Surrogacy: Frequently Asked Questions

The sort of questions your average Joe or Joginder would ask, but was afraid to ask!

If you have any further questions on doing surrogacy or traveling abroad then please let us know as there are many stratas and areas of surrogacy and not every couple is married or even heterosexual. Our PC's virtual memory would not allow us to answer any more than what we have written below.

What is the proportion of oversea clients in your clinic?

It is approx. 25 - 30 percent.

The ever helpful Bobby and his oneinsix.com website is bringing you clients. How are you able to cope with the influx. Are you expanding your search for surrogates and donors? Will new patients have off-the-shelf surrogates ready and willing or will there be a waiting period?

Yes, we are expanding our search. However, currently, we do have a good number of egg donors ready to donate at any given time. We still need to place advertisements in our local newspapers to recruit a surrogate. The waiting time although is just about a month after placing the advertisements.
Dec 2007, they have now a safe house/hostel for surrogates. Doing so will hopefully encourage more women to take up surrogacy as a career. Just another instance that Rotunda is going places (thanks to us!)

And What is your opinion of Bobby and Nikki! Understandably, people are just a little bit curious.
Are their helpfulness to you really saintly or most likely, of a 'business' nature?

Nikki and Bobby had approached our clinic about a year and a half ago with their quest for a child. Since then they have promoted our clinic purely out of goodwill with no expectations or demand of any monetary gains from us . This helpfulness is "saintly" and there is no "business" involved.

Is your male 'specimen' room in fully working order? I understood it wasn't ready.
Western clinics have 'magazines' available some even videos.
It's no trouble at all. I will bring along a dossier of glossy mags and tape come our next appointment!

The Semen Collection room is now ready and fully functional.
We do have a DVD also for our patients. Your help and suggestions although are always welcome. (It's best to bring along a magazine or newspaper as patients keep pinching the 'glossy' mags!)
Nov 2007 sees the new installed 32" LCD tv up on a flexi-hinge so you can relax on the bed! Switch the then still-in-the-box DVD player. Have patience as it's 3 minutes into the movie before it gets raunchy. Quite tame really so I gave them 2 of my xxx VCD discs! ask for Bobby's dvd/mags. (unfortunately I left 2 Playboy magazines up in Punjab!)
They have now replaced their DVD collection. The porter set it up for me so ask the dr. if you're unable to.

I'm thinking whether to use the eggs of my wife whose age is 42 or an egg donor.

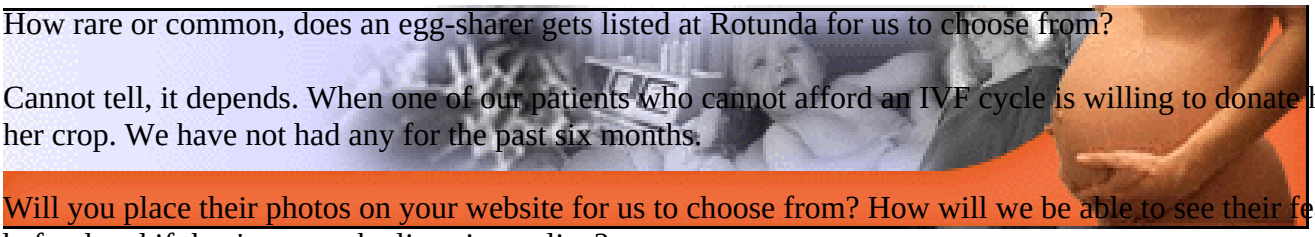
In light of your wife's advanced age, we will recommend her to get her S.FSH level done on day 1/2/3 of her next menses. An FSH level of more than 10 mIU/ml but less than 14 mIU/ml is suggestive of Incipient Ovarian Failure and that above 14 mIU/ml suggests Established Ovarian Failure. In such a case Donor Egg IVF will be the best option for you. (the less the number the better)
UK home FSH test kit at www.fertell.co.uk around GPB25, www.smefertility.com when you know you're close to menopause as this kit is cheaper. Ask your GP to refer you or go private at a cost of around GBP100.

Can I see and choose an Egg Donor from her picture off your website or via email before flying to India? It will save alot of expense and time.

