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Information for Potential Egg Donors

The information below will give you an honest and thorough view of egg donation and its processes. Information, that many other agencies fail to provide to their donors. You are encouraged to do as much research about egg donation as you feel is important and necessary.

Q & A

Q. Why should I work with Fertility Alternatives, Inc.?

A. As a 6 times egg donor myself (and former gestational carrier), I understand the processes of egg donation from firsthand experience. I believe in offering you full emotional and moral support throughout the processes. I put myself in your shoes, and understand your needs.

Fertility Alternatives, Inc. has been in business successfully for over 11 years.

I offer attorney referrals and oversee the trust account to make sure you are legally represented and that your compensation and expenses are paid in a timely manner.

I am the "middle-person", who will help you negotiate your contract and deal with uncomfortable financial issues that may arise in this delicate situation. I also provide all the necessary travel arrangements and send you travel expenses in advance of your trip to make the process significantly easier.

I am here for you at every stage of the process. You are always free to call or email me, any time.

I can provide plenty of egg donor references, to answer any additional questions you have about me or the process. Just ask.

Q. What requirements must I fulfill in order to be accepted into the Egg Donor Program?

A. The ideal Egg Donor is attractive and reasonably intelligent. In order to qualify for the donor program, you must be between the ages of 19-29, with no history of genetic health or psychological issues in family. All candidates must be healthy (physically and emotionally), drug & nicotine free, and must be at low risk for any and all infectious diseases including venereal diseases. (testing will be performed) In addition, a potential donor must not be on any medications for depression, anxiety, or ADD/ADHD. This will automatically rule you in a psychological evaluation.

* Jewish and Asian Donors will be accepted into the program until age 31, if they already have children under the age of 2 or, have been donors before, within the last year.

Candidates will need to have a flexible schedule in order to attend a number of clinical visits throughout the cycle. After you are matched, your commitment is a requirement.

You must have a stable home and/or family life and not be under any financial duress.

Candidates must not have had any tattoos or body piercings within 1 year of a match with recipients. Therefore it is highly suggested that you commit to no tattoos or piercings for the duration of the time you are in the program.

Candidates understand there is compensation for their time and efforts as a donor. However it is not their primary motivation. It is very important, that you choose to be a donor for altruistic reasons in addition to the financial compensation you would receive.

Candidates must be height/weight proportionate, and not severely overweight. Please see the weight chart below. If you are slightly above the weight guidelines by no more than about 10 lbs, it is okay.

Height	Small Frame	Medium Frame	Large Frame
4'10"	102-111	109-121	118-131
4'11"	103-113	111-123	120-134
5'0"	104-115	113-126	122-137
5'1"	106-118	115-129	125-140
5'2"	108-121	118-132	128-143
5'3"	111-124	121-135	131-147
5'4"	114-127	124-138	134-151
5'5"	117-130	127-141	137-155
5'6"	120-133	130-144	140-159
5'7"	123-136	133-147	143-163
5'8"	126-139	136-150	146-167
5'9"	129-142	139-153	149-170
5'10"	132-145	142-156	152-173
5'11"	135-148	145-159	155-176
6'0"	138-151	148-162	158-179

MEDICAL PROCESS

Q. What will be expected of me during the process?

A. Because egg donation is such a highly emotional and costly endeavor for infertile couples and individuals, all Egg Donors are expected to be committed, and to conduct themselves in a responsible, reliable and mature manner from the moment they apply with the program.

Because we are dealing with menstrual cycles, you may need to work quickly to complete screening, medical visits, obtain medical records, and provide additional photos, etc. as needed.

It is important that all of the information in your profile is truthful and up-to-date.

Donors are expected to respond to any questions in a reasonable time frame. It is understandable if you are unavailable due to vacation, illness, etc. Just let me know.

Medical appointments must be kept and doctors' orders followed exactly as instructed.

Egg Donors are also required to abstain from sexual intercourse during the one month cycle. This is to protect the donor from becoming pregnant with multiple fetuses which would be a risk to the Donor, and a breach of the Egg Donor Contract, leaving the Donor financially obligated to the recipients for any expenses on behalf of the Donor. This is an industry standard with all programs.

Reliability is a very important issue in the Egg Donation. Once you have been screened, your full commitment will be required.

An excellent way to show you are reliable and serious about being an Egg Donor is by filling-out and returning the application/profile in a timely manner. The processes cannot start until I have your written application and photos on file.

Q. Explain the screening process.

A. You will be required to undergo a full medical and psychological evaluation at the cost of the recipients.

The medical evaluation includes drug, nicotine, infectious disease, genetic screening, Pap smear and vaginal cultures. In some cases you will need to obtain a negative pap result from your own doctor, on your own time, prior to beginning a cycle.

