TRM's Egg Donor Coordinator. We educate the donors on the process of egg donation and the process of being a recipient, including your substantial investment of emotional and financial resources involved in this care. The donors then undergo a physical examination and laboratory screening to see if they would likely respond well to medications and/or create an embryo that will hopefully result in a live birth.

The donors then undergo blood type testing and screening for a panel of common recessive genetic conditions, which helps decrease, but does not eliminate the likelihood of having a child with recessive inherited genetic diseases. The panel includes cystic fibrosis and spinal muscular atrophy, both of which are conditions that the American College of OBGYN and American College of Medical Genetics recommends that individuals of reproductive age be offered screening.

Many individuals (including donors) are carriers of recessive genetic conditions (for example, approximately 1/25 Caucasian individuals are carriers of cystic fibrosis); being a carrier poses no health impact for the donor or for any offspring, as long as the recipient's partner or sperm donor does not carry a mutation for the same disease. If your partner has previously had testing and carries a mutation, we recommend selecting a donor who does not carry a mutation for the same condition. If a sperm donor is being used, we recommend choosing an egg donor who is not a carrier for any of the tested mutations or does not carry the conditions the sperm donor carries.

Once a donor is accepted into the TRM Egg Donor program, they are stimulated in order to bank eggs. Within 30 days of the planned egg retrieval, the donors undergo FDA mandated infectious screening tests including: HIV1/2,

syphilis, gonorrhea, chlamydia, hepatitis B, hepatitis C and West Nile Virus. If any of the infectious screening tests were positive, the donor's stimulation would be immediately cancelled.

### ***What screening is not performed?***

We no longer perform routine karyotype testing (which evaluates the chromosomes of the donor to confirm they are 46XX without any rearrangements). Given the estimated prevalence of karyotype disorders in donors is < 0.001%, we do not feel that the cost of a karyotype test (\$500) warrants screening all donors with a karyotype. Therefore, to keep the recipient patient's cost down we have stopped performing karyotype tests on all donors. Some of our existing donors have prior karyotype results, but new donors will not. If your preferred donor does not have a karyotype, you may elect to have this test performed for \$500, assuming the donor is still actively participating in the program.

We do not perform repeated drug screening in donors. Given the thorough screening in the application and interview process, and the difficulty in interpreting drug testing (in that testing has to be repeated frequently and randomly to accurately exclude any drug use), we err on the side of excluding any donors who have risky behavior patterns rather than performing repetitive drug screening. If you would like to choose a donor who is still active in the program and would like to have additional drug screening performed, you may elect to do so for an additional fee (\$300).

We cannot screen the eggs for common chromosome disorders such as Down syndrome. Since the risk of a chromosome disorder is closely related to the female's age, we choose young egg donors (< 32 years old) in order to keep this risk low. Further, most chromosome disorders are post-fertilization events and can only be diagnosed by testing the fertilized egg (embryo) or the baby once the patient is pregnant. Therefore, it is impossible for eggs to be screened accurately for conditions such as Down syndrome. We can test embryos by using preimplantation genetic testing. If you desire embryo testing, please speak to your physician about preimplantation genetic testing (PGT).

## **Donor Selection**

### ***How do I choose a donor?***

Choosing a donor is a highly personalized decision. Most patients or couples start by making a list of characteristics they deem most important. For some, the highest priority is physical resemblance to the recipient patient. For others, ancestry, education or family medical history are more important characteristics.

When starting the selection process, it is important to understand that no donor is likely to fit all desired characteristics. The process of accepting egg donation as the best treatment option can be an emotional one, and some

patients have difficulty finding a donor because they look for someone exactly like them. Remember that no one is exactly like you. Decide what is the most important to you and try to have some flexibility on characteristics to afford you the most options.

