Lucile Salter Packard Children's Hospital

Stanford MEDICINE

Fertility and Reproductive Health

CONSENT • USE OF OFA FROM A KNOWN DONOR WHO HAS RISK FACTORS - STATEMENT OF OVUM DONOR

Medical Record Number

Patient Name

Addressograph or Label - Patient Name, Medical Record Number

CONSENT TO USE OF OVA FROM A KNOWN DONOR WHO HAS RISK FACTORS FOR, OR EVIDENCE OF, INFECTION WITH CERTAIN COMMUNICABLE DISEASES (Directed Donation)

STATEMENT OF OVUM DONOR

I have been advised that I have risk factors for, or evidence of infection with, the disease(s) checked above. The nature of the disease(s), including symptoms and severity, has been explained to me. I have also received an explanation of the risk of transmission of the disease to the above-named patient, and (if pregnancy results) to her fetus, based upon my specific risk factors for, or evidence of, infection. I have been advised of the measures (if any) that can be taken to reduce the risk, and have had all of my questions answered. Having received this information, I nonetheless wish to proceed and hereby consent to donate my ova to the above-named patient so that she may become pregnant.

Signature of Ovum Donor	Date	Time