

RECIPIENT OF DONOR SPERM

- Information Booklet -



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INTRODUCTION

The information in this booklet gives an outline of what is involved for patients (and their partners) who wish to use donor sperm in an attempt to achieve a pregnancy. It answers the most commonly raised questions.

CLINIC PHILOSOPHY

Every donor and/or recipient and their partner (if they have one) will be assessed, prepared, and counselled, in their best interests, by the clinic. We will give them clear and accurate information about potential implications for donating or receiving donor gametes. Part of the counselling process is to encourage donors and recipients and their partners (if applicable) to consider scenarios that may happen in the future and for them to consider how they may react to these. In addition, legal implications will be discussed, and referral offered.

WHY DO WE NEED DONORS?

There are many reasons people need to use donor sperm:

- For male infertility problems, where the male partner has no sperm or poor quality which has failed to achieve a pregnancy.
- For genetic disorders where the male partner carries a gene defect which can be passed down to offspring.
- For women in same sex relationships and single women to achieve a pregnancy.

SUPPLY AND DEMAND

Currently there is a far greater demand for donor gametes than there is availability and there is usually a waiting list of potential recipients. Each year at Genea Newcastle more than 50 treatment cycles require the use of donor sperm.

For this reason, Genea Newcastle formed a connection with European Sperm Bank (ESB) as they have available donors with virtually no waiting times. All screening, information and selection of the donor is arranged directly between ESB and recipients via the ESB website. Genea Newcastle involvement is with treatment of the recipient, with sperm samples being supplied by courier from ESB.

PLEASE NOTE: Unfortunately, Covid had an impact on donors being able to attend the ESB clinic to provide samples which has resulted in fewer donors being available.

TYPES OF DONORS AND THE RECIPIENT RELATIONSHIPS

There are 3 different types of donor/recipient relationships:

1. **Known Donor/Recipient:**

The recipient and donor are known to each other prior to treatment and the donor donates to that recipient. Known Donors/Recipients are required to have both individual and a joint counselling session with their partners (if they have one) before treatment can begin.

2. **Identifiable Donor:**

A recipient may receive gametes from a donor who has potentially donated to other recipients and may donate to others in the future and who are also unknown to them. The donor can only donate to a maximum of five families (including their own family) and they do not meet prior to treatment. Non-identifying information only is given to the recipient ie medical history, family history, height, weight, hair colour, eye colour, ethnic background, religion, occupation, interests etc.

3. **Combination of both Known and Identifiable:**

For example, the donor may meet or be 'known' to one recipient but may be 'identifiable only' to others.

Newcastle Sperm Donors

Newcastle Sperm Donors (NSD) are 'Identifiable Donors' meaning they may donate to a maximum of five families/recipients and are unknown to the recipient(s).

PLEASE NOTE: there are currently **NO NSD DONORS AVAILABLE**. Occasionally an unused allocation may be returned to the pool however this is extremely rare. There is an extensive wait list of recipients that will be offered any sperm that comes available on a first-on-first-served basis.

European Sperm Donors

European Sperm Donors (ESB) are also 'Identifiable', and recipients receive only non-identifying information in the donor profile. Recipients acquire gamete ESB donor samples via the ESB website. The ESB donor may have already donated to other recipients and may/or may not donate to others in the future. The donor can only donate to a maximum of five families worldwide once a live birth is registered.

DONOR SELECTION

Profiles of available donors to choose from contain non-identifying information about the Donor(s) including:

- Personal information – year of birth, occupation, marital status, number of children etc
- Physical characteristics of the donor – height, weight, eye/hair colour, blood group etc
- Family medical history – of the donor, his parents, siblings, grandparents etc
- Physical characteristics of the donor's parents - height, weight, eye/hair colour etc
- Interests, personality, philosophy of life, ambitions, favourites
- Reason for donating



ESB Donor Profiles

ESB provides a select number of exclusive sperm donors that are reserved solely for Genea NSW Clinics' recipients. These donors meet the NSW legislative requirements and have agreed to:

- the terms and conditions of the NSW ART Act, including worldwide exclusivity to limit the number of recipients to five families
- have additional counselling with an accredited Australian ANZICA counsellor in NSW to discuss the implications of their donation
- being identifiable to the offspring at aged 18 and are selected for high sperm parameters.