### ***How important is the donor's family history?***

It is important to remember that all of us have some family members with diseases/conditions. Many conditions are related to lifestyle as well; therefore, a donor with several members struggling with hypertension or diabetes may simply have a family struggling with obesity, which can largely be controlled in offspring by making healthy lifestyle choices. We do not accept donors with very concerning personal or family histories (for example, several individuals with mental health disorders, or alcoholism, or histories suggestive of cancer syndromes). If you are struggling with how to start the selection process, our Egg Donor Coordinator would be happy to speak with you to learn your desires and help you find the best donor match for you.

### **Purchasing Process**

#### ***Do all donors on the website have eggs immediately available for purchase?***

The egg supply fluctuates frequently based on patient demand, donor availability and a donor's egg production history. At the time of your donor selection, the Donor Coordinator will let you know if your chosen donor has immediately available eggs or if we need to stimulate her to obtain a batch of 6 mature eggs. If we need to stimulate the donor, we will coordinate that and keep you informed on the timeline which varies according to the donor's availability to stimulate.

The donor website that outside clinic patients use to select donor eggs is the same website that TRM uses for its internal egg donor program. Therefore, there are some donors included on the donor website that TRM uses with internal patients that we do not use for outside clinics, usually due to the fact that a specific donor may not be a high egg producer. The donor website program does not allow us to show different lists of donors to different recipient patients. Finally, some of the donors are in the final stages of screening, having passed 90% of the testing; in that case we go ahead and list them as available donors as it is uncommon for us to not accept this type of donor once they complete all testing.

#### ***How many eggs will I receive?***

A batch of eggs is 6 frozen mature eggs (mature means that they are at the stage where they can potentially accept sperm and fertilize; immature eggs will not fertilize). Multiple batches may be purchased if desired, either for multiple cycle attempts now or for potential siblings in the future if pregnancy results.

## ***How many embryos should I expect?***

***One to two embryos generally result from the use of 6 frozen donor eggs. Many patients purchasing a single batch of eggs do not have surplus embryos to freeze.*** However, approximately 30% may have more embryos than they use for freezing.

For our blastocyst guarantee program: For patients that meet clinical history criteria for the blastocyst guarantee program, TRM guarantees that after thawing 6 frozen eggs and fertilizing all eggs that survive the thaw process, at a minimum, *one* blastocyst on day 5 to day 7 after fertilization should be available for transfer or cryopreservation (day of transfer may depend on your primary practice's preference on when embryo transfer is performed and fresh or frozen embryo transfer will be determined by your provider).

Cases involving male factor infertility are excluded from the above guarantee due to the fact that sperm abnormalities are independent risk factors for impaired fertilization and embryo growth. Male factor infertility criteria include any of the following: 1.) Sperm being used for fertilization were derived from a testicular extraction procedure due to the diagnosis of obstructive or non-obstructive azoospermia; 2.) Semen parameters that are abnormal using standard World Health Organization (WHO) criteria including oligozoospermia (< 15 million sperm per milliliter of semen), asthenozoospermia (percentage of progressively motile sperm less than 33%) or teratozoospermia (less than 4% morphologically normal sperm) or any combination of oligoasthenoteratozoospermia (OAT); 3.) Prior fertilization failure with intracytoplasmic sperm injection (ICSI).

If the above embryo development criteria are not met, but the patient has a clinical pregnancy (defined as ultrasound documentation of a fetus with cardiac activity by 7 weeks gestation), after the transfer of any embryo resulting from the initial egg thaw cycle, or from the transfer of a frozen embryo derived from the initial egg thaw cycle, then no additional eggs will be provided.

If the above embryo criteria are not met AND no clinical pregnancy results from the transfer of any embryo(s) derived from the initial egg batch thawed, for patients meeting eligibility criteria for the guarantee, TRM will provide one additional batch of eggs to the patient at no additional cost. If a second batch of eggs is provided, TRM will make every effort to use the same donor's eggs or one of the original 3 chosen donors; if none of those donor's eggs are available, TRM will help you be matched with another donor. **No more than two batches of eggs will be provided.**

For our euploid blastocyst guarantee program: TRM guarantees that after thawing 6 frozen eggs and fertilizing all eggs that survive the thaw process, blastocysts will be grown, and preimplantation genetic testing (PGT) will be performed and at least one euploid embryo will result. If no euploid embryo results, TRM will thaw additional eggs (number to be determined at the discretion of TRM) and repeat the fertilization, blastocyst growth and PGT processes until a euploid embryo results. TRM may not be able to use the same donor if additional

eggs must be thawed. If the same donor is not available and a new donor is required, TRM will work with the patient to find another suitable match and will confirm the match is approved by your donor coordinator at your primary clinic before new donor eggs are thawed.

