



Your Guide to Egg Donation Treatment

Patient Information



How do you select your donors?

In order to select the donors with the best chance of success we have very strict criteria. All of our donors are:

- Aged between 18 and 35 years old
- Are non-smokers
- Have a BMI <33
- Have no personal or family history of inheritable diseases
- Have good ovarian reserve
- Be free of transmissible infections such as HIV, syphilis and hepatitis B & C

Donors undergo blood tests for infection screening, HTLV, CMV, Chromosome analysis, Cystic Fibrosis testing as well as a full blood count.

All donors are asked to provide a full medical history for themselves, their parents and their grandparents, as well as disclosing any inherited conditions wider in the family.

Our donors also all have a counselling session to ensure that they understand the implications of being an egg donor.

Our donor screening and checks take about 2-3 months and only once our donor doctor has approved them will they be matched and ready to start treatment.

We look after our donors well and many come back to donate again with us.

How are your donors matched to me?

We offer a very personalised service for matching recipients to a donor and we do our best to get everyone a match that they are happy with. All recipients have an appointment to talk about their matching requirements. We match closely to your physical characteristics – height, build, skin tone, hair and eye colour – and our donors write a pen portrait about themselves, which will give an insight into their interests and personality.



It is important to note that only non-identifying information is available to you; you will not receive any identifying information about your donor and they will not receive any identifying information about you.

Recipients do not have to accept the first donor(s) they are offered. This service is very much working together to find the best match we can.

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Are the eggs fresh or frozen?

BCRM has a donor egg bank which complies with HFEA guidelines and enables patients the option of either frozen or fresh eggs.

The vast majority of our recipients choose to use frozen eggs with a blastocyst guarantee package. Blastocysts are created using quarantined frozen eggs and frozen – the recipient can then choose when to transfer the blastocyst created.

When using frozen eggs in a basic non-blastocyst guarantee package, the recipient can decide the number of eggs they wish to use, starting at a minimum of 6 frozen eggs per cycle.

If using fresh eggs, there are two options available – an enhanced package where the recipient receives all the eggs that a donor produces within the cycle, up to a maximum of 15 eggs. There is also a shared package where the recipient receives half the number of eggs that the donor produces within the cycle. For both of these packages, there is a minimum guarantee of 6 fresh eggs.

Do you offer any guarantees?

We offer a number of blastocyst guarantee packages; these packages are subject to specific eligibility criteria and approval by our doctor or embryologist. If on the first cycle, the required number of blastocysts is not achieved, the clinic offers a structured pathway which may include rematching with a new donor, up to a maximum of 3 attempts. If after the final attempt, the guaranteed outcome is not achieved, a partial refund will be issued in accordance with the agreed terms. It is important to note that the guarantee applies specifically to blastocyst development and does not extend to implantation, pregnancy or live birth outcomes. For further information, please see the Egg Recipient Blastocyst Guarantee Patient Information Leaflet.



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We also offer treatment packages without a blastocyst guarantee, which may be suitable where criteria for the blastocyst guarantee packages is not met.

Are there any key legal issues I should be aware of?

The donor does have the right to withdraw their consent to the use of their eggs or any embryos created using their eggs, up until the point of the embryo being transferred.

Since April 2005, the law has stated that all donors have to have identifying information registered with the HFEA, and any child born from donation can access this information from the age of 18. Children born from donation are also able to access information regarding donor-conceived genetic siblings from the age of 16.

Egg donors are permitted to be informed whether a child has been born as a result of their donation, with information about the year of birth and the sex of the child(ren). Identifying information is not provided to the donor.

It is also important to be aware that the use of DNA testing services (e.g. 23andMe) by donors, donor-conceived people, or by their close relatives can lead to donors or donor-conceived people becoming identifiable to each other, or to others, based on genetic matching results provided by the service, at any time. These services may also enable donor-conceived people to identify or make contact with other individuals conceived using the same donor, including genetic half-siblings, or otherwise reveal information about the existence of other recipients or donor-conceived families connected to the same donor.

How long is the waiting list for donor eggs?

This can be variable, but the waiting time is currently limited to a few months.. We will do our best to find you a donor as soon as we can and we appreciate that the waiting time can be difficult.

If I get pregnant, will it be any different?

A pregnancy conceived from donor eggs is like any other pregnancy; no special antenatal care is necessary unless the mother has any relevant health problems.



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Patients over the age of 40 are more likely to develop higher blood pressure in the later stages of pregnancy, so extra monitoring may be required.

It may be helpful for the antenatal team to be aware of how the pregnancy was conceived to avoid any needless anxieties about genetic problems that may not be relevant.

What counselling is available to me?

Ethical and Emotional Implications Counselling is mandatory for both recipients and donors, and is conducted by a specially trained BICA accredited counsellor. The ethical implications are discussed in detail and you have plenty of opportunity to ask questions.

You are also entitled to up to 3 treatment support counselling sessions throughout each cycle of treatment and can be accessed up to 6 months following treatment.

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