

CHIREC - CHIREC - Medically Assisted Reproduction Center - HBW/DELTA

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|--|---|
| Authorization for directed oocyte (egg) | <i>Rédacteur : Kristel Van den Broeck</i> |
| FE-MEDI-043-GB - version 02 | <i>Vérificateur : Romain Imbert</i> |
| <i>Date d'application : 21/05/2024</i> | <i>Approbateur : Romain Imbert</i> |

Agreement for oocyte (eggs) donation – Directed oocyte donor
Informed consent form

This informed consent form was given to the prospective parents on /...../.....
 By Dr

| | |
|--|--|
| Stamp and signature of the Physician : | |
|--|--|

This document is hereby entered into by, on the one hand, the **CHIREC Medically Assisted Reproduction (MAR) Center**, represented by Dr Romain Imbert, Head of the MAR Center, located in :

| CHIREC - Braine L'Alleud-Waterloo Hospital : | CHIREC – Delta : |
|---|---|
| Adress : Rue Wayez, 35 (building F, -1) 1420 Braine-l'Alleud Phone : + 32 2 434 95 55 (working days) Fax : + 32 2 434 95 56 E-mail : pma.hbw@chirec.be | Adress : Boulevard du Triomphe, 201 1160 Bruxelles Phone : + 32 2 434 81 73 (working days) Fax : + 32 2 434 81 98 E-mail : pma@chirec.be |

On another hand, **the oocytes donor:**

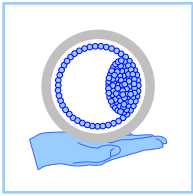
| |
|--|
| SURNAME – First name : _____ Date of birth : ____/____/_____ Adress : _____ _____ |
|--|

E-mail address : _____@_____

And on the other hand, **the prospective parent(s):**

| | |
|--|--|
| SURNAME – First name : _____ Date of birth : ____/____/_____ Adress : _____ _____ | SURNAME – First name : _____ Date of birth : ____/____/_____ Adress : _____ _____ |
|--|--|

E-mail adress(es) : _____@_____
 _____@_____



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I, the oocyte donor, hereby confirm that I have been informed of the various possible uses for my oocyte by the physician of MAR center.

I chose to give my oocytes to a DIRECTED donation programme.

- I declare that my decision to conduct a directed donation of oocytes was made freely and without coercion, on my own initiative.
- I authorize the CHIREC MAR team to conduct oocytes retrieval.

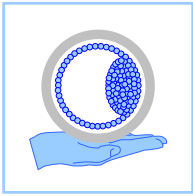
I agree to donate my oocytes to Mrs.:

SURNAME, First name : _____

Date of birth : ____ / ____ / _____

- I am aware of not being able to exercise any influence on this management.
- I agree that the oocyte be inseminated with the sperm of the partner or from a sperm donor of the recipient.
- If the insemination cannot take place on the day of retrieval, I agree that my oocytes be frozen.
- I am informed that oocytes which cannot be used as part of an oocyte donation and intended to be destroyed may be used for training purposes and to improve the quality of MAR laboratory techniques.
- I agree that the recipient couple knows my identity.
- I am aware that the MAR Center or medical doctors working there, are not responsible for this non-anonymity process.
- I agree that medical expenses, related to the donation, not covered by a health insurance, be financially supported by the recipients.
- I declare that I have received the information document, which includes all the complications related to IVF. These concern the risk of infection, haemorrhage, related to ovarian stimulations and oocyte retrieval.
- During successive consultations, the MAR team gave me all the necessary information that I needed and understood.
- I declare that I have received contact details of competent persons to provide psychological support before, during, and after the oocyte donation procedure, and participation in prior consultation to any treatment was highly recommended.

Furthermore, I declare that I have asked CHIREC MAR Center to organise and conduct the donation of my oocytes in accordance with the regulation required by Law on Medically Assisted Reproduction of 9 March 2007, published in the Belgian Official Journal on 17/07/2007.



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I have been advised that the following are prohibited :

- Marketing of oocytes ;
- Oocyte donation of a eugenic character, i.e. focused on the selection or amplification of non-pathological genetic characteristics of the human species ;
- Oocyte donation focused on sex selection with the exception of selection to screen out embryos with sex-linked diseases ;
- Simultaneous implantation of embryos from different oocyte donors to the same recipient during the same transfer.

I also have been advised that :

- When the procedure is undertaken by the donor, the donation carried out by the latter is irrevocable.
- Oocytes from the same donor may not lead to the birth of child in more than 6 different women.
- With the effect from the implantation of embryos resulting from the insemination of donated oocytes, the rules of filiation, as established by the Civil Code, are in favour of the prospective parents who received the oocytes. No action regarding parentage or the consequent property rights may be taken by the oocyte donor, nor taken against the oocyte donor by the recipients or by the child born of the implantation of embryos resulting from the insemination of donated oocytes.

I have been informed of the commitment :

- To undergo all necessary tests and to provide all necessary medical information to the MAR center to ensure health and safety of the donated oocyte (AR quality 2009 Annexe IV pt 3.6, Annexe III pt1.2), and particularly undertake a serological check-up including the search of antigens and/or antibodies against hepatitis B & C, syphilis, and HIV, a karyotype, and a search of carrying cystic fibrosis. I was informed of the need to meet a geneticist as part of this egg donation process.
- I declare that I have fully and truthfully answered the health questionnaire and agree to undergo to screening tests that will be asked.
- to provide the CHIREC MAR center with all information concerning possible other donations in a center in Belgium or abroad, so as to allow the CHIREC MAR center to verify that the quota of pregnancies authorized by law is respected.
- the oocytes will be :
 - Either frozen for a period of 6 months at the end of which the serology including the search for antigens and/or antibodies against syphilis, hepatitis B & C and HIV will be repeated. The oocytes will only be validated for use upon receipt of the results of this second serology. I therefore agree to carry out a control examination on this date.
 - Either used fresh. In this case, I consent to carrying out a PCR test for HIV, HCV, HBV at the time of oocyte collection as well as carrying out antigen and/or antibody testing against syphilis.
- I commit to tell the Chirec MAR Center any new information concerning noticed genetic factors in my family, any change of my state of health.
- I agree, if the health of the child conceived by this oocyte donation requires it, that the CHIREC MAR Center transmits medical information concerning me to the doctor mandated by this child or his parents and this without prejudice to the law of 8.12.1992 relating to the protection of privacy and the General Data Protection Regulation of 04.27.2016.

In the event that the results of examinations aimed at ensuring the health safety of the donated oocytes prove incompatible with the donation or if I refuse or abstain from submitting to these examinations, the oocytes, therefore not used , will be destroyed.

