

FORM 13

[See rule 13 (f) (viii)]

Consent Form for the Donor of Oocytes

I, Ms., Address....., Mobile number
....., AADHAR card number..... Willingly consent to donate my oocyte
to couple/individual who are unable to have a child by other means. At this stage and to the best of
my knowledge I am free of any infectious diseases or genetic disorders

I have had a full discussion with Dr..... (name and address of the clinician)
on

I have been counselled by (name and address of independent
counsellor) on

(I understand that there will be no direct or indirect contact between me and the recipient, and my
personal identity will not be disclosed to the recipient or to the child born through the use of my
gamete.: If applicable)

I understand that I shall have no rights whatsoever on the resulting offspring and vice versa.

I understand that the method of treatment may include:

1. Stimulating my ovaries for multifollicular development.
2. The recovery of one or more of my eggs under ultrasound-guidance or by laparoscopy under
sedation or general anesthesia.
3. The fertilization of my oocytes with recipient's husband's or donor sperm and transferring the
resulting embryo into the recipient.

I understand and accept that the drugs that are used to stimulate the ovaries to raise oocytes have
temporary sideeffects like nausea, headaches and abdominal bloating. Only in a small proportion of
cases, a condition called ovarian hyperstimulation occurs where there is an exaggerated ovarian
response. Such cases can be identified ahead of time but only to a limited extent. Further, at times
the ovarian response is poor or absent in spite of using a high dose of drugs. Under these
circumstances, the treatment cycle will be cancelled.

Name, address and signature of woman