All Donors will be required to undergo a full infectious disease screening twice. The first screening will be arranged when you are officially matched with a recipient couple. The

second screening will be performed within 30 days of your egg retrieval procedure and is an FDA requirement.

If you have a husband or sexual partner, the IVF clinic may require him to take a blood test to make sure he is disease free as well. Please make sure that your husband/partner will be supportive and willing to do this if necessary.

The psychological evaluation will take about 2 hours. You can expect to take a personality test called the MMPI or PAI. This test helps to determine whether or not you may be at higher risk for psychological problems that may affect your eligibility as a Donor. This test also allows the psychologist to determine whether or not you are being honest in your test, based on your answers.

You will also have an interview with the psychologist, who will discuss with you the issues of egg donation, and to confirm you are committed, will follow through, and that there is no family history of serious psychological issues and that any emotional trauma you may have experienced in the past will not affect your ability to follow through.

Q. I have tested positive for HPV (Human Papilloma Virus). Can I still be a donor?

A. Yes, however you must have undergone a colcoscopy or cone biopsy of your cervix with your own personal physician and continue to have clean Pap smears.

Q. Explain the medical procedures.

A. Once you have passed your screening and the Egg Donor Contract is finalized, you will be able to start the medical process.

You can expect to start birth control pills (if you are not already on them) with the next menstrual period, after you are matched and screened. BC pills are meant to regulate your cycle in order to get your system in synchronization with the recipient's menstrual cycle.

After 2-3 weeks have gone by, Donors are then required to administer daily, 1-3 small subcutaneous hormone injections into the skin for approximately 26 days in order for the ovaries to stimulate properly. With some medication protocols, injections are daily for about 2 weeks.

My website carries a link for you to visit to assist you in [Learning How to Administer Injections](#). I am always available to teach and talk you through your injections as well. You will find that the injections are virtually painless. It is completely normal to be anxious your first time, but your anxiety will be replaced with relief after you have accomplished your first self-administered injection as you will find that it is very easy.

Be advised that it is best in every regard for you to self-administer your injections. Relying on someone else to do your injections will be problematic, because that "someone else" will not always be there.

You will be required to attend a number of clinical visits (for vaginal ultrasounds and blood draw) on the exact days they require.

1-2 for screening

1 prior to start of injectible medications

4-8 after the start of injectible medications

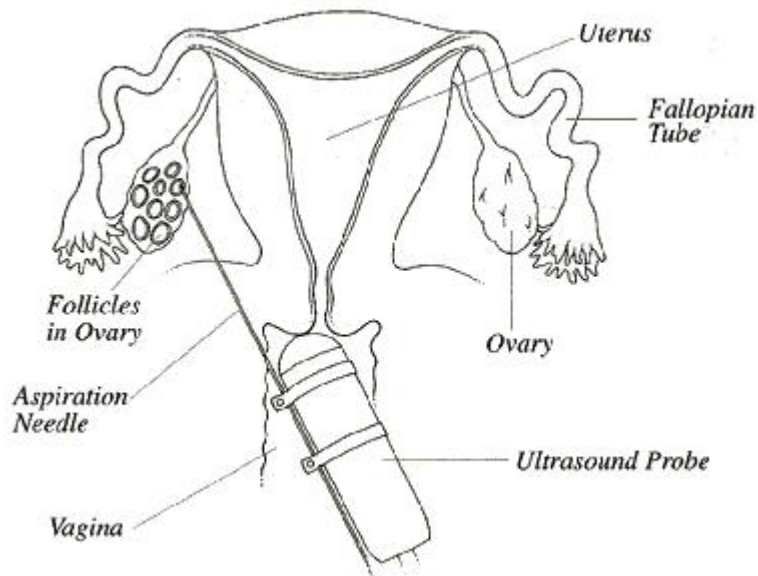
1 for the egg retrieval procedure.

1 for a follow up to make sure you are okay. (Clinic will decide)

Once the eggs appear to have reached maturity, you will then be required to administer one final injection of the hormone HCG, exactly 36 hours prior to your Egg Retrieval procedure. This hormone releases the eggs, so that they can be properly harvested from the ovaries.

The Egg Retrieval is a simple 20-30 minute procedure performed under I.V. sedation, so you should feel no discomfort other than the insertion of the I.V. Once you are sedated and asleep, a needle will be inserted through each side of the vaginal wall into the follicles of the ovaries, where the eggs will be extracted one by one.

You can expect to go home within 1-2 hours after the procedure. Please make sure you arrange transportation, since you will not be allowed to drive that day. If you travelled to the main clinic for your egg retrieval procedure, a companion will have been arranged to take you back to your hotel room.