Yes, of course. We have put up the egg donor picture and profiles on our website.
They can refer to (admittedly they haven't uploaded the latest donors for a long while. Try prompting them for the newest batch of donors for viewing or better ask to have their profiles emailed directly to you)
www.iwannagetpregnant.com/egg.asp

When do I get to see the appearance of the Egg Donors that wish to egg share? As they are not listed on your website. I wish to select before flying out to India.

Currently, we do not have any egg-sharers and thus they are not listed on our website.



How rare or common, does an egg-sharer gets listed at Rotunda for us to choose from?

Cannot tell, it depends. When one of our patients who cannot afford an IVF cycle is willing to donate half her crop. We have not had any for the past six months.

Will you place their photos on your website for us to choose from? How will we be able to see their features beforehand if they're not to be listening online?

We will place their picture and profile on our website.

When we use your egg-sharing program, what part of the fees of the other couple do we pay and not pay for?

Kindly note that we offer a package for our recipients which is inclusive of recipients cycle fees, part of the cost of injections for the egg sharer and the cycle fees for the egg sharer (or compensation in case of professional egg donor).

The sharer thus pays for remaining amount of injections and her blood work as well as medication for her Luteal Support.
(if you can understand this then you're a better person than i am!)

The bill for the procedure of using our own found egg donor over the clinic's donor should be less as there's no donor expenses involved. Is that true? i.e. remove the donor's wage from our bill!

Yes, this is true, provided your egg donor does not require very high doses of Gonadotropin injections to form multiple eggs.

Will we meet the clinic's egg donors before treatment?

No. I'm sorry, as this is an anonymous egg donation programme this would not be possible. Thus neither egg sharers nor professional egg donors will be meeting the intended parents.

Can I be there at the exact time as the Egg Donor on egg collection day so that I can clearly see who the donor looks like (discreetly) just to alay fears? Being that I have to be there for my sperm sample which happens on same day.

Yes. This can be done. (Kindly note that we show you the pictures of our egg donors but do not reveal their names. Thus, you will be able to recognise the egg donor when you see her on the day of egg PIck-up. However, since she is not aware to whom she is donating, she will not recognise you.)

We don't want to egg share. Can we bring our own egg donor?

Yes. You can.

How much is medical (non surro or donor fees) costs of egg retrieval? (non-sharing) How much for sharing?

Please note that we divide the crop of each of our egg donor between two recipients. The cost for each recipient however, remains the same. We assure each recipient a minimum of eight eggs at least. Also, we charge fees for an entire cycle (inclusive of monitoring, Egg retrieval fees, Embryo Transfer fees and Lab charges).

Thus, If you get your own donor the entire crop of her eggs will be for you and the fees will be Rs.50,000 for IVF/ICSI plus Rs.10,000 (for monitoring your donor) plus Rs.40,000approx.(injections for your donor). (There are no additional costs involved if you get your own surrogate. 2005 prices)

How can you be sure of getting 16plus good enough eggs to have them shared each time a donor is used?

We stimulate the egg donor such that we get a larger number of eggs. If however, we find on sonography that the donor has not formed enough eggs we will inform you in advance and stimulate another egg donor of your choice for you without any additional fee.

We don't want to egg share. Can we use the clinic's egg donor's entire egg collection?

Yes you can, but in our clinic, we have the egg sharing program in which each donor's crop is divided between two patients. Therefore, if you are interested in keeping the entire crop of eggs for yourself then an additional payment of Rs. 45,000 will have to be done. Please note that we do not freeze eggs. We can however, freeze embryos and the fee for the same is Rs.45,000.(2007 prices)

Do you charge the same amount for the use of the clinics egg donor as you would for our own donor?

No. For using the clinics egg donor, we offer a package of Rs.160,000 which includes the recipient's cycle fees, compensation to the egg donor and the cost of injections for the egg donor.(ie. cycle fees of 100k plus 60k extra for use of donor eggs. 2005 prices

What would an egg donor expect to get in payment? We need to know so we can pay our own egg donor the going rate.

These are administrative matters of the clinic and such matters are not disclosed to any third party.

I understand you won't discuss payments but do egg donors get paid per egg or a lump sum. we need to have an idea so we can pay our donor the same way.

They are usually paid a lump sum but you may pay them as per your wish.

