



CHECK LIST / DONOR

- Health Questionnaire
- Copy of ID or passport
- Testing for
 - HIV I/II
 - VDRL
 - Hepatitis B and C
 - Haemoglobin Electrophoresis
 - Cystic Fibrosis mutations
 - Caryotype
 - Blood type ABO/Rhesus

Results must be within the last 6 months

- Fully informed consent

CHECK LIST/ RECIPIENT AND PARTNER

- Consent
- Copy of ID or passport
- Testing for

Both partners HIV I/II
VDRL
Hepatitis B and C

Recipient only Rubella IgM/IgG

Partner only Semen analysis
Cystic fibrosis mutations
Hb electrophoresis

Results must be within the last 6 months.

Receipt of deposit of 50% of total cost on the day of initiation of treatment.

Full payment should be made on the day of egg collection. Receipt of payment should be provided if this has been made at a bank.

In case of cycle cancellation due to the recipient's reasons 30% of total cost has to be paid. (20% of total cost deposited will be refunded).

In case of cycle cancellation due to **OVUM** reasons at **any** stage of treatment the **total** payment will be refunded to the recipient.