EXHIBIT A

MPI# _____

REPRODUCTIVE ENDOCRINE ASSOCIATES OF CHARLOTTE, P.C.

In Vitro Fertilization/Assisted Reproduction
Consent Form For Oocyte Recipients
(Known Donor)

INFORMED CONSENT

We, _____ and _____
(Print names as appears on driver's license)

desire to participate in the Oocyte Donation Program at REPRODUCTIVE ENDOCRINE ASSOCIATES OF CHARLOTTE, P.C. ("REACH"). We understand that there are several steps involved in this procedure and that beginning this process does not guarantee that we will complete the process or become pregnant. We understand that the Female Partner will receive medication to prepare her uterus to receive the embryos which result from the Oocyte Donation/In Vitro Fertilization Procedure. We understand that the eggs will be obtained from a donor of our choosing who knowingly relinquishes all control of the eggs for use by us. We understand that once the eggs are donated that they will then be prepared and placed in the same dish with a sample of the Male Partner's sperm (insemination). Embryos thus formed will be prepared for transfer to Female Partner's uterus by means of a small catheter which passes through the Female Partner's cervix. Prior to this time, the Female Partner will be given a number of medications to assure optimal synchronization between the development of the embryos and the lining of her uterus. During this preparatory period and following embryo transfer, blood hormone levels will be monitored in the Female Partner to make sure that there are adequate hormonal levels to support a developing pregnancy and then to determine if a pregnancy has resulted. We understand that each of these steps carries some risk as detailed in the following paragraphs.

A. Endometrial Preparation/Synchronization

We understand that a variety of medications are available for use to allow adequate preparation of the lining of the uterus to sustain a pregnancy and to allow synchronization with the eggs being received from the donor. A GnRH-agonist (leuprolide acetate, Lupron) may he used to turn off the Female Partners' cycles and estrogen pills (micronized estradiol, Estrace) or patches (estradiol, Estraderm) may he used to stimulate growth of the lining of the uterus. We understand that some of these medications must be given by injection which may cause bruising or discomfort at the injection site. We understand that while receiving the medications listed above, the Female Partner will be closely monitored by the IVF team. We understand that this monitoring may include frequent blood drawing, which carries the risk of mild discomfort and bruising at the puncture site. We also understand that ultrasound examinations of the uterus may be performed frequently. These examinations may at times be uncomfortable, but there is no risk presently known to medical science. We understand that if monitoring suggests a

low probability for success, that the stimulation cycle may be stopped. We understand that we have the option of using any eggs which are donated by inseminating them and then freezing any resulting embryos for use in a future cycle.
We understand that before the start of a cycle, the Male Partner will be asked to supply a semen sample for analysis by the andrology laboratory. He may be asked to take a specific antibiotic during the first part of the stimulation cycle to treat bacteria that may be present in order to increase the chances for a successful fertilization. In special cases, some of this semen may also be frozen in order to be available as a backup.

B. Insemination/Embryology

We understand that once retrieved from the Donor, the eggs will be evaluated and prepared for insemination by the embryology team of the IVF program. A sample of semen from the Male Partner will also be evaluated and prepared, and then used for this insemination or intracytoplasmic sperm injection ("ICSI"), if indicated. Should a pregnancy occur, we understand that no risk to the fetus is presently known to medical science arising from the material and methods used in the preparation and handling of eggs, semen, and embryos. We understand that not all eggs recovered can be fertilized, and that it is possible that none of the eggs may fertilize.

C. Embryo Transfer

We understand that approximately three (3) to five (5) days after egg retrieval, our embryos will be placed into the uterine cavity of the Female Partner. A thin catheter will be passed through the cervix and into the uterus so the embryos may be deposited there. We understand that this may involve some cramping and discomfort, and possibly a small amount of bleeding. Rarely, infection could be introduced at the time of the catheter insertion into the uterus, requiring antibiotic therapy. We understand there is no guarantee that any of the embryos thus transferred will result in pregnancy.

We understand that the success of IVF often relates directly with the number of embryos transferred to the uterus. We also understand that IVF significantly increases the risk for multiple gestation (more than one baby), and that this risk also correlates directly with either the number of embryos transferred, their development, the age of the female partner (or egg donor), the number of prior attempts and other unknown factors. We also understand that in rare cases, embryos may split in two (2) or three (3), resulting in multiple fetuses; on occasion this can mean that there are more fetuses than embryos transferred. There are distinct obstetric risks to multiple gestations, the most serious of which are preterm labor and the delivery of premature infants who require intensive care. It is the policy of this program to replace the number of embryos deemed medically necessary in a given cycle, which determination is based in part, but not limited to, on availability and factors such as age, cycle attempt and embryonic parameters. Any additional viable embryos may be cryopreserved (frozen) for possible replacement in a subsequent cycle. We understand that a separate consent must be completed if the embryos are to be cryopreserved.

D. Post-Transfer Management

We understand that, in conjunction with the transfer of embryos, the Female Partner will be given natural progesterone by intramuscular injection or vaginal suppository in an attempt to increase the chances for successful implantation. Should a pregnancy result, we understand that no harmful effects to the mother or the fetus are presently known to medical science from the use of this natural progesterone. During this period, we understand that various blood hormone levels, will be evaluated. We understand that it will be necessary to continue taking the estrogen and progesterone until there is clear evidence that the placenta of the developing pregnancy is making sufficient amounts of these hormones to maintain the developing pregnancy.

We understand that while the members of the IVF team hope that a pregnancy will result from this procedure, they cannot guarantee it. Even in a normally fertile couple, the chance of pregnancy is approximately twenty-five percent (25%) in any natural menstrual cycle. If no pregnancy occurs, we may be offered participation in future cycles when assessment by the IVF team reveals no contraindications.

Should a pregnancy result from oocyte donation, we understand that we might suffer a miscarriage or an ectopic (tubal) pregnancy, or any of the other complications that beset any pregnancy. Although the several thousand IVF births to date have not demonstrated an increased incidence of fetal abnormalities compared to non-IVF babies, we understand that the IVF team cannot guarantee the normality of any infant that results from this procedure.

We understand that we may at any time decide to withdraw from participation in this program, without prejudice.

Any information obtained during this procedure and identified with us will remain confidential and will he disclosed only with our permission. Any publication resulting from this procedure will not identify us individually.

We have been encouraged to ask questions and any that we have asked have been answered to our satisfaction. We may ask additional questions that we have now or as they arise in the future.

E. Execution of Consent

By signing this form below you expressly indicate and certify the following:

(1) That you have read and understand each and every provision herein;

(2) That you have been given the opportunity to review this document with any and all third parties of your choosing;

(3) That you have been given an opportunity to ask any and all questions;

(4) That for each question you have asked, you have received a satisfactory answer;

(5) That you know that you may ask additional questions at any time in the future;

(6) That you may discontinue this program at any time in the future; and

(7) That you are over the age of twenty-one (21).

Female Partner's Signature	Date
Male Partner's Signature	Date
REACH representative verifying completion of consent	Date
Witness – if signed outside of REACH	Date