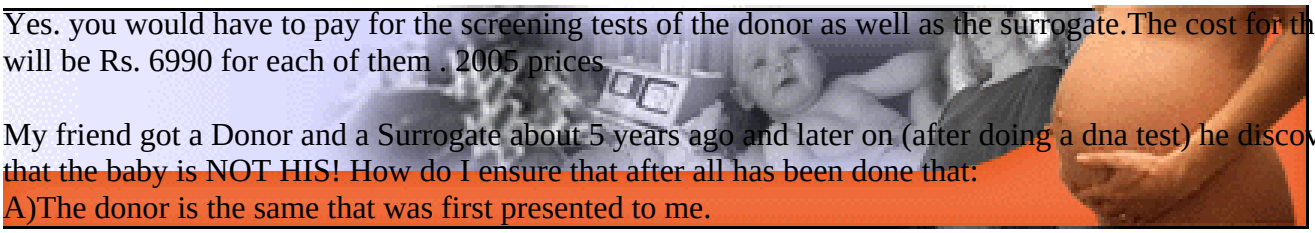
The screening test on our Egg Donor will take how long before results?

The entire profile could be done on one day ie. (Day 1 or 2 or 3) of the donor's menses and we would get the reports within 3 days.

Do you need to see our own (not the clinic's) Egg Donor at all from the pretests above thru to Novelon (21 days of tablets) stages? The tests will be couriered over to you, I'm thinking as she has to travel back and forth from Delhi, is it okay if she stays in Delhi from the pretest to Novelon and only come to Mumbai once she has stopped Novelon and awaiting her bleed for you to take over and start injections.

Please note that it is alright if the donor does not to travel to Mumbai earlier. However, then I recommend that she gets her "Transvaginal ultrasound of the pelvis" done in addition to her blood test reports above. Kindly courier us a copy of all the reports prior to the cycle for us to guide you further.

It's our donor so are we to pay extra for tests? How much?



Yes. you would have to pay for the screening tests of the donor as well as the surrogate.The cost for the same will be Rs. 6990 for each of them . 2005 prices

My friend got a Donor and a Surrogate about 5 years ago and later on (after doing a dna test) he discovered that the baby is NOT HIS! How do I ensure that after all has been done that:
A)The donor is the same that was first presented to me.
B)My sperm was the one that was actually used and not some random guy .

You can be present in the clinic at the time of the Ovum (egg) Pick-up of the donor.
You can do a DNA test later to confirm.

Can I insist on wearing clinical overalls and witness the embryologist use my sperm just to alay fears?

No, we do not encourage this.

Are surrogacy contracts signed in clinics? Do you provide the agreement forms?

Yes we do.

Do some surrogates of yours donate their own eggs to the cause? Either seperately or with surrogacy they give their own eggs.

Generally prefer to keep our egg donor and surrogates separate. However, our surrogate could be an egg donor separately.

What would the clinic's surrogate expect to get in payment? We need to know so we can pay our own surrogate the going rate.

You may pay your surrogate as per your wishes.

How many embryos can be implanted in the surrogate?

Kindly note that in India there are no laws laid down as yet for Assisted Reproductive Techniques. As a routine, therefore we try to put in a minimum of 4 embryos atleast to maximise our chances of pregnancy.

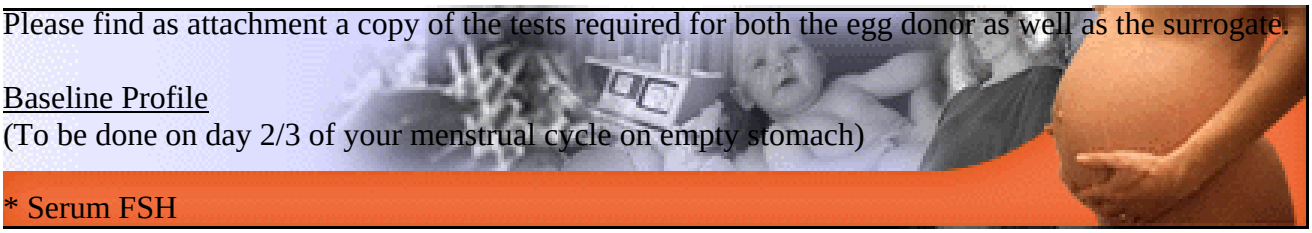
The male giving his semen sample. This assumes he only needs to arrive for a day to give his sample. Do you not need to check his semen/blood for HIV/AIDS etc and if so hows that done in one day?

