

Tammuz
INTERNATIONAL SURROGACY

DONOR CONSENT FORM
Description, Explanation & Informed Consent

I, the undersigned,

Christina Panebianco

(Identity number 9101250162088)

do hereby offer my written consent that I am making an informed, voluntary decision to participate in the egg donor program and that oocytes donated by me may be used for an In Vitro Fertilization Program and that Tammuz - International Surrogacy Ltd. ("**Tammuz - International Surrogacy Ltd.**") and / or it's associates / partners may act as a broker in finding Intended parent(s) for my egg cells in a foreign country.

I hereby indemnify and hold Tammuz - International Surrogacy Ltd., it's partners and staff harmless from and against any liability, claims, actions, damages, fines, expenses, costs and any other losses, including attorney's fees, of whatsoever nature and howsoever arising albeit as a result of or in connection with the egg donation made / to be made by me to the intended parent(s), whether suffered as a result of e.g. travelling undertaken to partake in the egg donation program (including, for example, alleged liability based on the relationship of the parties, breach, misrepresentation, furnishing incorrect or incomplete information, undisclosed material facts affecting the egg donation procedure). This indemnity includes, but is not limited to possible liability, claims, actions, damages, fines, expenses, costs and any other losses suffered for any reason whatsoever or howsoever arising during / after the egg donation program and/or as a result thereof in future.

I shall provide promptly, upon request, all information and documentation reasonably deemed necessary or desirable by Tammuz - International Surrogacy Ltd. in connection with performing its services in terms of the anticipated egg donation procedure.

I represent and warrant to Tammuz - International Surrogacy Ltd. that all written materials and other information furnished by me to Tammuz - International Surrogacy Ltd. will be correct and

email: info@Tammuz.com

1

INITIALS: _____

Gp.

web: www.Tammuz.com

complete. I understand and agree that Tammuz - International Surrogacy Ltd. intends to use the information furnished by me without making an independent investigation into the accuracy of the information.

I understand that I will be treated with fertility drugs, monitored using ultrasound, tested for serum (blood) hormone concentrations and subjected to such other procedures as the medical professionals involved with these procedures determined are appropriate and are subsequently consented to by me. I have furthermore been advised and understand that eggs will be obtained from me surgically by ultrasound guided aspiration of follicles in my ovaries.

I have been informed and understand that the eggs obtained from me will then be donated to intended parent(s) to be used for the purpose of attempting to establish a pregnancy. I understand that the eggs obtain from me may be use by more than one intended parent(s). I understand that the intended parent(s) may be single or a couple and can be from any ethnic, age, sexual orientation or religion. I understand that the relevant medical experts involved in this procedure will attempt to fertilize these eggs with sperm the intended parent(s) male partner or with donated sperm. I have been informed and understand that if fertilization occurs and embryonic development begins, the embryos will be transferred to the uterus of the female recipient or of a surrogate. I as the donor understand and agree that the donation may be through tammuz or any of its partner or associated agencies.

I understand that by signing this consent I relinquish all claims to the eggs and any child that results from the use of eggs donated by me. Including but not limited to the adoption of such child by any third party deemed by the Intended Parent(s) in the future. If there are eggs or embryos generated in excess of what is eventually transferred to a recipient's or a surrogate's uterus then the dispositions of those eggs or embryos will be determined by the Intended Parent(s). These eggs or embryos may be frozen for the Intended Parent(s)' future use, disposed of in terms of applicable medical policies and procedures or fertilized for research. I understand that the identity of the Intended Parent(s) shall not be disclosed to me unless I have donated eggs for use by a known designated Intended Parent(s).

Should anything happen to one or both of the Intended Parent(s) couple or should either or both of them die or legally separate, the rights of the eggs or embryo's will not vest in me.

Cp

I understand that my participation in the donation and travel to a foreign country is not guaranteed and the donation might be cancelled at any stage prior to departure. If the donation cycle is cancelled once I am already in the foreign country, a percentage of the agreed donor reimbursement fee will be paid. I also understand that the intended country where the donation is due to take place may change at any time in the process leading up to the donation, and I am committed to following through with the donation should a last minute change occur.

I realize my consent in terms of this document is final and agree not to institute any actions or bring any claims against Tammuz - International Surrogacy Ltd. or any of its agents and/or employees at any time after signature of this consent form.

I hereby consent to a physical examination, including taking blood and other bodily fluids, as well as a test for Syphilis, Basic blood count, Hepatitis B & C, HIV infection (AIDS) and acute glandular fever (CMV). I also agree to undertake the necessary genetics tests should Tammuz require me to do so. I hereby agree that during my donor cycle I will abstain from recreational drug use, and understand that at any time throughout the donation process I may be required to partake in random drug testing. The aforesaid tests will be conducted to give the medical professionals involved in the procedures sufficient information to determine if I am an acceptable egg donor. I have been informed of the potential risks and consequences of egg donation, including but not limited to these listed below, and have been given ample opportunity to have my questions answered.

I am aware that the financial compensation I will receive in the foreign country is to cover any cost incurred that Tammuz is not responsible for. All flights, accommodation, breakfast, basic travel insurance, transfers to and from the airport, visa costs, blood tests, and medication provided in the foreign country will be covered by Tammuz. All other meals, transport, unpaid leave from work whilst traveling are covered within the US\$2,700 that I will be compensated with during my stay in the foreign country. I understand that should my partner/parent/sibling/offspring or any other guest, be it a relative or friend, accompany me in the foreign country, I will be responsible for all expenses relating to them. I am aware and accept that Tammuz may, in some cases, pay for the guests flights/accommodation/transfers and some meals daily, and the amount for this may be deducted from my donor fee. Should I not donate, these amounts will still be paid to Tammuz by myself.

