

RECIPIENT ID

NAME: _____

RVH# _____

RAMQ: _____

Preliminary Communication of Risk

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

DONOR ID

NAME: _____

RVH# _____

RAMQ: _____

DONATING:

☐ Eggs ☐ Sperm

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 (medical, genetic and infectious risk questionnaire) and initial donor test results.
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 (to be performed closer to the date of donation), there might still be gaps in the available information.
3. I understand and I have been notified that using 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 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:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

7. I understand that I will be informed if new information emerges after the donor re-assessment is reviewed by the Medical Director and I may be required to have a follow-up appointment with my physician to discuss the new information before proceeding. I understand that another communication of risk document will be signed prior to insemination or embryo transfer.
8. I understand that if new information emerges from the donor re-assessment, there is a possible risk that the treatment may need to be delayed, canceled, or the egg(s) may need to be frozen (for egg donation only) before being fertilized in accordance with Health Canada Regulations.

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

_____	_____	Montreal	_____
Recipient's name	Signature	Place	Date

PHYSICIAN

Based on the information contained in the Initial Screening Form (medical, genetic and infectious risk questionnaire) and initial donor test results, 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).

_____	_____	Montreal	_____
Physician's name	Signature	Place	Date