Q. I have work or school to attend. Can my appointments and the retrieval be scheduled on a weekend or holiday?

A. For your health, safety and security of the cycle, you will be required to attend a number (6-9) of clinical visits throughout the cycle to include weekdays and some weekends to make sure you are doing well on the medications. Your screening will also need to be completed on a weekday when the professionals providing the screening are in their offices.

You can typically arrange your appointments fairly early in the morning, if necessary, however most clinics open around 8am.

We are also dealing with menstrual cycles so we cannot plan, to the day, when the egg retrieval will occur, or how many actual days it will take for you to feel well enough to go back to work. Typically, you should feel well enough to go back to work or school within 1-2 days after the egg retrieval procedure. You can expect 1 month advance notice of approximate dates of your egg retrieval procedure so you can arrange time off from school or work.

If you have specific blackout dates for the egg retrieval to avoid, just let me know, so we can work around those.

If you would like a medical note for the time you will be required to be away from work or school, I can arrange that for you.

If you choose to do cycles only during school breaks, that is completely acceptable, however there are no guarantees you will be matched for those time frames, or that potential recipients will be willing to wait for you. However, some couples are willing to wait for the right donor.

If you are otherwise unable or unwilling to take time from work or school to attend your medical appointments and egg retrieval procedures, then egg donation is not an option for you because the process is very time specific.

APPLICATION INFORMATION

Q. Explain the application processes.

A.

1. Egg donor candidates will be required to fill out a full application and mail or email photos to me. It is important that all the questions are answered completely, and the photos are attractive close ups of your face.

To obtain a full application, you can visit the [PRELIMINARY ONLINE APPLICATION](#) at our website. This will give me an idea if you will qualify. If I think you do qualify, I will mail you a full application in a plain white envelope for confidentiality.

Do not fill out the preliminary online application, if you do not meet the requirements and criteria discussed on this page, or if you are feeling unsure about the process, unable to fully commit, or do not intend to apply with the program.

You may also link to the [FULL APPLICATION](#) if you are reasonably sure you qualify for the program. In this case, you will print and fill out the application, mailing it back with the required photos. (Photos will be returned.)

2. Once I receive your full application, infectious disease questionnaire, and photos, and it is determined that you are a good candidate, I will add you to the Egg Donor Database.

3. Because I have so many donor applicants, I may be unable to confirm with you that your application has been received. Feel free to call or email me, if you would like to know if I have received your application. I am always available for questions or concerns.

As well, since a match can take several months, it may be a while before you hear from me. I will contact you when a couple has expressed interest in your profile. Again, feel free to keep in touch or get updates.

LEGAL

Q. How do the Contracts with the Recipients work?

A. You will be provided with an attorney referral to represent you at no charge. In most cases the Recipients' attorney will draft the Egg Donor Contract, based on important terms required by Fertility Alternatives, Inc, and your needs. These terms include your compensation, when it is paid, and other industry standard expenses that are to be reimbursed to you.

This draft of the Contract will be forwarded to you and your attorney for review. Your attorney may request changes to the contract on your behalf.

The contract in general states that you will follow through with all required protocols and procedures, and follow the attending doctor's instructions, and in return for your time, expense, discomfort and inconvenience, you will receive compensation.

The contract also states that you will have no rights to the eggs once they have been

retrieved from your ovaries, and that the recipients will be the legal parents of any child born as a result of the egg donation.

Once the contract is agreed upon and finalized by the Parties, than the medical protocol can begin.

RISKS AND DISCOMFORT

Q. Can you tell me about the medications? What kind of side effects or discomfort can I expect?

A. There are a number of different brands/types of medications a clinic may use for the cycle.

Lupron (Leuprolide Acetate): This medication is used to keep you from ovulating too soon, and to help get your cycle in synch with the recipient who will be using your eggs. Lupron is very similar to the use of birth control pills but is administered by injection.

1. Vaginal Dryness
2. Headache
3. moodiness
4. Hot flashes
5. You may feel emotionally spacy.
6. Irritation at the site of the injection.
7. You may feel no side effects of Lupron

(Antigon is a substitute for Lupron and taken for only several days, which makes the entire cycle about 2 weeks instead of 4.)

FSH: Follicle Stimulating Hormone (i.e. Follistim, Pergonal, Gonal F, Bravelle, Repronex, etc) This medication is used to stimulate the follicles of your ovaries to maturity and is administered by injection.

Since your body is producing higher amounts of estrogen from the multiple follicles your ovaries are producing you can expect the following symptoms.

1. You may feel happy or spacey.
2. Bloating due to the increased size of your ovaries
3. Irritation or stinging from the medication at the site of the injection.
(The injection itself is usually painless, depending on the medication used.)
4. Slight nausea is possible but not common. (similar to the feeling of slight morning sickness.)