Please note that we will recommend the male patient to get his screening test for HIV done in his own country. However, we will get an HIV-PCR done upon his arrival here before we inseminate the eggs with his sperms.

What is the criteria for a woman who wishes to become a surrogate at your clinic?

She must have her own children and be under 35/36 years of age. We do a routine examination and certain baseline investigations including an infectious diseases screen , which should be normal. (tests undertaken are mentioned below)

To speed things up, what tests results should our egg donor/surrogate bring to the clinic?



Please find as attachment a copy of the tests required for both the egg donor as well as the surrogate.

Baseline Profile
(To be done on day 2/3 of your menstrual cycle on empty stomach)

* Serum FSH
* Serum LH
* Serum TSH
* Serum Prolactin

Fertility Screen

[] Complete Blood Count
[] Fasting & PP Sugar
[] Blood Grouping & Rh typing
[] Fasting & PP Sugar
[] Bleeding Time & Clotting Time
[] Routine Urine
[] Test for HbsAg
[] Test for HCV
[] Test for VDRL
[] HIV(1+2) Antibody
[] Test for Chlamydial Antibodies (IgM + IgG)
[] Test for Antiphospholipid Antibodies (IgG + IgM)
[] Endometrium Test for TMA TB (Endometrial Tuberculosis) The endometrial tissue which is collected with the help of an endometrial curette.
It is an OPD procedure and we could get it done here in our clinic upon the surrogate's arrival in Mumbai prior to starting the treatment.

The screening test on our Surrogate will take how long before results?

Same as above.

The surrogate will not need as much testing as the donor, can the surrogate arrive at clinic just prior to commencement?

We would prefer to do a prelimnary examination of the surrogate and would therefore need to see her once, much prior to the commencement of the cycle so that we can plan accordingly.

Can we have a plan for the dates that we should bring our donor and surrogates to the clinic before treatment and during treatment?

Once the screening tests are done for both the donor as well as the surrogate, please let us know when you intend to start the cycle so that we can give you a definite plan with the dates.

Please note that both the egg donor and the surrogate will be required to come to our clinic for a maximum of 3-4 visits during the cycle. The donor will be required to stay in Mumbai for atleast two weeks from Day 1 of her menses during the cycle but the surrogate will be required for a maximum of four days only.

How long is the whole protocol from down regulation to embryo implantation?

Approx. 6 weeks. However, you are required to be in Mumbai only for 15 days. The down regulation requires the donor to be on tablets only and does not require any monitoring.

I'm using my own eggs and since I need to do a pre-test on certain days like my period, will that mean I will have to stay longer in Mumbai than the usual 6 weeks it takes for the whole process of surrogacy?

No. You both will be required to stay for a maximum of three weeks. You will need to be in the clinic a few days prior to the menses so that we can finish a few tests along with a physical examination. Your stimulation(Gonadotropin Injections) will then be started from day 1/2 of your menses (after doing the blood hormonal test). You will be required to take two injections daily for approx. 10 days within which you will have formed multiple mature eggs in both your ovaries. The Ovum Pick-up will be approx. on day 13 and the Embryo Transfer into the surrogate on day 15. You can then leave Mumbai soon after the Embryo Transfer.

I am white. We don't seek a donor. All I want is my eggs implanted on your surrogate. How long will I need to be in india?

You will need to be here for two weeks starting from day 1/2 of your menses so that we can start your stimulation here. However, you can also begin your injections in your hometown and reach the clinic by day 7/8 so that your stay in Mumbai is for a week only. (cost of drugs in the west is higher)

Using my frozen embryo, it should take less than 6 weeks to complete the whole surrogacy process. Exactly how long?

In case of a Frozen Embryo Transfer, you will need to be in Mumbai for a maximum of five days. We will begin the preparation of the surrogate here from day 1 of her menses and begin her Luteal support once the

embryos have reached our clinic. The Embryo Transfer is done on the fourth day after we begin the luteal support. The surrogate will then continue all her medication for fiteen days at the end of which a pregnancy test will be done. You can however, leave the day of the Embryo Transfer and we will inform you the report by email.

What is the best day of my cycle to book my first appointment with Rotunda. As I don't wish to stay any longer than necessary. Is this the same for donor surrogacy as well as standard surrogacy?

