



# Egg Sharing Programme Information

## **The Lister Fertility Clinic**

The Lister Fertility Clinic is one of the largest and most successful Units in the UK providing infertility treatment to over two thousand couples a year.

We try to maintain a friendly and professional environment and find that most couples like this atmosphere as undergoing any type of fertility treatment can be stressful. We hope our attitude and support will help.

## **What is Egg Sharing?**

Egg sharing is a unique programme designed to benefit two groups of women, those who need IVF treatment and those who need anonymous egg donation. Conventional treatment is not an option to those women who are unable to produce their own eggs. They rely on other women to donate their eggs and although we have the largest egg donation programme in the UK, many couples are still waiting for their chance to have a child.

The woman receiving standard IVF treatment chooses to share her eggs with another woman who is unable to produce or use her own eggs. The woman sharing her eggs will not be charged for her own standard IVF treatment, apart from the HFEA licence fee.

**Please read the following information carefully, as the details will provide you with a brief insight into the scheme.**

## **Who is eligible to share their eggs?**

You should be aware that not everyone is eligible to join the egg share programme.

An ideal egg sharer should:

- Consent to the recipient freezing any eggs donated or embryos created with the egg sharers donated eggs.
- Be aged between 18 and 35
- Have a normal Anti-mullerian Hormone (AMH) level
- Have normal screening tests (please see page 3).
- Have no personal or family history of inheritable disorders
- Have a BMI of <30
- If the woman is adopted she must have family history available or have had her own children to be accepted on to the programme.

If a couple have had more than three unsuccessful egg sharing or IVF attempts at another Unit, they may not be accepted onto our programme.

**We must receive a letter from the egg sharer's GP detailing all relevant past and present medical history and confirming there is no other reason why she should not be considered for egg sharing.**

## Screening Procedures – Egg Sharers

### Initial Blood Test

Prior to your initial consultation you will be given an appointment to come in to the Lister Fertility Clinic to have a blood test to check your AMH levels (performed on any day of the cycle) and a transvaginal ultrasound scan to check your antral follicle count. These tests will be performed on the same day. The tests will be performed approximately 2 weeks before your initial consultation with a fertility specialist.

Antimullerian Hormone (AMH) is a hormone produced by the ovary and is one of the most accurate markers of a woman's remaining egg reserve and is a predictor of likely response during IVF. It therefore helps us decide if someone is suitable to participate and our guideline is as follows:

AMH > 7pmol/l	Acceptable egg reserve and suitable to egg share
AMH 5 – 7pmol/l	Borderline result and suitability will be determined in clinic by other factors such as results of ultrasound scan and response in any previous IVF cycles
AMH < 5pmol/l	Unsuitable to egg share

If your AMH is not suitable we will contact you prior to the consultation. We understand that this may raise further questions along with subfertility issues that may already exist and so we would welcome seeing you in our clinic to discuss these and individualise a treatment plan for you. As this would not be as part of the egg sharing program this consultation would then be charged as normal.

### Completing the registration form

The registration form must be completed prior to your blood test and scan. Please return it in the envelope provided or fax to 020 7259 9039. If you are unable to do this please bring **the completed forms** with you for the above tests. If they are not completed in advance this will delay your appointment on the day.

### Passports

You will be required to bring your passports and NHS number on the day of your appointment.

### Initial consultation

When you attend The Lister Fertility Clinic on the day of your appointment, your partner will be scheduled for a semen analysis, if applicable.

During the consultation you will see a fertility specialist and will be required to discuss your family's medical history in detail.

## Consent for GP to correspond with The Lister Fertility Clinic

The unit will also need to obtain permission to contact your GP to enquire about all relevant past and present medical history and the GP's opinion regarding your suitability as an egg sharer to share your eggs with another couple.

## Screening Tests

We will also carry out a number of necessary blood tests on the day of the consultation to ascertain your suitability as an eggsharer. If this is the first fresh treatment cycle, you must have a blood test for HIV, Hepatitis B and Hepatitis C within 3 months prior to your egg collection. If this is a subsequent cycle **these** results are valid for 6 months as long as treatment is with the same partner. These include the following :