HCG: Human Chorionic Gonadrophin (this is the same hormone an embryo produces when you are pregnant.)

1. This is can be an intramuscular injection (in the hip muscle) some of the time, however they are usually small needles similar to Lupron needles.
2. Slight nausea is possible but not common.
3. Irritation at the site of the injection, but not common.

Egg Retrieval:

1. Under I.V. sedation, you will be asleep and should feel no pain or discomfort during the procedure. This is not general anesthesia and poses significantly less risk.
2. When you awaken, you will feel varying degrees of cramping, similar to stronger menstrual cramps. Any cramping you feel, can be remedied with Tylenol or other pain reliever suggested by the attending physician. You may also experience nausea as a result of the anesthesia, which is temporary.
3. You can expect continued bloating the day after the retrieval and for an additional 5-7 days.
4. You can resume normal activities the day after the retrieval except for strenuous activities, which should be postponed until your next period which can be expected about 2 weeks after your Egg retrieval.

Q. What are the risks to my being an egg donor? Will this affect my ability to have children in the future?

A. The risks involved in being and egg donor are very minimal, however they do exist.

A condition called Ovarian Hyperstimulation Syndrome, can occur in varying degrees.

Your ovaries grow a number of follicles each month which contain fluid and an egg. When you ovulate (by one follicle in most cases) the fluid escapes and is absorbed by the ovary.

In the case of egg donation, you are being stimulated by medications to mature all of the follicles for that month (cycle). There will be 10-40 follicles producing eggs and fluid.

When you undergo your egg retrieval procedure, the doctor will draw the eggs out of the follicles along with the fluid they are floating in. This will give you a feeling of relief, especially if you were feeling bloated, prior to your retrieval.

However, it is normal for the follicles to fill back up with fluid, which is why you may feel bloating again a day or two after the procedure. Eventually your body will absorb it, and all is usually fine.

In most cases, any donor who experiences slight hyper-stimulation, will typically feel nothing more than serious abdominal bloating, and require an additional day of rest. It is common for Egg Donors who normally produce many eggs in a cycle, to have this type of hyper-stimulation. You can donate again, if you choose, after 2-3 months.

On rare occasions, hyper-stimulation in a higher degree, can result in dehydration, nausea/ vomiting, ovarian pain or discomfort, and shortness of breath. Usually, these symptoms only last for 1-2 days, and a visit to the doctor for an I.V. fluids, along with 2-3 additional days of rest, should, relieve this issue. You can donate again, if you choose, but it is recommended that you wait about 4 months before cycling again.

Finally, in worse case Hyper-stimulation, the ovaries, if and when many follicles are filling back up with fluid, they can become so heavy, and disproportionate causing Ovarian Torsion. This rare occurrence causes the ovary (1 or both) to become twisted cutting off its own blood supply and killing the ovary. Ovarian Torsion can also occur in women with ovarian cysts, pregnancy and past pelvic surgery and is not exclusive to egg donation or follicle stimulation. Ovarian Torsion is extremely rare and can be prevented if you are seen by physician in time.

In all cases you are watched very closely by the doctor, so they can monitor how you are stimulating, which will prevent such a problem.

If there is any indication, that you may be hyper-stimulating to any degree, the attending physician may prescribe additional Lupron injections, have you take Birth control pills, to shrink your ovaries back to normal size faster or prescribe Dostinex, which helps prevent hyperstimulation all together. You will also be given in your I.V. the day of your retrieval Albumin (protein), which also helps in preventing severe hyper-stimulation. Eating and drinking higher amounts of protein in your diet will also help.

Although the long-term risks of being an egg donor are still unknown, and risk to your future fertility is highly minimal if you pursue egg donation with knowledge and care, by following your doctor's instructions exactly.

You can expect to resume with normal ovulation the month following your egg retrieval procedure.

Egg Donation will not make you experience menopause any sooner than you normally would. As well, doing more than 3 normal egg donor cycles will not diminish your ability to have children in any way, because you will continue to ovulate every month, like you had before.

Q. Is there any link between egg donation and ovarian cancer?

A. Minimal studies have been done regarding the long term risks of egg donation and ovarian stimulation. Some studies indicate a slightly higher risk of ovarian cancer with excessive long term use of stimulation medication.

Though it is not known whether or not the medications themselves pose the higher risk, or whether it is simply a matter of whether you are genetically predisposed to this type of cancer.

Most recent studies disprove the theory that there is any correlation between ovarian stimulation and Ovarian Cancer.

Regardless, there is proof to suggest, that if you have experienced pregnancy or you take birth control pills on a regular basis, that your risks of ovarian cancer drop significantly.