These are the conditions that make these donors more valuable, which is reflected in the pricing from ESB. To protect the privacy of the donor, and the conditions of the contract between ESB and Genea Newcastle, ESB sperm cannot be on-sold, returned to ESB, or transferred to another facility. Profiles may be viewed by other Genea patients concurrently, therefore selection is based on a 'first in, first served' basis.

Genetic Screening of European Sperm Donors

A consultation with a Genea Genetic Counsellor is **mandatory** for all recipients of Donor Bank sperm to discuss the limited genetic screening that is usually performed on the donors. This consult will occur once the recipient has selected a donor, prior to shipment of the samples to Genea. The cost of the consult is approximately \$250, which is not Medicare rebatable, and will be confirmed by the Genetic Counselling team when you make the appointment.

Routinely the ESB donors are screened for a limited number of genetic conditions, including Cystic Fibrosis, Spinal Muscular Atrophy, Non syndromic deafness, Tay-Sach's Disease, Thalassaemia (alpha & beta) & Sickle Cell Anaemia. However, a geneXmatch is available which will screen both the donor and the recipient for approximately 392 autosomal recessive genetic conditions. In the case of autosomal recessive diseases, a child inherits the illness from his or her biological parents due to both parents having a mutation in the same gene. Usually the adults don't suffer any symptoms of the disease, but if they are both carriers of the disease, there is a 25% chance that their child will be affected. We recommend that you consider undertaking this test.

For further information and frequently asked questions (including cost) on the GeneXmatch offered by the European Sperm Bank, use the link below.

<https://www.europeanspermbank.com/en-int/services/facts-genexmatch>

IMPORTANT: you must be registered with Genea Newcastle in order to view the profiles. Donor Options Counselling must be completed at Genea Newcastle before sperm samples can be purchased from ESB. Samples will not be transported until all the above requirements have been met.

COMPARISON OF SPERM DONOR OPTIONS

If you are unsure about which type of donor is most appropriate for you, an initial Donor Options Consultation session is designed to help with your decision of which donor option is right for you. The tables over the next few pages compare the options side-by-side with regards to some of the costs involved, age limits, treatment types, availability and future connections. The steps involved with each donor option leading up to treatment also vary and are outlined in a comparative table.

The counsellor is available to support you throughout the whole process. The counsellor will help you to consider which type of donor to use and will assist you to advertise for a donor if required.

Comparison between Sperm Donor Options with Genea Newcastle

		Known Donor	European Sperm Bank Donor (ESB)
Associated Fees (All \$AUD)	Administration Fee \$950\$950
	Registration Fee \$450\$450
	Cost of Sperm	Per Straw Per Cycle.....\$0	Per Shipment.....approx. \$15,000 Order online directly from ESB. Minimum purchase of 6 straws which will cover up to 6 cycles. Fixed cost even if you need fewer cycles. Cost changes with exchange rates.
	Storage of Sperm	Ongoing fee \$50 / Month	Ongoing fee \$50 / Month
	Total Initial Cost	Total (excl cycle & storage fees)..... \$1400	Total (excl cycle & storage fees)\$16,400
Age Limits	Using Own Eggs	Preferrable for woman to have treatment before her 43 rd birthday	Preferrable for woman to have treatment before her 43 rd birthday
	Using Donor Eggs	No upper age limit for woman using donor eggs, dependent on obstetric assessment	No upper age limit for woman using donor eggs, dependent on obstetric assessment
Accessibility	Access timeframe	Sperm donor samples need to be quarantined for 3 months prior to use	Needs to be imported from Europe. Shipments arrive on the first Monday of the month.
	Supply availability	Donors are recruited by recipients.	Ongoing supply of limited numbers exclusive to Genea.
Donor Details	Genetic testing	Specific genetic testing available: level can be decided by recipient. Recipient pays cost of testing.	Routinely Limited genetic testing only is performed: Karyotyping, Cystic Fibrosis carrier testing, SMA, Non syndromal, Deafness, Thalassemia and Sickle Cell disease. A GeneXmatch may be requested to rule out almost 400 recessive conditions. (refer to page 6 for further information).
	Future connections	Australian culture of known donor means donors may be more likely to connect with your future child(ren) when they grow up.	Donors from Europe and UK may be more difficult for your future child(ren) to connect with when they grow up.