### Initial Screening Tests :

- **HIV 1 and 2: Anti-HIV – 1, 2, Hepatitis B : HBsAg (Surface Antigen), Hepatitis B: Anti-HBc ( Core antibody) and Hepatitis C : Anti-HCV-Ab**
- **VDRL (Syphilis) testing** – valid for 6 months.
- **HTLV I & II** (if living/lived in, originating from, male partners parents from high prevalence areas or with sexual partners originating from: **Japan, Caribbean, South America, Romania, Iran, Sub-saharan Africa** i.e. all but Egypt / Libya / Tunisia / Morocco / Algeria / Sudan
- **\*Chlamydia** - urine sample tested by the nucleic acid amplification technique (NAT)
- **\*Gonorrhoea** – urine sample tested by the nucleic acid amplification technique (NAT)
- **\*Full Blood Count (FBC)**
- **\*Thyroid profile**
- **Blood Group**
- **Cystic Fibrosis (CF)** – we screen **all** prospective egg sharers, especially if they emanate from a population group which contains a high frequency of cystic fibrosis carriers.
- **Chromosome study** - We screen **all** prospective egg sharers. The karyotype test shows the total number of chromosomes and if there are any structural abnormalities with any of the individual chromosomes. This test does not screen for specific genetic abnormalities or conditions.**If any abnormality is found the doctor will contact them to inform them of the result and refer them on to an appropriate medical practitioner. Counselling is available at the LFC.**
- **Haemoglobinopathy** – we screen **all** prospective egg sharers.
- **Tay Sachs** - if egg sharer is Jewish
- **Cervical smear** (within 3 years)
- **Trypanosoma Cruzi (American Trypanosomiasis)** - blood screening if egg sharer travelled to Mexico or elsewhere in central or South America within the last 30 days.
- **Malaria** – blood screening if egg sharer travelled to areas where Malaria endemic within the last 30 days.

Subsequent Screening Tests prior to commencing fertility injections or prior to starting the nasal spray :

- **HIV 1 and 2, Hepatitis B and Hepatitis C ( NAT-PCR )**

\* within 12 months of treatment\*

**There is always the possibility that one or more of these tests may reveal a previously unsuspected condition or infection. Prospective sharers should consider this carefully before giving their permission to perform these tests**

## **Male Screening Tests**

If this is the first fresh treatment cycle, the male partner must have a blood test for HIV, Hepatitis B and Hepatitis C within 3 months prior to his partner's egg collection. If this is a subsequent cycle the results are valid for 24 months as long as treatment is with the same partner. His GP may be able to perform these tests, otherwise they can be arranged at The Lister Fertility Clinic which is chargeable (please see price list). A semen analysis test is also required (if applicable).

### **IMPORTANT:**

**It is a HFEA licensing requirement that these tests must be carried out by a CPA accredited laboratory. If you choose to have your tests performed outside of The Lister Fertility Clinic, you must ensure that they are performed in a CPA accredited laboratory or another body accredited to an equivalent standard. The test result must include the name and address of the laboratory so that its accreditation may be checked. We cannot accept any results that do not include the laboratory's details or that have been performed in a non CPA accredited laboratory. These tests will need to be repeated and can be requested at The Lister Fertility Clinic who use a CPA Accredited laboratory.**

## **Counselling**

All couples considering egg sharing will be given an appointment to see a counsellor.

We have a counsellor who is available see couples at any stage: before, during or after treatment. The counsellor's role is to explore any anxieties the couple may have about egg sharing or the treatment process and to discuss implications for women donating/sharing their eggs. The legal, social and the ethical frameworks involved in donating/sharing are also explored.

The counsellors work independently to the medical and nursing teams and are therefore able to offer a confidential service with ongoing support for all patients. Appointments to see a counsellor can be made by telephoning the secretaries on **020 7730 5932**.

## **Consent**

Egg sharers will be given information, counselling and time to consider their plans before they give written consent. An egg sharer may stipulate the terms of consent. She is free to withdraw her consent or alter the terms, at any time, up to the time that the embryos are transferred including those which are cryopreserved.

## **Egg Sharing and IVF**

Once we have reply from your GP and the results of the blood tests are available, which usually takes approximately 3 to 6 weeks, we will contact you to arrange treatment (if you are suitable).

## Synchronisation of the Treatment Cycle

All egg sharers will be asked to take the contraceptive pill (if suitable) for a minimum of 2 to 6 weeks leading up to the donation cycle to ensure that synchronisation between both parties commences at the correct time. However, in some cases this may not be necessary.

Patients should use barrier contraception in the month before treatment, during the treatment and following egg collection until their next period.

If you think you have become pregnant whilst on GnRH analogue (**Suprecur** Buserelin S.C, **Suprecur** nasal spray or **Synarel** Naferelin) you must inform us immediately.

## How are eggs shared?

1. If less than 8 eggs are collected you will be given following options to consider and discuss prior to egg collection:
  - a) Donate 4 eggs and keep the remaining eggs for your own treatment, and if this cycle is not successful you could have a further cycle of egg sharing treatment,
  - b) Keep all the eggs. If you abandon the egg sharing programme you will incur a charge for IVF treatment (please see the Egg Sharing Price List).
2. In the event we collect more than 8 eggs, you and the recipient will receive an equal share of the eggs. If an uneven number of eggs is collected, you will keep the extra egg.
3. **If we collect 8 or more eggs and you then decide to withdraw from the egg sharing programme, you will be charged the standard cost of IVF treatment cycle and any medication used** (please see the ES Price List).
4. We can inform egg sharers whether a live birth has resulted from their donation and if so, the number of such births that have resulted, the sex and the number of children born.
5. Recipient parents are entitled to find out the number, sex and year of birth of their child's donor-conceived genetic siblings.
6. The amount of cycles can differ from patient to patient depending on the previous treatment cycle and individual circumstances.