Common sense dictates, that one should not be a donor beyond a reasonable number of times. The [American Society for Reproductive Medicine \(ASRM\)](#) suggests no more than 6 times, simply because of the idea that it is best not to have so many children born from the same donor, possibly in the same area, with the risk they may one day meet one another.

Some doctors concur that since there is no reasonable evidence to prove that Egg Donors are at risk, a donor can donate as many times as she chooses.

Most of the donors in my program choose to be repeat Donors, however I do limit the Donors in my program to 6 cycles, as recommended by ASRM, unless there are special circumstances, allowing for an additional cycle, for example a full sibling cycle. There is no evidence that egg donation will risk your future fertility unless worst case scenario mentioned above were to occur.

Click this link to get more information about how the medications work, the side effects, and possible risks:

[ASRM MEDICATION BOOKLET](#)

Click this link to get additional general information about egg donation, sperm donation and surrogacy.

[Third-Party Reproduction Info](#)

Q. I would like to speak with my doctor about the potential risk involved. How can I get more information on the medical aspects of egg donation?

A. I highly recommend that you get as much information as you need from a medical professional about egg donation.

I do however, strongly advise that you accumulate your information from a doctor who is highly experienced in infertility and egg donation. Your most accurate information can be learned from a Reproductive Endocrinologist, not necessarily your Ob/Gyn.

This type of doctor deals with the medical processes of egg donation on a very regular basis and can give you more accurate information on risks and side effects of processes.

If you feel more comfortable speaking with your own family doctor or OB/GYN, you are significantly less likely to get accurate information on the process, given he/she have little to no experience with the processes of egg donation, its risks, or side effects.

A list of Reproductive Endocrinologists can be found on the Professionals Page Links of [Fertility Alternatives, Inc Website](#).

COMPENSATION

Q. What is sort of compensation do Egg Donors receive through Fertility Alternatives, Inc. for my time? I have seen advertising for donors who can receive compensation of \$20,000-\$50,000, is that for real?

A. Average donor compensation ranges between \$5000-\$10,000, depending on ethnicity, experience, and whether or not previous donor cycles have resulted in pregnancies.

Donors who qualify for "Exceptional Donor" status, can request fees starting at \$8000+, depending on educational background, ethnicity, experience and whether or not previous cycles have resulted in pregnancies. First-timers in this category are asked to start at \$8000. Under special circumstances, I may be able to start a donor at a higher rate of compensation. An Exceptional Donor's fee can be raised with each additional cycle, depending on the results of her prior cycles.

Please see the "Exceptional Donor" information below to see if you qualify.

Though, I am open to your request of a particular fee, it must be reasonable, or I may be unable to match you. You may need to negotiate your fee if you want to be matched sooner than later. Following my recommendation for compensation is your best bet in getting matched. If I believe I can match you at a higher rate, I will certainly try! In fact, in most cases I am able to match a donor at her requested fee.

Please remember that it is unethical for a donor to raise her fee after a couple has already expressed interest in her. Donor fees are posted on the database for potential recipient information. Recipients will make their decision based on this as well as the information in your profile.

You are not selling your eggs. Compensation is ideally meant to cover your commitment, time, expense, inconvenience, lost wages for local medical appointments, ability to follow the required instructions, and any discomfort you may experience.

The minimum donor compensation in the program is \$5,000-\$8,000. In addition, you will receive additional net lost wages or childcare (up to \$100 per day) (if any) for the retrieval and for two days normal recovery period. If you are travelling for the cycle, you will receive this amount for the actual days you miss from work. Proof of lost wages will be required.

Egg donors are also covered by an egg donor accident insurance policy in the amount of \$250,000, which will cover medical expenses as a result of complications from the egg donation procedure.

[ASRM](#) is making it more and more difficult for donor's to receive compensation above \$10,000, and this is being reflected in **other** agency and clinic fee guidelines. My agency is one of the few that have been very successful in obtaining higher fees for proven donors, but it is becoming more and more difficult as more recipients are demanding that the ASRM guideline be followed.

You may find in your local college paper, ads for recruiting donors promising compensation rates at high as \$50,000. In very few cases these are legitimate. These fees are usually being offered directly from a recipient, or an attorney hired by a recipient, who have unreasonable requests and requirements of their ideal donor. In most cases, these are Bait and Switch tactics, used to lure potential donors in. These donors are eventually asked to bring their fee down to a more reasonable rate.

Going this route is not ideal because there is no one who will be there to make sure your best emotional, health and legal interests are taken into account.

In most cases, a recipient who requests such a specific type of donor will require the donor to be "perfect" in all aspects, with the expectation, that their resulting child will be just as "perfect". This is a frightening idea, that such an "intelligent" couple, would not realize that genetics is "a roll of the dice". One can never expect perfection from their child. The question I would ask myself is "How are they going to feel if their child is not perfect or does not live up to their expectations? How will they treat the child?"

