

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



Notification of Medical or Genetic Concerns By Egg Recipients Assisted Reproductive Technologies

Introduction:

As a courtesy to the wonderful patient who donated her eggs, we ask that you notify **Specialists In Reproductive Medicine & Surgery, P.A. (SRMS)**, of any significant medical or inheritable diseases that are found in your donor egg offspring. The information you provide here may be of use to the **Egg Donor**, her relatives and other families who may also have received donated eggs from this same egg donor.

We have also asked the **Egg Donor** to notify us if any of her relatives and her children are found to have a new significant medical or genetic disease that could influence the future medical care of your donor egg offspring.

Identifying Information:

Since you may have moved, please update your identifying information below:

Name at time of Egg Recipient Procedure:		Year of Egg Recipient Procedure:
Current Name:		Birth Date:
Current Address:		
City:	State	Zip Code
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

Physician Name:

Please provide us with the physician's name that made the diagnosis. Please be sure to sign a release of information form so that we may speak to the physician. We will not breach confidentiality issues and will not tell them of your reproductive history. We will simply need to know of the medical issues.

Physician Name:	Type of Physician:	Phone Number:
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Notification of New Medical or Genetic Concerns By Embryo Donor Recipients (*cont.*)

Genetic Concerns:

Please keep this form in a safe location and notify us should it become necessary:

Child's Name	Age of Diagnosis	Actual Diagnosis	Consequences of Diagnosis (Use separate paper if needed)

Please feel free to us additional paper, if needed.

Contact Us If Uncertain:

If you are uncertain if a disease is significant or genetic (i.e., inheritable), please ask your physician or call us here at SRMS. We thank you for your assistance in keeping the **Egg Donor** and the staff here at SRMS informed.

_____ Recipient's Signature	_____ Recipient's Name (print)	___/___/___ Date
_____ Partner's Signature	_____ Partner's Name (print)	___/___/___ Date
_____ IVF Coordinator's Signature	_____ IVF Coordinator's Name (print)	___/___/___ Date
_____ Physician's Signature	_____ Physician's Name (print)	___/___/___ Date