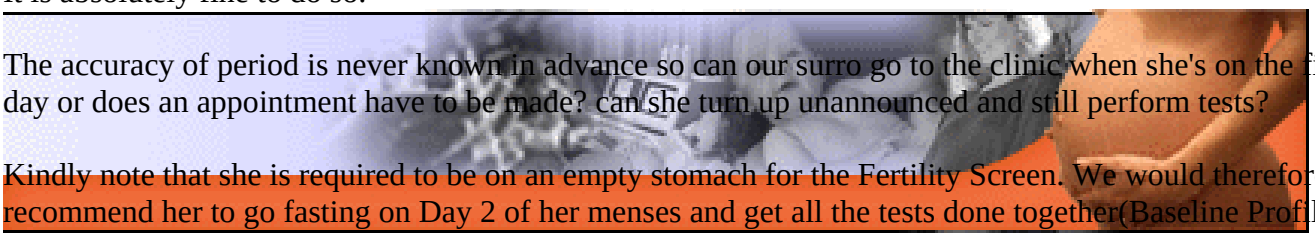
The best day for the initial appointment with a short stay will be day 1/2 of menses in case of a self cycle and 1-2 days prior to the donor's Ovum Pick-up in case of a donor egg cycle. (If you can understand this you're a better person than I am! Both instances use a surrogate, first instance is if you use your own egg and the other instance is when a donor is used. Unless ... oh forget it!)

Can we send our surrogate to your clinic to perform the blood tests etc alone. Can we prepay the fees for this?

Yes. Sure you can. Kindly ask the surrogate to reach the clinic on day 1/2 of her menses on an empty stomach for the same.

Is it okay if our surro does the tests early like a couple cycle periods back?

It is absolutely fine to do so.



The accuracy of period is never known in advance so can our surro go to the clinic when she's on the first day or does an appointment have to be made? can she turn up unannounced and still perform tests?

Kindly note that she is required to be on an empty stomach for the Fertility Screen. We would therefore recommend her to go fasting on Day 2 of her menses and get all the tests done together(Baseline Profile and Fertility Screen) at one time.

All blood tests are done in the mornings between 8am-12noon from Monday to Saturday. A prior appointment is not required for the same.

Which hospital would your clinic's surrogate deliver in?

Kindly note that our surrogates are referred to an Obstetrician (Dr. Swati Allahbadia) once they complete 13 weeks of pregnancy with us. Their delivery will therefore take place either in a private hospital in Mumbai where Dr. Swati consults or in a Municipal hospital to which Dr. Swati is attached.

Can we transport the surrogate to a hospital of our choice in Pune? or Delhi or Punjab? And pay for her stay and travel.

Please note that the surrogate has her own family here and is therefore not willing to deliver at any place away from her family.

How and how often can we keep contact with the surrogate during her pregnancy?

Please note that the surrogate does not wish to meet the intended parents. The clinic therefore takes responsibility to provide the updates to the intended parents regularly.

The intended couple will however may be able to see the surrogate occasionally, first when she comes for her embryo transfer and later when she comes for her regular check-ups.

Also, the intended cuople will be informed and called to the hospital once the surrogate goes into labour and will also see her that time.

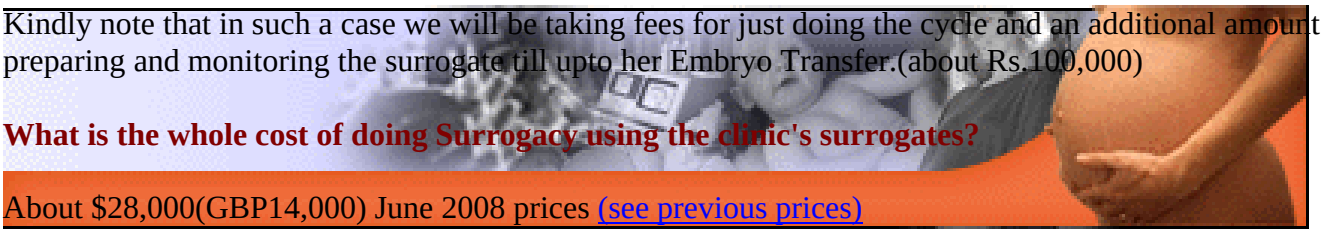
Hi, an american couple has frozen embryos in Thailand which they said can be tansported to Mumbai if u can find them a surro. Can this be done using their already frozen embs?