The point is that most donor prospects will not qualify, based on this type of couple's unrealistic requirements, and I would expect a donor to be highly concerned about these types of requirements and how it may affect a child born to the recipients

that she helped to create.

This scenario is not a common occurrence. Many couples in need of an egg donor, have already spent tens of thousands of dollars trying to get pregnant on their own. By the time they get to the donor egg option, their funds are limited.

Requesting unreasonably high fees, give many infertile couples a disadvantage, hence the need for Altruistic donors.

I recently came across a website that I found to be an excellent message to others about what it is like to experience infertility. I highly recommend you visit it, to get an understanding what infertile couples go through.

INFERTILITY

You are doing an amazing and selfless act, when you are willing to donate your eggs!

I understand that each woman has her own individual circumstances such as employment, childcare, etc. I will do my very best to accommodate your situation. We will all work together to determine what works best for everyone.

Q. How does a donor qualify for "Exceptional Donor" status? Why is there such a status?

A. In order to qualify as an Exceptional Donor you must:

1. Have graduated from a major university, or currently attending one. (preferably Ivy League, but not necessary.) with GPA of 3.0 +
2. SAT scores of 1350+, ACT scores of 30+ (If you have not taken it, that is ok.)
3. Have a documented high IQ, if you have been tested. (or be willing to take an IQ test if a couple requests it)
4. Have documentation of your educational back ground, achievements, and college transcripts.

In my experience with egg donation, I have found that couples in need of an egg donor are couples who had decided to further their education and their careers before having children.

As it happened, by the time they were ready to be parents, the recipient mother, was unable to produce good quality eggs, because of her age.

That being said, these couples and individuals are looking for a donor very similar to themselves, in not only appearance and personality, but educational background and intelligence. They want the traits that they can no longer give their child, to be provided with the help of their egg donor.

In this regard they prefer to pay a higher rate to a donor who will fit their individual criteria.

Because the Exceptional Donors in my program are in high demand, I do my best to provide these donors to my clients.

OTHER INFORMATION

Q. Am I required to do any travelling?

A. Travel is not a requirement, however a huge help to those recipients who really want you as their donor. My program works with recipients, clinics, and donors all over the country.

You are more likely to be matched if you are able and willing to travel.

Travel is typically 8-10 days for the last week of the cycle and egg retrieval procedure. In some cases, clinic will require you to travel to them for screening, which is 1-2 days, depending on the location of the clinic in reference to where you live.

If you are travelling, you will need to have a companion to accompany you to your egg retrieval. (No companion is necessary if you are travelling for screening.)

Please have someone in mind (or a back up) who can potentially serve as your companion. They will need to accompany you at least for about 3-4 days as they must be available to take you to and from your retrieval.

Another alternative may be a car/van service to take you to and from the egg retrieval procedure/hotel, however the main clinic must allow this.

In some cases, I can serve as your companion, to make sure you get to and from your retrieval safely. I normally fly in the night before, and stay with you in your hotel room (or fly in early that morning), driving you to and from the clinic the following morning for your egg retrieval procedure. If your retrieval is in an area near me, I can pick you up in the morning and take you to your retrieval procedure.

Reasonable travel expenses for you and your companion are paid for by the recipient through a Trust account that I manage. I also make the required travel arrangements for you and your companion.

Your net lost wages are also covered for the time you are needed to travel, however it is not industry standard for your companion's lost wages to be covered.

Examples of expenses covered for travel is lost wages, meal and expense allowance, rental car or taxi to and from the clinic, flights, reasonably priced and comfortable hotel/lodging, airport shuttle/parking.

80% of the donors already in the program are willing and able to travel, with some advanced notice, and usually enjoy the mini-vacation.

Q. Can I withdraw from the program at anytime?

A. Yes, you are free to withdraw from the program at any time, with the exception, that you have already undergone medical and psychological evaluations at the expense of your matched Recipients.

If you decide not to proceed after you have been medically and/or psychologically screened, you will be required to reimburse the recipients for the costs of the screening, as it would be unfair for the recipients to pay for your screening if you backed out of your commitment.

If you have already legal contracted with recipients, you cannot withdraw from the cycle without a very valid reason. Again, it would be unfair for the recipients to financially and emotionally invest so much, only for you to back out of your commitment to help them.

Be sure you understand the process and that you do not have any ethical, psychological issues or fears about egg donation prior to applying.

You are welcome to ask me any questions about the process if you do not have a clear understanding. It is reasonable and understandable to have some sort of hesitation about the process, simply because it is an unknown. I have been a donor 6 times and have first hand information about what to expect. I also have other donor references you can contact about their experiences.

