



**SHARED DONOR EGG PROGRAM**  
**“IN HOUSE” ARMS Donor**  
**Maximal Sharing: 6-11 eggs**

**Arizona Reproductive Medicine Specialists**

**Donor Testing & Screening Fee** (paid in full at time a donor is chosen) **\$4,000**  
**This is non-refundable after donor starts any part of the screening process.**

**Included:**

- Physician Interview
- Physical Exam
- Infectious disease screening
- Drug Screening
- Ovarian Assessment Reserve testing
- Psychological evaluation
- FDA required repeat infectious disease screening
- Counsyl Genetic Screening

**I understand if the donor I have chosen fails any portion of donor screening. I will be financially responsible for the additional screening charges for a subsequent donor.**

**Donor IVF Cycle** (paid in full 2 weeks prior to donor start date) **\$13,898**  
**Recipient will be guaranteed 6 to 11 mature eggs or a refund of (\$4,000)**

All additional mature eggs will be made available to Donor Egg Bank USA.

- Administrative Coordination costs
- All donor services
- All recipient services
- ICSI: Intracytoplasmic Sperm Insemination
- AH: Assisted Hatching
- Donor Insurance Policy
- Cryopreservation
- Donor Meds
- Anesthesia
- 1 Frozen Embryo Transfer

**Total** **\$17,898**

**Services Not Included**

- Recipient medications (Approx. \$1000 paid to pharmacy when medication is picked up)
- Pre cycle Screenings for Recipient/ Recipient diagnostic testing
- PGT-A - \$4,000 (optional)
- Recipient’s infectious disease screening & Genetic Screening (husband and wife, if applicable)
- Obstetrical Ultrasounds (covered by insurance if you have OB coverage and our office is contracted with your insurance company).

**Storage \$ 60.00 month** . You will sign up with Embryo Options once your embryos are completed.

This program is for self- pay, non-insurance patients only. Payment by cash, check, cashier’s check, credit card or may be financed. We charge a processing fee for any transaction other than cash, check or credit card. Refunds may take up to 8 weeks to process.

I agree to and accept the terms and payment requirements of the Donor Egg (In-House ARMS Donor) program.

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Patient Name (s) Dated

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Patient Signature (s) Dated