		Known Donor	European Sperm Bank Donor (ESB)
Donor Details (continued)	Donor Linking	Genea Newcastle and NSW Health Donor Register are more likely to be able to assist your child(ren) with donor linking in the future should the relationship with the donor not continue.	ESB requires that recipients must agree that they will not search for or trace donors, other recipients, or other children of the donor. Children born using ESB donors are able to contact the NSW Health Donor Register, once they are 18 years of age, to obtain identifying information regarding their donor.
	Treatment Type (DI or DCSI)	Available for use with IVF treatment (DCSI) or Donor Insemination (DI) if sample quality is high enough.	Available for use with IVF treatment (DCSI) or Donor Insemination (DI).
Restrictions	Relocating Donor Sperm or the Created Embryos	The donor sperm, or embryos created using the donor sperm, may be shipped to other clinics with the permission of the sperm donor. This is because the identifying information about the donor needs to be provided to the receiving clinic for notification to the NSW Health Central Donor Register.	The donor sperm, or embryos created using the donor sperm, must be used at Genea Newcastle . The European Sperm Donors do not give permission for their identifying information to be given out to other clinics.
Reporting	Donor Register	Birth of any children must be reported to NSW Health Central Donor Register.	Birth of any children must be reported to NSW Health Central Donor Register. Each pregnancy, including miscarriage or adverse outcome, must be reported to ESB.

Process for Selecting Sperm Donor Source

Below is a table outlining the different sperm options and the variable steps involved with each to attempt to achieve a pregnancy.

Steps	KNOWN SPERM DONOR (Treatment type: determined by sperm quality)	EUROPEAN SPERM BANK DONOR (ESB) (Treatment type: DI or DISCI)
1	Your donor will need to obtain a GP referral to see your Fertility Specialist to discuss medical aspects of being a donor including family medical history.	Set up account and view donor profiles available for NSW Genea clinics. Other patients will be looking at these profiles at the same time. Allocation is based on purchase date.
2	Your Specialist will refer your donor to Genea for Counselling, Blood tests, Completion of Donor Consent Forms, Semen Analysis & Sperm Freeze, and to arrange Genetic testing if required.	Follow the instructions in your email to view profiles, select and purchase sperm directly from ESB.
3	Joint counselling where the partners of both the donor and recipient must attend will be booked for a minimum of 7 days after the initial donor appointment with the counsellor. Once your donor's appointments and testing are complete you can proceed to the next step.	Inform Genea Donor Coordinator (via email) of your choice of donor and include the receipt from ESB.
4	If your donor is a carrier of a genetic condition, you will be required to be tested for the condition. If you are both carriers of the same genetic condition you will be advised of your options.	The European Sperm Bank will arrange for the sperm to be shipped to Genea Newcastle. This can take up to 6 weeks.
5	If you are not a carrier of the same condition your donor will be able to proceed to the next step.	(proceed to step 8)
6	The frozen sample must be quarantined for 3 months.	
7	After the quarantine period your donor will be contacted for follow up blood tests. Providing these blood tests are all clear you can then proceed to the next step.	
8	You will need to have a follow up consultation with your fertility specialist to review results and finalise your treatment plan.	
9	After you've seen your specialist, they will inform Genea of your treatment plan. You can then make an appointment to see a Genea nurse to discuss your treatment in detail and schedule your cycle commencement.	
10	You can call the Accounts Department if you have more questions or if your treatment plan has changed. Different cycle types incur different fees.	

REQUIREMENTS FOR RECIPIENTS

Health

It is strongly recommended that recipients should be in good physical and psychological health but specifically:

- be a non-smoker
- BMI <35 - Please speak to your Specialist regarding the implications for BMI's higher than 35

Partner Involvement

If you are in a relationship, both partners are required to attend the counselling, medical and nursing consultations. Receiving donated gametes affects both partners and your family and it is essential that both partner(s) are involved in the process.

Openness

Recipient(s) must be agreeable for their details and child(rens) details to be included on the NSW Donor Register.

Payment of Donors

It is illegal in Australia to sell sperm or eggs (or any human tissue). While it is considered normal for recipients to cover their donor's expenses, for example travelling costs, it is illegal for a donor to ask for or accept anything that may be deemed to be a payment.