**PLEASE BE AWARE THAT THIS DOES NOT AFFECT YOUR RIGHT TO WITHDRAW FROM TREATMENT AT ANY TIME SHOULD YOU WISH TO DO SO.**

It is occasionally possible that both the donor and recipient agree on accepting less than four eggs each. Anonymity is maintained.

## Costs involved

You are **NOT** responsible for the cost of the following:

- Initial consultation
- Ultrasound scan
- Semen analysis for your partner
- Standard IVF treatment
- Your fertility drugs up to pregnancy test
- Blood tests required for the egg sharer as part of the Egg Sharing Programme
- Blastocyst transfer

You **ARE** responsible for the cost of the following

- HFEA licence fee

## In some cases the following additional costs may apply

- Embryo freezing and storage up to one year
- Embryo storage per year- after the first year
- Thawing and frozen embryo transfer
- Endometrial scratch
- ICSI or IMSI (if required)
- Donor sperm
- HIV, Hepatitis B & C, HTLV I & II for male partner (if applicable)
- Sperm Freezing and storage up to one year (if applicable)
- Sperm Storage per year – after the first year (if applicable)
- Additional screening tests that are not part of the egg sharing programme
- Medication that is not part of the standard IVF drug regime.

**Any payments for the treatment must be made when you attend the first scan of the treatment cycle. Please settle your account by visiting the Accounts Office in our unit or on the ground floor adjacent to the Lister Hospital main reception.**

## General Information

The HFEA (Human Fertilisation & Embryology Authority) is the Government-appointed body which oversees the work performed in all the licensed fertility clinics in the UK. The age range for egg donors is between 18 and 35 years of age. Egg donors and egg sharers will be required to

undergo specific screening tests to assess their suitability to donate. All donors are required to give us as much information about their family background as possible and inform us of any serious medical history or history of any congenital diseases. Failure to disclose known problems exposes the donor to possible legal action by the recipient.

If the first egg collection does not result in a pregnancy, most egg sharers will be offered another attempt, provided she produced good quality eggs. Egg sharers who produce poor quality eggs or eggs that fail to fertilise will not be offered further treatment on the egg-sharing programme. The number of cycles of treatment offered differs from patient to patient depending on the circumstances. If an egg sharer is not pregnant after two attempts at egg sharing, an appointment with the doctor is necessary to discuss the possibility of any further treatment.

## **Anonymity**

### ***What information will the recipient be given about me?***

All information given to the recipient will be non-identifying. We try to match donor and recipient physical characteristics as closely as possible, however, we advise the recipient that the results of this cannot be guaranteed.

### ***What information will I be given about the recipient?***

We can inform egg donors whether a live birth has resulted from their donation and, if so, the number of such births that have resulted, the sex and year of birth of the child/children.

### ***Will the donation be anonymous?***

Yes, neither the donor nor recipient will meet one another. However, information about the donor will be held at the central register with the HFEA. This means that at the age of 18 a person born as a result of sperm, egg or embryo donation will have access to identifying information about their donor should they wish to. This will not apply to donation treatment received prior to 1 April 2005.

The HFEA will seek to inform donors of gametes and embryos that it has received an application by a donor-conceived person for identifying information about them. The HFEA will not give the donor any information about the person making the application.

It is important for donors to keep the clinic and the HFEA informed of your current contact details so that you can be made aware if a request for identifying information is received.

## **Recording of Information**

The HFEA keeps information about all donors and egg sharers and about any children born as a result of their donation. Licensed centres may inform egg donors on request whether a live birth has resulted from their donation and, if so, the number of such births that have resulted and the sex of the child/children.

It is important to notify the HFEA of any babies born as a result of donated gametes. When the number of families reaches 10 the donor should not donate again unless it is a sibling pregnancy. There is no limit on the number of children within each family.

## **Legal Parents**



An egg sharer has no legal claim to any child born as a result of their donation, nor do they have a right to any information about any such children. Providing they have completed the necessary forms, the recipient couple are the child's legal parents.

**Both the egg sharer and the recipient will be asked to sign consent forms where this is clearly stated. These forms should be read carefully before signing. If there is anything in these forms you do not understand please ask a member of staff for a more detailed explanation.**

### **Were do I go from here?**

**If would like to discuss the eggshare programme** please contact our medical secretaries on **020 7730 5932** between Monday – Friday, 9-5pm.

### **Step 1 – Make appointment**

Phone the secretaries to arrange the AMH blood test and transvaginal ultrasound scan and book an appointment with a Fertility Specialist. The blood test and transvaginal ultrasound scan will be performed free of charge at the Lister Fertility Clinic.

### **Step 2 – Appointment with doctor**

You will be scheduled for an appointment with the fertility doctor approximately 1 week following your blood test and scan at The Lister Fertility Clinic. During this consultation your partner will have a semen analysis and you will see one of our Fertility Specialists who will review your history and blood test results and discuss the egg sharing programme with you. You will also see the counsellor to discuss the implications of Egg Sharing. Finally you will see the egg sharing nurses who will perform a blood test for the remaining investigations.