Yes, we can do this for them.

So using our own frozen embryo that we brought along can we expect a reduction in price of surrogacy since we won't be needing any large scale medication. The total cost of surrogacy in this case will be ....?

In this case, the charge for surrogacy will remain the same. You will however, not need to pay us for the IVF cycle. The cost for storing the embryos and doing a Frozen Embryo Transfer into the surrogate will be Rs.35,000 additional to the charges for surrogacy. (so instead of 100k you only pay 35k plus the surro charges) 2006 prices

Our surrogate will be travelling back to america with me so will I expect a lesser bill knowing that I will not be using any Indian pre-natal/maternity/delivery facility?



Kindly note that in such a case we will be taking fees for just doing the cycle and an additional amount for preparing and monitoring the surrogate till upto her Embryo Transfer.(about Rs.100,000)

What is the whole cost of doing Surrogacy using the clinic's surrogates?

About $28,000(GBP14,000) June 2008 prices (see previous prices)

(Email us drallah@gmail.com
For the price break down of the procedure at Rotunda as well as the price of the Akanksha clinic)

Remember it was cheaper back in 2006 since then the dollar has weakened considerably, so blame Bush! Roughly speaking, add 50% to all old prices on this page

For all currency conversions refer to www.eforexindia.com/curencyconvert.asp
(Select your country as India, then your destination UK, USA etc)
Currency historical chart www.x-rates.com/d/INR/USD/graph120.html

Kindly also note that if the surrogate has a miscarriage in the first trimester the intended couple is required to do a payment equivalent to two trimesters (2K) and one half is given as compensation to the surrogate for carrying the pregnancy till so far and the other half is utilized for her care in the hospital prior to her abortion. (a pregnacy uptil 6.5 week is considered a 'chemical pregnancy' thus no Rs. 200,000 compensation needs to be paid out to anybody)

Should I bring along or fax over to you anything regarding our past medical history?

Yes, preferably courier us copy of all the previous reports so that we can guide you better.

Sex selection.
There is a male who wishes to become a single father. Trouble is UK laws will only allow him to adopt a male baby. I know you don't do sex selection, but there are instances like genetic health reasons or in this case legal reason to procure a baby boy. Otherwise an abortion will have to take place. Is there any way you can help in this?

No. Sex Preselection is not allowed and we will not be able to offer him this.

How much for ICSI?

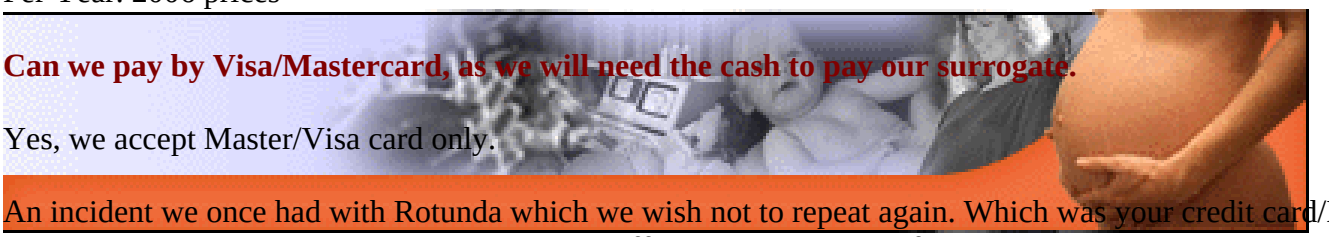
The ICSI cycle fees is Rs. 55,000 plus drugs Rs. 65,000 approx. (cycle includes ICSI & IVF together) dec 2007 prices

How much for freezing semen?

The cost of semen freezing is an initial payment of Rs.2500 for a period of six months, followed by a renewal fee of Rs.2000 every year for storage of the sample. 2006 prices

How much for freezing eggs/embryos?

We do not freeze eggs. The cost of freezing embryos is Rs.15,000 per crop.
Per Year. 2006 prices



Can we pay by Visa/Mastercard, as we will need the cash to pay our surrogate.

Yes, we accept Master/Visa card only.