I understand the process itself can be very involved, and require quite a bit of your time. I will help you along and provide any support you need.

The reward is significantly higher than the risk. I will always be available to help you along the way.

Q. Will I meet the recipients?

A. In most cases your donation is anonymous. In this case you will not meet your recipients. However, some recipients are very interested in meeting the donor, though still preferring to keep the donation reasonably anonymous. You can decide for yourself if you are open to meeting potential recipients upon request. On rare occasions, recipients would like an open relationship with their donor.

Q. How long will it take to match me with a recipient?

A. Unfortunately, it is hard to predict how long it will take to find a match. It is common to take anywhere from 1 week to 1 year. Depending on the economy, and the traits that potential recipients are looking for at any given time. It isn't unusual to be on the list for more than a year, and finally get matched.

Some donors are matched immediately, and have waiting lists of couples wanting to work with them. Others may not be matched at all. Typically, a donor who has completed a successful cycle, with a good result, will much more likely be matched multiple times, in a shorter period of time.

I typically match about 6-10 donors a month.

Your application/profile will be seen by potential recipients who may be very intelligent and educated. Their decision will be based not only on your physical traits, but your ability to be thorough and completely honest in your profile. Simply spelling incorrectly, can prevent you from being matched.

I have found, that great pictures are very helpful in the matching process, and therefore I encourage you to send several. I highly suggest that you offer photos you might consider if you were adding them to a resume. Nice candid photos are also acceptable. Please do not send photos that are blurry or do not truly show your facial features.

You will be notified immediately if a couple expresses interest in your profile.

Q. I have never had sexual intercourse, nor have I ever had a pelvic exam. How will this affect my ability to be an egg donor?

A. You can expect with your screening a pelvic exam, which will include the insertion into your vagina, a speculum, which allows the doctor to take samples of the cells from your cervix to test for signs of cancerous cell or other diseases/infections.

With almost all of your medical appointments, you will receive vaginal ultrasounds. These ultrasounds are performed with a probe that is inserted about 2 inches into the vagina. This allows the doctor to see your ovaries clearly.

There is no other alternative to the pelvic exam or the vaginal ultrasounds.

Under normal circumstances, these procedures are simply uncomfortable, but not painful, for those of us who have experienced them before. However, if you are a first timer, the simple fear will cause pain, and prevent you from relaxing. Relaxation is the key to both of these procedures.

As well if your hymen is still intact, the doctor, may not be willing to perform any of these procedures on you, which will disqualify you from the program. In most cases, by the age of 18 or older, you can expect the hymen to already have been lost on its own, especially if you are an active person.

If you have any social or cultural issues with your virginity or have experienced any sexual assault or trauma that may be emotionally problematic with regards to medical procedures involving penetration of the vagina, it is highly recommended that you do not apply with the program.

If you do not have social or cultural issues, but have not had intercourse or a pelvic exam, you will be required to have a pelvic exam through your own doctor prior to becoming matched with this program, and required to provide documentation and the results of such pelvic exam.

Q. What happens to the eggs after they are retrieved?

A. Your ovaries are expected to produce 10-20+ eggs. All of those eggs produced from that cycle will be retrieved and placed into a test tube for fertilization. At the time the eggs are retrieved, they legally belong to the Recipients.

The eggs are then fertilized in a dish within a couple of hours after the egg retrieval. Most will fertilize, some will not, due to immaturity or poor quality, or sperm issues.

After fertilization, the cells within the fertilized eggs will divide, creating embryos. After 3-5 days of division, 2-4 of the best quality embryos will be placed into the recipient's uterus, in hope that one or two embryos will implant and result in a pregnancy and possibly birth.

The remaining embryos will be frozen for future use by the recipients for either another attempt in the event of a pregnancy failure, or for a sibling for their first child(ren).

Frozen embryos will not be donated to any third party without your consent if this is what you require. This stipulation is added to Egg Donor Contract for your benefit.

Please be advised that eggs retrieved from the donation process cannot be saved for your own personal or future use. All of the egg retrieved for the cycle that you contracted for, belong to the recipients for their own use.

Q. Can I apply with other agencies or donor programs?

A. As any talent or modeling agency service, Fertility Alternatives, Inc. requires an exclusivity contract with the Egg Donors in the program.

It is a common belief that if an egg donor is working with more than one agency, that she will become matched sooner and/or more often. Infact, this is not the case and can be problematic for several reasons.