If a donor asks for payment beyond expenses, they should be avoided. Recipients desperate for a child have been known to fall victim to unscrupulous people offering to sell eggs or sperm.

QUARANTINE OF DONOR GAMETES

It is a legal requirement that donor gametes are frozen for a minimum of 3 months before they are used. At the end of this time, the donor is required to have a screening blood test for infectious diseases. This is to minimise the risk of the child or mother being infected by the donated gametes. The gametes are not available for use until the final blood test results of the donor are available. For ESB donors, profiles are only made available for viewing after the screening results are cleared. This means that if you are considering treatment using a European Sperm Donor you may start treatment straight away.

CONSIDERATIONS BEFORE COMMENCING TREATMENT

Considerations across all Donor / Recipient Relationship types

- What are the chances of success?
- How will the process affect me and my family?
- Is fertilisation of the eggs and pregnancy guaranteed?
- Once in the process, can I withdraw at any time?
- Will I feel the baby is mine?
- How do I feel about openness?
- Will I feel disappointed if it doesn't work?
- Dealing with non-pregnant results

Considerations specific for Known Donor / Recipient Relationship

- What relationship will I have with the donor(s) during and after treatment?
- How will the relationship with the donor be affected:
 - ♦ If a baby is born from the donation?
 - ♦ If the treatment does not result in a pregnancy?
 - ♦ If the baby is born with an abnormality?
- If the foetus was diagnosed with an abnormality, how do the involved parties feel about termination of that baby?
- Agreement on the type of contact in the future between the donor and recipient. For example, phone contact, personal visits, no contact etc.
- If contact is agreed to, do you want "formal" time intervals to meet? For example, after the birth of the child, at 5 yearly intervals etc.
- Agreement to give change of address details including address, phone, email.
- Supply of photographs of the child(ren)
- Dates of birth of any children born from the donation to the donor, whether that be from the original egg collection and transfer or any subsequent frozen embryo transfers in the future.
- Update to recipient of any additional children born to the donor (either with current partner or with new partners should this occur).
- Dates of birth of donor's children, to attempt to guard against them starting a relationship in the future.

- Number of children the recipient(s) would like to have. Would the donor feel uncomfortable if 3 children were conceived from the one egg collection?
- The possibility of the recipient family(s) asking the donor to produce more gametes to achieve another child, if required. This is unlikely as the clinic would ensure there are sufficient quantity of frozen samples available for use for a sibling.
- Discuss the areas that are important to each person. A general discussion about the values in the raising of children is generated ie manners in children, type of education, religion sporting interest, music etc.

You may withdraw from the program at any time if you are uncomfortable. We request that you inform us of this decision.

Additional Children – Specific for ESB Recipients Only

If you are successful in having a baby using ESB sperm, you may log on for subsequent cycles in the future at any time. If you have exhausted your supply of sperm from your ESB donor, you may contact ESB directly to see if they have any more of the same samples available for purchase. Any sperm to be stored for future use will incur a sperm storage fee payable to Genea Newcastle.



LEGAL CONSIDERATIONS

It is a legal requirement that the donor's personal information is placed on the Central Register, NSW Department of Health and that they are agreeable to the child having access to this information when they reach 18 years of age.

Consideration Specific to Known Donors

If a recipient creates and freezes embryos at Genea Newcastle, the embryos and any frozen sperm samples remaining in storage, may be transported to another clinic, provided the donor gives consent for their identifying information, consents and results of blood screening tests to be provided to the receiving clinic.

Consideration Specific to ESB

If a recipient creates and freezes embryos at Genea Newcastle using ESB sperm, all treatment must be undertaken at Genea Newcastle. This is an agreement with European Sperm Bank Donors to protect the privacy of the donor, so his personal information is not further shared to other clinics or states.

Parentage

The law considers a woman who gives birth to a child to be the mother of that child. If there is a partner, the partner of the woman being treated will have his/her name on the birth certificate. This is also true in same sex relationships. The donor's name will not be included on the birth certificate. Donors can be assured that they will be under no legal or financial obligation to the child.

