

1. Donation

1.1

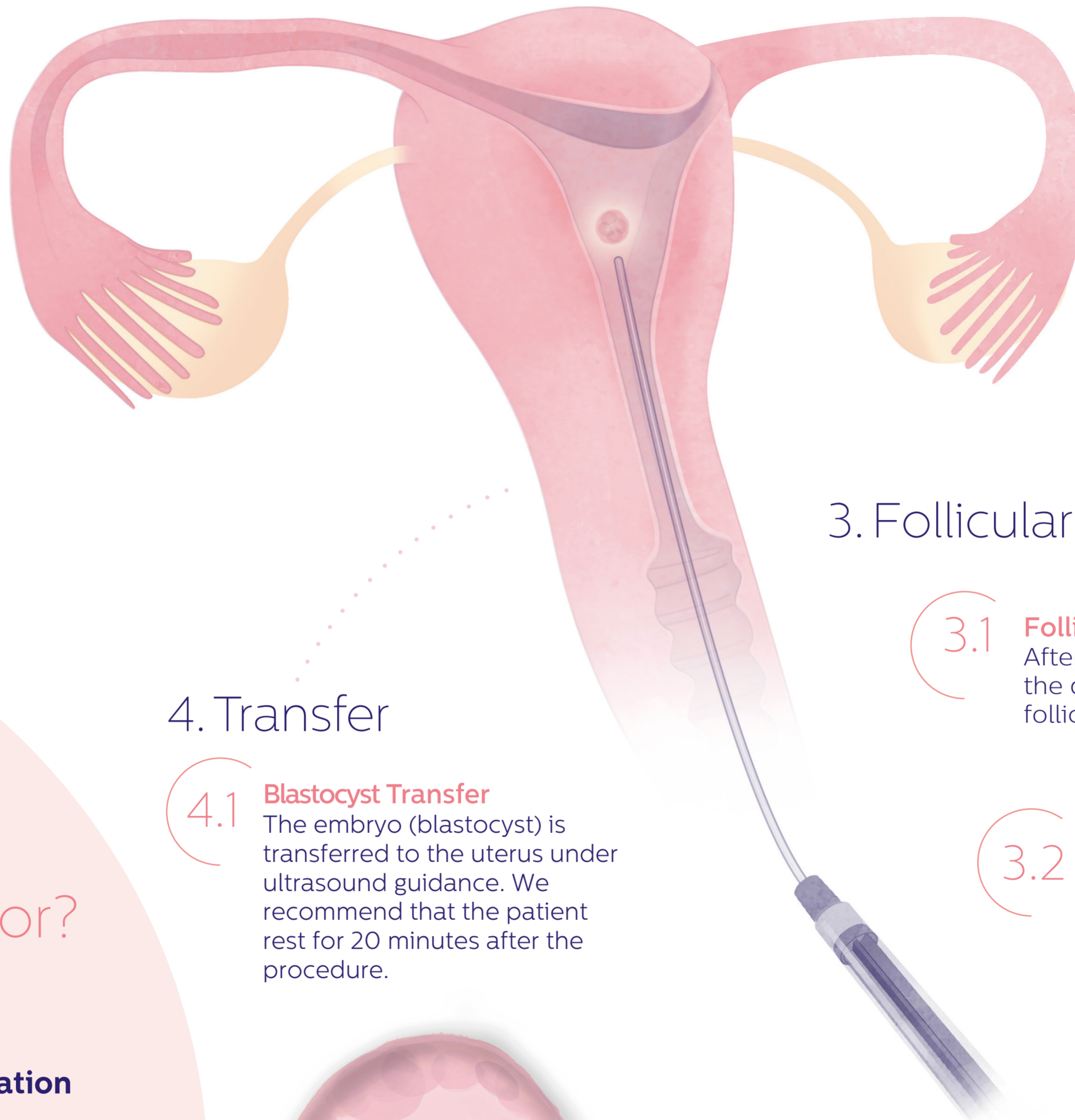
Selecting a Donor

The donor is anonymous and selected based on the recipient's physical traits and blood type. If you would like, the donor can also be selected based on genetics (genetic matching).

Who is it recommended for?

- **Low ovarian reserve**
- **Poor quality eggs**
- **Unsuccessful in-vitro fertilisation (more than three cycles)**

These are the most common reasons why patients turn to egg donation



2. Ovarian Stimulation

2.1

Preparing the endometrium

The recipient prepares her uterus using oestrogen (in the form of pills or patches) and the process is monitored by



If the donated eggs are to be fertilized with your partner's sperm, he must provide a sperm sample to analyse the sperm's viability.

3. Follicular Puncture and Fertilisation

3.1

Follicular Puncture (donor)

After 10 -12 days of ovary stimulation, the donor's eggs are retrieved via follicular puncture.

3.2

ICSI (Intracytoplasmic sperm injection)

The highest-quality spermatozoa (from partner or donor) are selected from a sperm sample (fresh or frozen) and microinjected into each egg.

3.3

Incubation

We perform a 5-day long culture to reach the blastocyst stage.

4. Transfer

4.1

Blastocyst Transfer

The embryo (blastocyst) is transferred to the uterus under ultrasound guidance. We recommend that the patient rest for 20 minutes after the procedure.