1. When potential recipients look for their idea donor, they will check all available databases. If you are the one they choose, they will work with you regardless of the agency you are with. There is no benefit to applying with more than one program. There is a benefit to picking the one agency you know will represent and support you.
2. Typically egg donors will not receive the best compensation from the majority of other programs out there.
3. It can be very emotionally difficult on a couple who has found their ideal donor on my list, only to find out that the donor is no longer available because either she was matched elsewhere, or was told by another company that she would be matched immediately and she wasn't. Unfortunately this happens all too often.
4. Several of my recipient clients have expressed their concern about seeing donors listed with many egg donor programs and believe that donors who do list themselves with more than one program are doing so, for the money as opposed to wanting to help. This is not a good stigma you want to portray.
5. As your agent, I am investing time, energy and funding to represent you as a quality egg donor, and to get you the best compensation available given the market conditions. Your commitment and availability is vital to a successful match.
6. When you are matched through Fertility Alternatives, Inc. I have access to all of the information about your cycles. I know how many eggs you produce and if a pregnancy has resulted from your donation. This is a real motivation for future recipients to choose egg donors from my agency. If you are working with other agencies, the information on your cycles is very limited, making it harder for me to match you for future cycles.

7. Working with other agencies may require additional screenings, not normally repeated when working with one agency.

It is common for a match to take 6 months to a year. Try not to be discouraged by this.

There are several reasons why it may be taking a while to match you.

1. Economy: In today's economy, fewer recipients are able to afford infertility treatments, as a result there are fewer recipients looking for donors and more egg donors available.
2. Recipients at any given time, may be looking for traits that you might not possess. This is very common, and not be taken personally.
3. Your inability to travel.
4. Your limited availability due to work or school commitments.

If I find, that I am having a difficult time matching you, I will work with you to find a way to get you matched sooner. We can discuss updating, your pictures/profile or changing compensation, if needed. If you decide after 18 months, that you are not happy with my service, or believe that you will have a better shot being matched with a different program, that you are welcome to rescind your application with fertility Alternatives, Inc. I find however, that once you have cycled, it is much easier to match you for additional cycles.

Finally, I can assure you that I will provide you with more information and support than any other agency or program out there. I provide hands-on support and plenty of communication. I am always available for any questions you might have. This is important, especially if you can't get a hold of the clinic for information during off - hours. I typically develop close friendly relationships with the donors in my program.

As well, my database is one of the best in the country to get matched with potential recipients as I have been in field for over 11 years.

Q. Can I work with more than one couple at a time?

A. Although "shared" cycles do exist, they are usually run by individual clinics with donors in their own clinic egg donor pools. The idea behind "shared" cycles is to save potential recipients a little of the medical costs and the donor fees and still get a decent number of eggs from the process. However, I find that this rarely proves effective, because it significantly decreases the chances of the recipient becoming pregnant, in which case a new cycle and new expenses become necessary if no pregnancy results.

In addition, clinics who deal with "shared" cycles are inclined to overstimulate the donor to get as many eggs as they can in order to raise the chances of a pregnancy in the recipients. I believe that this is not a safe route for a donor to take, unless there are individual and special circumstances. I therefore do not handle shared matches.

Q. How many eggs produced is considered a "good cycle"?

A. Depending on how well you stimulate, it is normal to produce 10-30 in a cycle. An excellent cycle results on average to 15-20+ eggs. A good cycle results in 10-14 eggs. Anything less than 10 can be considered fair to poor. However, every cycle is different, and is not necessarily a concern especially if the quality of the eggs were good.

Q. I have had my tubes tied/I am using Birth control. Can I still be a donor?

A. If you have had your tubes tied, you can still be an Egg Donor. The eggs are not retrieved through the uterus or the Fallopian tubes. The needle is inserted directly from the vaginal walls to the ovaries.

Birth control pills: You can be an egg donor. The attending physician will tell you when to stop, when required, and may in fact change your prescription for a portion of the cycle.

Injectible birth control or Norplant (any long term BC): Injections will need to stop. Norplant will need to be removed by your own doctor, and cycle cannot begin until after you have experienced 3 normal periods. BC pill is the preferred method of BC for a prospective egg donor. If you are considering becoming an egg donor, it would be best to have any long term birth control method discontinued as soon as possible.

Q. I have a friend who is interested in the Program. Is there any referral program?

A. Yes, If you are a donor working exclusively with Fertility Alternatives, Inc. and your refer new donors to the program who are ultimately matched, you do receive a Finder's fee. Please click the link below to find out more information about FA, Inc.'s Referral Incentive Program. The information located at this link is changed and updated from time to time.

[FA, Inc. Referral Incentive Program](#)

Disclaimer: Age limits are based upon the number of requests and denials by Reproductive Endocrinologists and Intended Parents in search of their ideal "Fertility Assistant". Because Jewish, Asian and East Indian donors are scarce, Intended Parents are willing to widen the age gap of these potential "Fertility Assistants" due to the need for that specific ethnicity or race.