

RANDY S. MORRIS M.D.
BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
AND INFERTILITY

CYCLE AGREEMENT FOR ANONYMOUS OOCYTE DONORS

I, , do hereby agree to participate in an in vitro fertilization (IVF) cycle where I will serve as an oocyte donor. My decision to participate in this cycle is completely voluntary. I have been given the opportunity to ask questions and to withdraw my participation. All of my questions have been answered to my satisfaction.

I understand that I have been matched to an individual or couple (the “recipients”), that in the medical judgment of Randy S. Morris M.D., (Dr. Morris) are in need of an oocyte donor.

I agree to donate my oocytes to the recipients designated by Dr. Morris. I understand that my oocytes will be used to produce a pregnancy for the recipients.

I understand that from the moment that the oocytes are removed from my body that they become the sole and undisputed property of the recipients.

The disposition of any oocytes I have donated or embryos derived from those oocytes shall be determined solely and completely by the recipients. I understand that these embryos may be frozen, disposed of, donated to another recipient, or donated for research at the discretion of the recipients.

I understand that I have absolutely no legal claim to any children produced from the use of oocytes I have donated.

I am participating in this IVF cycle as an anonymous donor. I will not attempt to ascertain the identity of the recipients. If I discover the identity of the recipients, I will not attempt to contact the recipients or any children born to them or attempt to obtain custody of any children produced from the use of any oocytes I have donated.

I understand my anonymity will also be maintained from the recipient couple. I acknowledge, however, that it is possible that a child or children born using oocytes I have donated may attempt to contact me. I realize that currently there are cases in which children who were given up for adoption have attempted through the courts or through legislation to have the identity of their birth mother revealed even against her wishes and that similar efforts could be initiated by the children born of donor oocytes.

I understand my obligations as an oocyte donor include taking medication, submitting to testing procedures as indicated by Dr. Morris or his staff, and undergoing a medical procedure under anesthesia to remove eggs from my body (oocyte retrieval). I agree to refrain from any activity that in the judgment of Dr. Morris would compromise or jeopardize the successful completion of the treatment.

If I fully complete the intended treatment (through the oocyte retrieval procedure), I will receive compensation in the amount of \$5000.00. If the treatment is cancelled by Dr. Morris, after I initiate Lupron but before gonadotropins, I will receive \$500.00. If between 1-5 days of gonadotropins, but before the oocyte retrieval, I will receive \$1000.00. If greater than 5 days of gonadotropins, but before oocyte retrieval, I will receive \$1500.00. However, if I am deemed by Dr. Morris to have **not** fully complied with the instructions given to me by Dr. Morris or his staff, my cycle may be cancelled by Dr. Morris, and **I will not receive any compensation**. These compensations will constitute the full amounts I will receive for my services. I will not be entitled to any additional compensation such as travel costs, personal expenses etc. I understand that I am acting as an independent contractor and this compensation is subject to taxation. I understand that the compensation is provided by the recipient couple, but in order to help maintain anonymity, it will be dispersed by Dr. Morris' office.

Compensation is issued through the Practice's Online Bill Payment Service and will be mailed to you. Therefore, it may take up to 7 business for you to receive it.

I agree at the completion of the cycle to return any unopened, unused medication that had been provided to me.

RANDY S. MORRIS M.D.
BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
AND INFERTILITY

Randy S. Morris, MD, SC has secured a Blanket Accident Insurance Policy from the AIG Life Insurance Company of Wilmington, Delaware that, *excess* of any other insurance our Donors or Recipients may have, protects our oocyte donors.

The policy covers the Donor for the following:

Accidental Death Benefit	\$100,000.00
Paralysis Benefit*	\$100,000.00
*payable at 25% per loss of use of each limb	
Excess Accidental Medical Expense Benefit**	\$250,000.00

** Excess of any other collectible insurance and subject to an integrated deductible of \$1,000.00 that is the responsibility of the recipient(s).

The policy Excludes coverage for:

1. Sickness, disease of infections of any kind; except bacterial or pyogenic infections which result from an injury.
2. Mental or nervous disorders or psychological complications.
3. pregnancy or abortion
4. Cost of actual procedures relating to the testing, harvesting and implantation of human eggs (oocytes).
5. Other exclusions apply, refer to master policy for complete list of exclusions.

The coverages referenced in this text are evidenced by an Insurance Policy, (SRG 806 62 70), that was originally effective on (Nov 1, 2003). This policy is maintained in our offices for your inspection or, you may request a "Specimen" of our coverage by contacting:

Brown & Brown of Texas, Inc. (Insurance Agency)
10700 North Freeway, Suite 300
Houston, Texas 77037-1103

I acknowledge that I have read the above agreement in its entirety and have had any questions answered completely and to my satisfaction. I agree to participate in an IVF cycle and to donate the oocytes retrieved to the recipient couple.

X