NSW LEGISLATION FOR DONOR GAMETES

From January 2010, the NSW government introduced legislation regarding the use of donor gametes (sperm or eggs) or embryos. This is called the Assisted Reproduction Technologies (ART) Act. Once a child has been born from donation, the clinic is required to put the information on the Health Department Central Register. The donor's details will be recorded so that the child can access them once they are 18 years old. Whilst the ART Act does not compel parents to tell a child that they are donor conceived, it is recommended that the child is told and is aware of the Central Register.

Donors may access the Central Register and will be told the year and sex of any children born from their donation. The donor does not have the right to have the identifying information of the child(ren) born through their donation.

The NSW Ministry of Health has developed fact sheets to give information to all parties involved. Please use the links below:

- **The NSW Ministry of Health:**
www.health.nsw.gov.au/art/pages/default.aspx
- **The Central Register:**
www.health.nsw.gov.au/art/pages/the-central-register.aspx
- **Information for Donors on the ART Act 2007:**
www.health.nsw.gov.au/art/publications/brochure-information-for-donors.pdf
- **Information for Parents on the ART Act 2007:**
www.health.nsw.gov.au/art/publications/brochure-info-for-parents.pdf
- **Information for Donor Conceived Individuals on the ART Act 2007:**
www.health.nsw.gov.au/art/pages/i-was-donor-conceived-after-1-january-2010.aspx

CONSULTATION REQUIREMENTS

Initial Consultations

Donors (excluding ESB) and Recipients need a referral from their GP to see one of the Specialists who are associated with Genea. All partners of donors and recipients are also required to attend consultations. A medical history is taken, and procedures are explained.

Appointments must be made to see the Genea Counsellor and Nurse Coordinator. If possible, these appointments can be made on the same day.

The consultation with the counsellor is an opportunity to discuss the implications of being a donor or receiving donor gametes for you and your family and any potential children. The counsellor will raise issues to be considered regarding legal, emotional, physical, relationship and genetic aspects of donation. We believe it is important that everyone participating in a donor/recipient program has plenty of time to reach an informed decision. The consultation process is designed to give all parties time to gain information and feel comfortable with their decisions.

The nursing consultation outlines the treatment process you will be using. Screening blood tests will be taken at this appointment.

Additional Consultations (known donor/recipients only)

After the initial consultation (outlined above) the counsellor will then see the recipient and donor (with respective partners) together prior to treatment commencing. This is to ensure that all parties are in agreement and have a common understanding of the issues and to negotiate any areas of difference. The minimum number of appointments with the counsellor is two (individual and joint implications counselling) but more sessions may be required. The counsellor is available to support you throughout the whole donor/recipient process.

The individual and joint implications counselling appointments are required to be on different days. If the donor lives a long way from Newcastle, we can attempt to arrange some of these consultations on one day, however it is preferable to split them on to different days, as there are many issues to consider. Spacing the consultations also gives the donor(s) times to absorb and think through some of the implications of gamete donation.

If all parties are in agreement and ready to proceed, they will attend a nurse consultation where the treatment process will be outlined depending on the treatment recommended by the Specialist. If not already done, screening blood tests will be taken at this appointment. This appointment will be scheduled after the sperm has been quarantined and close to when you are due to start treatment.

TREATMENT COSTS

Our Accounts Department will provide you with an estimate as part of the consultation process. For Known Donor/Recipient relationships, the donor is bulk billed through Medicare for all consultations with the Specialist, for blood tests and semen analysis. Any Genetic tests required are the responsibility of the Recipient(s)

ELIGIBILITY FOR MEDICARE REBATE

To be eligible for Medicare, you must meet the following criteria:

- be an Australian resident and have a Medicare number
- be determined medically infertile by a Fertility Specialist
- women in a heterosexual relationship requiring the use of donor sperm
- women in a single, or same sex relationship, deemed medically infertile by a Fertility Specialist

TREATMENT OPTIONS FOR SPERM RECIPIENTS

The Fertility Specialist will discuss the different types of treatment options available when using donor sperm. Until all results are available from the donor (for known donors, results from the initial sperm samples) and from the investigations of the female recipient, it is impossible for the recipient(s) or the Specialist, to make a decision on the type of treatment that the recipient(s) need. It is also important to be aware that just because the donor may have had children of his own, does not mean that the samples that are produced and frozen will be of the quality necessary for donor insemination.