I also understand that once I have confirmed in writing or verbally that I am 100% committed to the donation for the specified trip dates, that if I should decide not to donate after I have been matched

email: info@Tammuz.com

3

INITIALS:

Ep

web: www.Tammuz.com

with a recipient couple for any reason, I may be liable for any costs incurred as part of the donation process. This may include but is not limited to flights/accommodation/blood tests/contraceptive pill and or medications/travel costs/donor fees. I also understand that should I, for any reason miss my flight to the foreign country, I will be liable for all outlaid costs (including but not limited to flights, visa, insurance, blood tests, medications). I am also aware that once I have taken responsibility for any medications or documents provided my Tammuz, it is my responsibility to ensure that these items remain safe in my care. If for any reason I lose/damage/misplace these medications or documents I understand that it will be my responsibility to cover the cost of the replacement medications and/or documents.

I understand that the donation takes place in one or more foreign countries. I also understand that there are certain dangers, hazards, and risks inherent in international travel and in the activities included in the international egg donor program, including, but not limited to, dangers, hazards, and risks created by the following: (a) weather; (b) strikes; (c) acts of God; (d) war; (e) quarantine; (f) disease; (g) civil unrest; or (h) terrorism. I understand that my participation in the donation abroad may involve risk of injury and loss, both to person and to property. I understand that the risk of injury may include the possibility of permanent disability and death.

Risks of egg donation include

1. Pregnancy or multiple pregnancy may result from my having vaginal intercourse during the cycle if adequate contraception is not used
2. Blood drawing: Mild discomfort and the possibility of developing a bruise at the needle site may occur. A blood clot in the vein may occur.
3. Ultrasound: This examination involves the use of a form of energy (sound waves) which at high energy levels may produce heat and tissue damage. At the extremely low energy levels utilized in diagnostic ultrasound adverse effects are highly unlikely to occur.
4. Ovarian over-stimulation: Overstimulation of the ovaries resulting in temporary feelings of bloating and abdominal discomfort may occur. Rarely severe illness may result from overstimulation in an egg donor requiring additional medical care. Although rare, severe OHSS may result in swelling of the ovaries, fluid accumulation in the abdomen and lungs, organ failure, vascular thrombosis and in the rarest of cases, even death.

Cp-

5. I understand that I should contact the agency urgently if I have any symptoms of OHSS (severe abdominal pain, nausea and vomiting, dizziness, shortness of breath or decreased urine output) for assessment by one of a doctor. I understand I may need hospital admission if I develop OHSS.
6. Although all possible precautions are taken, as with any procedure, there is a risk of infection. Pelvic infection can result in damage to my fallopian tubes, ovaries and uterus. Severe pelvic infection can result in removal of tubes, ovaries or uterus (hysterectomy). Severe infection can also result in organ failure.
7. Ovarian torsion (twisting of an ovary), which may necessitate surgical removal of the ovary.
8. Aspiration of oocytes under ultrasonographic guidance: Pain of short duration is likely. There is a possibility of seeing blood in the urine for a day following the procedure. Perforation of blood vessels, bladder, bowel, bleeding from the ovary, and pelvic infection are possible.
9. Loss of future fertility. I understand that should severe complications result from the egg collection procedure, this may impair my future fertility (ability to have a child).
10. Anesthesia (General, Local, or IV Sedation): Numerous possible untoward reactions from various drugs and procedures used in anesthesia may result.
11. Risk to Potential Children: There are theoretical risks of the procedure which could potentially damage the embryo, with resultant later defects in the child. It is not known if the risk with this procedure (egg donation) is higher or lower than the risks associated with children conceived naturally.


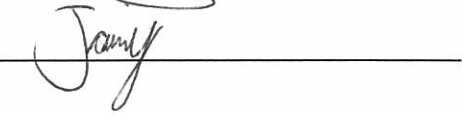
I further understand that I MUST remain in the foreign country for a minimum period of 48 hours post retrieval.

I hereby consent to the donation of my eggs and confirm that I have informed my husband/spouse/life partner of my consent given in terms hereof.

I hereby confirm that I have read the above document carefully and that I fully understand the contents thereof:

SIGNED at South Africa (country) this Tuesday 20th day of May 2014
in the presence of the undersigned witnesses.

AS WITNESSES:

- 1. Name: Charlotte Signature: 
- 2. Name: Jami Signature: 

DONOR:

Full name and surname: Christina Panebianco

Signature: 

GEREGISTEREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEEGISTEREERDE WOON- EN POSADRES in hierdie sakke.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakke agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of geos word aan die naaste streek-distriktkantoor van die DEPARTMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or if particulars of your present address e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

I.D. NO. 910125 0162 08 5



S. A. BÜRGER/S. A. CITIZEN

VAN/SURNAME

PANEBIANCO

VOORNAME/FORENAMES

CHRISTINA CARMELA

GEEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1991-01-25

DATUM UITGEREK
DATE ISSUED

2008-03-31

UITGEREK OF GESAAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

