



FERTILITY TREATMENT CENTER

H. Randall Craig, MD, FACOG
Medical Director

Jun Tao, PhD, HCLD, ELD
IVF Lab Director

Kristen Branche, WHNP-C • Kristina Bauer, PA-C
Shannon McGrath, WHNP-BC

2155 E Conference Dr, Ste 115 • Tempe, AZ 85284 • (480) 831-2445
CLIA#03D0692832 • CAP Accredited • fertilitytreatmentcenter.com

The physicians and staff of the Fertility Treatment Center (FTC) would like to thank you for your decision to donate your remaining embryos / oocytes so that others can achieve the dream of building a family. Donated embryos / oocytes are the only way that some couples can achieve pregnancy. Our purpose in requesting completion of this packet is to ensure that all donors are in good health. FTC diligently attempts to identify any potential risks for diseases and other conditions that may prohibit donation. FTC will provide **\$400** to the donating couple as reimbursement for your time and consideration in completing this packet and testing. We will also waive any current or past due storage fees once FTC receives the completed packet. The following steps are necessary to complete the donation process:

1. **We must receive the following three items to complete the donation as well as provide you with financial reimbursement of your time:**
 - a. Review & Sign Consent to Embryo / Oocyte Donation.
 - i. Form must be e-signed, signature notarized, or an FTC staff member can witness your signature in person.
 - b. Answer Yes or No Donor Eligibility Questionnaire.
 - c. Answer multiple choice & fill-in the blanks Physical Characteristic.
2. We encourage you to obtain a physical examination, performed for free at FTC or use the attached request to any provider of your choice (have the complete form faxed to FTC).
3. We encourage you to have blood drawn for FDA laboratory testing, performed for free whether blood is drawn at FTC or any LabCorp close to home.

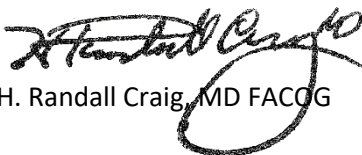
The FDA recommends the physical exam and blood testing, but if you are unable or unwilling to carry these out, you may decline. If declining, **please write the word "DECLINE"** on the physical exam & lab forms with your signature/date. Should you choose to have your physical examinations and blood testing carried out at FTC, please call Michella at **(480) 831-2445** to schedule. There are no charges for services performed at FTC or LabCorp.

These documents are available in our [patient portal \(https://ftcivf.nthtechnology.com/php/genericportal.login.php\)](https://ftcivf.nthtechnology.com/php/genericportal.login.php) as well as links below. Please call our office if you need access to the patient portal or need portal access restored. We will mail your \$400 check, as well as waive any current and/or past due storage fees, immediately following receipt of the Consent to Embryo / Oocyte Donation, Eligibility Questionnaires, and Physical Characteristics forms via portal, form submission, mail and/or email to mreynolds@ftcivf.com.

Links to:

- [Fertility Treatment Center \(https://fertilitytreatmentcenter.com/\)](https://fertilitytreatmentcenter.com/)
- [FTC Patient Portal for Consent Only and Printable Additional Forms \(https://ftcivf.nthtechnology.com/php/genericportal.login.php\)](https://ftcivf.nthtechnology.com/php/genericportal.login.php)
- [Nested Adoption Secure Online Portal for Consent, Questionnaires, and Printable Forms \(https://nestedadoption.com/\)](https://nestedadoption.com/)

Best Wishes,



H. Randall Craig, MD FACOG

Patient: _____ DOB: _____

←
REQUIRED
FIELD

CONSENT TO EMBRYO / OOCYTE DONATION

This consent, made and entered into on _____ in Maricopa County, Arizona, relating to the services authorized to be performed by the **Fertility Treatment Center (FTC)**, through its authorized representatives.

←
REQUIRED
FIELD

1. I, _____, the undersigned, am over eighteen (18) years of age, and am a willing participant in and without coercion agree to participate in the Donor Program at Fertility Treatment Center.
2. I understand that I am donating my embryo(s) / oocyte(s) to the Fertility Treatment Center for the purpose of helping other infertile couples achieve pregnancy. THE AGREEMENT TO PARTICIPATE IN THIS PROGRAM MEANS THAT I DONATE MY EMBRYO(S)/OOCYTE(S) FOR A RECIPIENT’S USE, AND THEREFORE RELINQUISH ALL RIGHTS AND CLAIM TO THOSE EMBRYO(S)/OOCYTE(S) AND CHILD(REN) THAT MAY RESULT FROM MY PARTICIPATION AND THE USE OF MY EMBRYO(S)/OOCYTE(S).
3. I WAIVE THE RIGHT OF RELATIONSHIP OR INHERITANCE WITH RESPECT TO ANY CHILD(REN) BORN OF THIS PROCEDURE.
4. I ACKNOWLEDGE THAT THE RECIPIENT(S) SHALL TREAT THE DONATED EMBRYO(S)/OOCYTE(S) AND ANY RESULTANT CHILD(REN) AS HER/THEIR OWN. I UNDERSTAND THAT THE RECIPIENT(S) OF THE EMBRYO(S)/OOCYTE(S) HAS/HAVE RELEASED ME FROM LIABILITY FOR ANY PROBLEM OCCURRING DURING THE PREGNANCY AND FOR ANY MENTAL OR PHYSICAL DISABILITIES, FINANCIAL SUPPORT, CARE CUSTODY OR LIVING EXPENSES, EDUCATION, HEALTH, AND WELFARE OF THE CHILD(REN) BORN AS A RESULT OF THE ABOVE-MENTIONED PROCEDURE.
5. I understand that the information obtained about me during participation in this program will be treated as confidential, but I realize that specific medical details may be included in the medical or other publications without my consent as long as reasonable efforts are made to conceal my identity.
6. I agree to leave forwarding address and changes of address with the Fertility Treatment Center to facilitate future communication. Please enter current addresses noted below:

a. Address: _____

←
ENTER
ADDRESS

7. I agree to provide a medical/genetic history and physical characteristics (this does not apply to the female if the embryo(s) / oocyte(s) are from donor egg). I agree to report any significant changes in the status of my health, especially with regards to venereal diseases and any new information that was not detected during the screening process.
8. As part of the donation process, I understand the need to have screening tests performed to assess a donor for signs of a relevant communicable disease that may prohibit donation (this does not apply to the female if the embryo(s) / oocyte(s) are from donor egg).
9. As part of the donation process, I understand the need to have a follow-up physical examination be performed and documented to assess for signs of a relevant communicable disease and for signs suggestive of any risk factor for a relevant communicable disease that may prohibit donation (this does not apply to the female if the embryo(s) / oocyte(s) are from donor egg).
10. I understand that I am responsible for the Storage Agreement including annual storage fees until the Consent to Embryo / Oocyte Donation, Donor Eligibility Questionnaires, and Physical Characteristics forms are completed and returned to FTC.

INITIALS
REQUIRED



(Patient initials) _____

