THE IVF CENTER
Dr. Mark Trolice, MD, FACOG, FACS • Dr. Laurel Stadtmauer, MD, PhD
Board Certified in Reproductive Endocrinology and Infertility

FORM IVF-06

EGG RETRIEVAL CYCLE WITH DIRECTED OR ANONYMOUS DONOR

Intended Parent:	_____	**Donor Type:**	☐ Known / Directed ☐ Anonymous
Egg Donor:	_____	**Agency:**	☐ Yes ☐ No _____

PACKAGE SERVICES

IVF CENTER - CLINIC / PHYSICIAN	IVF LABORATORY
• Donor monitoring ultrasounds • Transvaginal oocyte (egg) retrieval • Ultrasound guidance for egg retrieval • FDA donor screening: laboratory testing, physical examination, and donor questionnaire	• Embryology - fertilization, embryo culture, and cryopreservation/freezing • Endocrinology laboratory services • OR / Facility fee
CLINIC / PHYSICIAN FEE: $5,000	**LABORATORY FEE: $5,000**

THIRD-PARTY ADMINISTRATIVE / COORDINATION FEE

With Agency	Without Agency	Selected Fee
$1,500	$3,000	☐ $1,500 ☐ $3,000

EGG DONOR CYCLE TOTAL: With Agency $11,500 | Without Agency $13,000

PAYMENT TERMS: Cycle fees are due at the start of birth control pills / cycle start. A 3% transaction fee applies to credit-card payments. To avoid this fee, pay by debit card or cash.

ADDITIONAL SERVICES / COSTS NOT INCLUDED IN PACKAGE FEES

Genetic Testing (PGT)	If performed: IVF laboratory biopsy fee is $2,000 for the first 8 embryos biopsied, plus $250 for each additional embryo over 8. Genetic testing and shipping are billed separately by the testing laboratory (Progenesis/Igenomix), approximately $200 per embryo plus shipping.
Anesthesia	$650, paid separately to the anesthesia provider by or before retrieval (check or money order).
Medications	Donor stimulation medications are not included and vary according to the individualized treatment plan ($3,000-$5,000).
Psychological / legal services	When required for the donor arrangement, these services are obtained and paid separately to the outside provider.
Cryopreservation & Storage	The first year of storage is included in the package fee. Storage is $800 per year thereafter, payable through Embryo Options. The patient is responsible for keeping contact information current with The IVF Center and Embryo Options.

THIS FORM COVERS THE EGG DONOR / EMBRYO-CREATION PORTION ONLY. The recipient or gestational-carrier evaluation, preparation, monitoring, and frozen embryo transfer cycle are not included and will be covered under a separate financial agreement.

Intended Parent Name: Signature: _____ Date: _____

Financial Counselor Name: Signature: _____ Date: _____