Donor Insemination (DI)

In this treatment the woman has a series of blood tests to determine the ovulation day in the cycle. On that day a procedure, similar to a pap smear occurs, and the sperm is placed at the cervix using a small catheter. Not all donors can be used with this treatment option.

This option can be used if the samples from your sperm donor are of good quality i.e. the semen has an adequate number of sperm, the sperm has good motility, and the percentage of normal sperm are within the average range (morphology). Post-thaw counts of the sperm samples will determine if you can use donor insemination or need to use IVF/ICSI.

The other determining factor will be the fertility of the woman. Does she have open fallopian tubes, a past history of pelvic inflammatory disease, or endometriosis? These are some of the issues that need investigation by your doctor before considering this treatment option.

Usually the limit of DI cycles is 3, and if not pregnant, we recommend moving onto IVF/ICSI.

In-Vitro Fertilisation using ICSI with Donor Sperm (DICI)

The most common treatment using donor sperm at Genea is through IVF using Intra Cytoplasmic Sperm Injection (ICSI). This is offered if the sperm sample results are not within the normal range, or the female recipient has a fertility problem.

This treatment requires stimulation of the ovaries using hormone injections, ultrasound scans and blood tests to determine the correct day for egg retrieval from the woman's ovaries. Once the eggs are collected, they are fertilised by sperm injection and are cultured in incubators that mimic conditions seen in a natural in vivo environment.

On the 5th day the best (single) embryo is transferred to the recipient's uterus. Any excess embryos, if suitable, are frozen for future use.

It is important to note that not all eggs will fertilise (normally around 2/3rds will do so) and of those that do fertilise, not all embryos may be of good enough quality to freeze. Approximately 5% of embryos which are stored will not survive the freeze-thaw process despite apparently normal appearances at the time of storage.

Embryo Transfer

An embryo transfer is a simple procedure that is similar to a pap smear and takes around 10-15 minutes.

Afterwards

Eight days after the embryo transfer, a blood test is mandatory to confirm if pregnancy has, or has not, occurred. If it's a positive result and hormone medication has been required, the medication will continue for approximately 5 weeks.

About 6 weeks after the embryo transfer an ultrasound will be done to assess that the pregnancy is continuing normally.



WHAT ARE THE CHANCES OF PREGNANCY?

The age of the woman is the most definitive determining factor in success rates. A woman under 30 years of age has a much greater likelihood of a successful pregnancy than a woman of 42 years. Success rates differ over time and you may wish to discuss these statistics with your Specialist. As a general rule IVF/ICSI has a much higher success rate than donor insemination.

If also using an egg donor, the age of the egg donor is a determining factor in success rates.

DECISIONS OVER THE USE OF THE DONATED GAMETES

Once the donor has donated their gametes, they can revoke or modify their consent until the gametes are used by the recipient, or an embryo has been created. Embryos are the property of the recipient(s).

The recipient(s) can use the donated gametes in whatever treatment option their specialist recommends. With a heterosexual couple, the male partner's name appears on the child's birth certificate as the father. The donor gives up all legal rights and responsibilities for the child when they sign consent forms to donate their gametes.

RISKS AND SIDE EFFECTS

As with any medical treatment there are some risks associated with receiving donated gametes. Precautions are taken to ensure the risks are minimised as much as possible for all parties involved.

Please feel free to discuss any concerns you have with your Specialist, nurse co-ordinator and counsellor. If you have any further questions after reading this information, please feel free to browse our website at: www.geneanewcastle.com.au. Alternatively, contact us Monday – Friday:

- **Phone:** (02) 4902 7000 between 9:00am - 3:00pm (ask to speak with our Donor Coordinator)
- **e-mail:** newcastle.nurses@genea.com.au.

HAVE YOU CONSIDERED DONATING?

There are different scenarios leading to people becoming a potential donor of gametes or requiring donor gametes:

- Single woman needing donor sperm may in turn be an egg donor for another person
- Heterosexual couple who require only eggs or only sperm may be able to donate whichever gamete they are not requiring themselves
- Same sex couples may both be eligible to donate ie female couples requiring sperm may become egg donors or male couples requiring eggs may consider becoming sperm donors
- Someone who does not require fertility treatment themselves however knows a friend or family member who requires donation or answers an advertisement to become a donor