The euploid blastocyst guarantee option requires sperm to be shipped from the patient's primary clinic to TRM (or from a sperm bank to TRM) and all embryology work will occur at TRM. Once the PGT report is complete and TRM confirms we have a euploid embryo, we will ship the euploid embryo(s) to your primary clinic. While we only guarantee one euploid embryo, we will ship all euploid embryos to you if you have more than one. If you want the aneuploid (abnormal) embryos shipped to you, we will ship those if your primary clinic agrees to receive them. If they do not agree to receive them, but you want to store them, we can help you set up long term storage at an embryo storage center.

Cases involving male factor infertility are excluded from the above guarantee due to the fact that sperm abnormalities are independent risk factors for impaired fertilization and embryo growth. Male factor infertility criteria include any of the following: 1.) Sperm being used for fertilization were derived from a testicular extraction procedure due to the diagnosis of obstructive or non-obstructive azoospermia; 2.) Semen parameters that are abnormal using standard World Health Organization (WHO) criteria including oligozoospermia (< 15 million sperm per milliliter of semen), asthenozoospermia (percentage of progressively motile sperm less than 33%) or teratozoospermia (less than 4% morphologically normal sperm) or any combination of oligoasthenoteratozoospermia (OAT); 3.) Prior fertilization failure with intracytoplasmic sperm injection (ICSI).

### ***What is the cost of a batch of eggs?***

#### **Blastocyst guarantee program:**

The cost of a batch of eggs with the blastocyst guarantee is \$17,500 (guarantee that a minimum of 1 blastocyst will result from thawing and fertilizing the batch of eggs) and includes:

- All donor screening and treatment
  - Diagnostic testing
  - FDA lab tests
  - Recessive panel genetic test
  - Donor medications and stimulation cycle
  - Donor compensation
- Egg freezing (vitrification) & shipment to your clinic
- Review of donor database and assistance with donor selection
- Shipping eggs to your practice and return shipment for the storage tank to be shipped back to TRM

All fees related to your consultations, medical testing, treatment and embryology laboratory services for fertilization and culture of the eggs once received by your primary clinic will be handled by your primary clinic.

\*Medical criteria must be met to qualify for the guarantee program (we must review the semen analysis and any prior IVF fertilization records, PESA/MESA/TESE sperm cannot be used in this program).

*Euploid blastocyst guarantee program:*

The cost of a batch of eggs with the euploid blastocyst guarantee (guarantee that a minimum of 1 euploid embryo results from the fertilization of the eggs) includes all of the items above in the *Blastocyst Guarantee Program* and is \$29,000. This includes the costs to ship the sperm to TRM, cost of the eggs (as summarized above), costs to thaw/fertilize with ICSI/culture the blastocysts/embryo biopsy for PGT and the genetic testing costs of PGT and the shipment of the embryo(s) back to your primary clinic. All fees related to your consultations, medical testing, sperm freezing (more than 1 sample may be required) treatment and embryology laboratory services for embryo thawing and embryo transfer once received by your primary clinic will be handled by your primary clinic.

***May I purchase more eggs from the same donor in the future?***

Some patients choose to purchase additional eggs for the opportunity to try to have a sibling using the same donor in the future if their first cycle results in a pregnancy. When available, additional batches of 6 eggs may be purchased. If no frozen eggs remain on your chosen donor, and the donor is available to be stimulated again, we will consider contacting the donor to discuss another stimulation at your request.

**We appreciate the opportunity to help you have a child and promise to do everything we can to make this process easy and successful. Please call us if you have any questions.**

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