Below please find some additional information, which you should have before undergoing your embryo transfer procedure. If you have any questions about these please contact your physician or office staff.

Embryo adoption per se imparts no significant risks outside of those inherent in pregnancy and assisted reproduction. However, pregnancies achieved through assisted reproductive technologies do appear to have increased incidence of low birth weight babies and preterm labor and delivery. Although by no means confirmed, a few studies have shown a very slight increase in birth defects following assisted reproduction. A number of other studies have not shown any increase in birth defects. If any increase exists, it is probably approximately about 1%.

Multiple births are a known complication of assisted reproduction, including embryo adoption. In order to limit the chances of this, and yet still optimize your chances for pregnancy, we may recommend that you transfer 2 (and rarely 3) embryos. If you are uncomfortable with transferring more than one embryo, please contact your physician. Some embryos have previously undergone Preimplantation Genetic Testing for Aneuploid (PGT-A) and in such cases we will transfer a SINGLE embryo. We will not transfer more than ONE embryo that is normal by PGT so please remember this policy when completing your thaw and transfer form. Often the number of embryos transferred is dependent on certain factors beyond our control, such as how the embryos are grouped when they are frozen, and how well they survive the thaw. Therefore, it may be difficult to guarantee a certain number of embryos that can be transferred.

If you have chosen open adoption, you will need to decide whether you want to consider having an open donor as a backup. The potential advantage of this is that additional embryos would be available for transfer in the event that no or only one embryo survives from your open donor.

Any couple that agrees to mixing embryos, i.e. having embryo transferred from more than one set of genetic parents at the same time, must agree to allow genetic testing of the child. This is extremely important for the health and well-being of the child in the future. While neither you nor the donors would necessarily be informed of the genetic linkages,
it will be kept in our records at the NEDC should this information ever be required. You will be responsible for the costs of testing for your child and one of the embryo donors.

These costs typically run between $300 and $1,000. Additionally, if you conceive and want to reserve any remaining embryos from the same donor, you must contact us immediately to make arrangements.

There are additional costs associated with the transfer of each set of embryos. These charges are unique to each set of embryos and depend on costs in obtaining them from the donating couple. Our staff will provide details on these fees. We must request that these fees be paid on the day of transfer, so please be prepared to do so.

Many couples have concerns about which embryos to select in the case of anonymous adoption. We have not found that the stage that the embryos were frozen at is helpful in determining the best chances for pregnancy. We suggest that you use the physical and social characteristics of the donating couple when making the selection. While embryos from younger mothers may have a higher chance for pregnancy, we have had excellent pregnancy rates using our donors from across the age spectrum. If the adoptive mother is Rh negative, and this information is available for the donors, you may also want to consider this in your selection process. However, it is most likely that at least one of the parents from the donating couple will be Rh positive, and that your obstetrician would have to take certain measures to prevent problems in the baby due to blood type incompatibility.

If you are choosing anonymous adoption, we request that you make your embryo selection approximately two months before your embryo transfer date. A couple may attempt embryo adoption up to three times. Unfortunately, no exceptions can be made to this policy.

Please sign that you have read and understand this information, or that uncertain areas have been explained to your satisfaction.

________________________________     ____________  
Husband’s Signature                Date

________________________________     ____________  
Patient’s Signature                Date

_________________________________     ____________  
Witness                 Date