

**טופס הסכמה: הפרייה חוץ גופית (IVF) לאשה מתרומת ביציות**  
**CONSENT FORM: IN-VITRO FERTILIZATION USING**  
**OVA DONATION**

Ova donation is offered to women who are candidates for in-vitro fertilization therapy, but are not able to produce eggs on their own due to absent ovaries or complete ovarian failure, or when the response of the ovaries to ovulation inducing agents is deficient and in cases in which a defect in the egg prevents its proper fertilization. The donated egg is fertilized with the husband's sperm and/or sperm obtained from the sperm bank.

A woman found suitable for IVF treatment using ova donation will be treated with hormone preparations, estrogen and then progesterone, cyclically, in order to prepare the uterine endometrium to receive the embryos that will develop after fertilization of the donated eggs. The hormone therapy can be administered at a timing that will enable transfer of the embryos immediately following fertilization or at a later date. If the hormone therapy isn't administered concomitantly, the embryos attained from the fertilization are frozen and kept in the embryo bank until the decision is made to transfer them into the woman's body.

The rate of pregnancies achieved with frozen embryos is lower than with embryos that were not frozen.

After the embryos are transferred into the uterus, supportive hormone therapy must be continued until a blood test is performed to confirm pregnancy. If a pregnancy develops, the hormone therapy will continue according to the attending physician's instructions.

Name of Woman: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

Name of Husband: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

I/We hereby declare and confirm that I/we have been given a detailed oral explanation by:

Dr. \_\_\_\_\_  
Last Name First Name

regarding the deficiency or lack of eggs in the woman's body and the need for ova donation as a basis for IVF treatments (henceforth: "the treatment").

In addition, I/we have been given an explanation concerning the risks and complications associated with the administration of the aforementioned hormone preparations, including: vein thrombosis, emboli and tumors of the female reproductive system.

I/we know and understand that this consent form is an appendix to the in-vitro fertilization consent form, which includes an explanation concerning the process, the side effects, the complications and the risks of in-vitro fertilizations.

I/we agree that the donor of the egg will be selected by the physician, exclusively at his/her discretion and that I/we will not be entitled to know the identity of the donor, nor her characteristics, or any other detail related to her or her family.



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**Gynecology**



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Woman's Signature

Husband's Signature (for married women)

I hereby confirm that I have given the woman / the couple a detailed oral explanation of all the above-mentioned facts and considerations as required and that she/they has/have signed the consent form in my presence after I was convinced that she/they fully understood my explanations.

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Name of Physician

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Physician Signature

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License No.



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