

### RECIPIENT ID

NAME: \_\_\_\_\_

RVH# \_\_\_\_\_

RAMQ: \_\_\_\_\_

## Communication of Risk

For the Recipient of Directed Gamete Donation and  
For the Gestational Carrier

### DONOR ID

NAME: \_\_\_\_\_

RVH# \_\_\_\_\_

RAMQ: \_\_\_\_\_

### DONATING:

☐ Eggs

Date of Donation: \_\_\_\_\_

☐ Sperm

Date of Donation #1: \_\_\_\_\_

Date of Donation #2: \_\_\_\_\_

Date of Donation #3: \_\_\_\_\_

Date of Donation #4: \_\_\_\_\_

AGE AT TIME OF COLLECTION: \_\_\_\_\_

1. I understand that a health professional has reviewed the medical file of the donor, including the Initial Screening Form and Pre-Donation Screening Form (medical, genetic and infectious risk questionnaire); initial and pre-donation donor test results, the physical examination, any repeated reassessment or tests (if applicable) and the Summary Document.
2. I acknowledge that even after performing a comprehensive medical, genetic, and infectious disease questionnaire, conducting screening tests for infectious diseases, and carrying out a physical examination of the donor, there might still be gaps in the available information.
3. I understand and I have been notified that using the sperm or egg(s) from the donor identified above carries potential risks to both my health and safety, as well to the well-being of the individual(s) born from this use.

4. I understand that many medical conditions such as certain types of cancer, cardiovascular diseases, or neurological diseases are caused by the interaction of multiple genes and a combination of various lifestyle and environmental factors. The pattern of inheritance for such multifactorial conditions is unpredictable and/or less understood which makes it difficult to determine a person's risk of inheriting or transmitting such diseases.
5. I understand that diseases due to chromosomal abnormalities are usually caused by random errors in cell division and can lead to birth defects or other health disorders. These are usually sporadic rather than hereditary in nature, although they may be impacted by other factors such as a donor age at the time of donation.
6. If applicable, the following information present in the medical file of the sperm or egg donor was discussed with me:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

Based on above information, I hereby give consent for the use of the donor sperm or the donor egg(s) specified in this document.

_____ Recipient's name	_____ Signature	Montreal Place	_____ Date
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## PHYSICIAN

Based on the information contained in the Summary Document and any risk mitigation measures taken with respect to the sperm or egg(s) in question, in my medical opinion the use of these gametes would not pose a serious risk to the human health and safety of the recipient and the individual(s) born from their use.

I have communicated the potential risks associated with directed sperm or egg donation to the recipient and obtained written consent from them for the use of the respective sperm or egg(s).

\_\_\_\_\_  
Physician's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Montreal  
Place

\_\_\_\_\_  
Date