An incident we once had with Rotunda which we wish not to repeat again. Which was your credit card/Debit card accepting machine broke down and your staff asked quite bluntly for us to pay by cash. You wasn't there at that time and nor was in our wallets the huge sums she wanted. Surely, foreigners should be treated leniantly, that the sums we owe due to your faulty equiptment shouldn't hamper the proceedings. Common sense knows that 'guests' have no Indian cheque book and no alternative pay now means. Will you accept an I.O.U? or should we attempt to contact yourself if this ever happens again. It's most embarassing.

Kindly note that we will try our best that such an incident does not repeat itself. However, India still being one of the develpoing countries such mishaps are sometimes just not avoidable and are beyond our control. Therefore to avoid any inconvenience to our patients/guests, we have now instructed the staff to inform the foreigners in advance regards their payment so that they have adequate time to arrange for the cash if at all we do have a problem swipping the card.

Alternatively, please do feel free to contact me if any further queries or help required.

I understand you provide all the medical and financial contractual paperwork. Does that extend to the financial and personal matters for couples who find their own surrogate or donor?

Kindly note that the couples can easily avail of the donor egg and recipient consent forms from us even if they get their own egg donor. However, since our surrogacy agreement form is based on our understanding of terms and conditions with our surrogate, we will recommend you to form one separate legal agreement for yourself based on the terms and conditions that both you parties have agreed upon. We can however, help you by referring you to our lawyer to help you draft one for yourself. One only needs to ask as Bobby's

oneinsix.com can provide (freely) all the paperwork regarding Egg Donation and the many forms of surrogacy that there is.

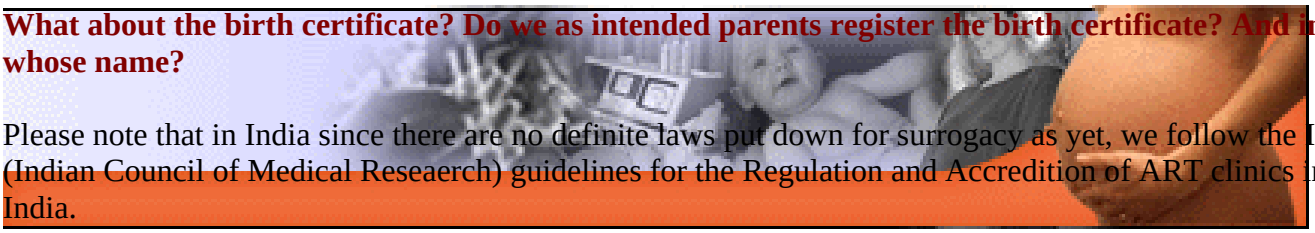
Do you provide directions or handle the paperwork for the baby's Parental Order (adoption). Or do we need to find this on our own? We haven't a clue where to start and appreciate some advice in this matter.

Please note that we do not handle the paperwork for the baby's adoption . However, we could find out certain details regarding the same to help you in the process.

Please tell me the exact procedures that a successful couple took to bring their baby back home to UK.

Kindly note that one needs to write to the British High Commission regrding the entire procedure so that they can issue a Travel document for the baby. The couple is also required to file a Parental Order with the help of the lawyers there in UK within six months of the birth of the child.
Additionally, I have also got the information that since this was the first case for the British High Commission, they are in process of redefinig the procedures which should be ready in the next few weeks. I will let you know once I hear from them.
Our patients have willingly agreed to help out such couples in future and guide them through the various steps to carry their baby back to UK.
Exact details from The British deputy High Commission can be read here

What about the birth certificate? Do we as intended parents register the birth certificate? And in whose name?



Please note that in India since there are no definite laws put down for surrogacy as yet, we follow the ICMR (Indian Council of Medical Reseaerch) guidelines for the Regulation and Accredition of ART clinics in India.

As per these guidelines,

3.5.4

A surrogate mother carrying a child biologically unrelated to her must register as a patient in her own name. While registering she must mention that she is a surrogate mother and provide all the necessary information about the genetic parents such as names, addresses, etc. She must not use/register in the name of the person for whom she is carrying the child, as this would pose legal issues,
particularly in the untoward event of maternal death (in whose names will the hospital certify this death?). The birth certificate shall be in the name of the genetic parents.

3.10.1

A child born through surrogacy must be adopted by the genetic (biological) parents unless they can establish through genetic (DNA) fingerprinting (of which the records will be maintained in the clinic) that the child is theirs.
Thus, the hospital, in which the surrogate delivers in India, will be able to give a birth certificate in the name of the genetic parents . However, the DNA fingerprinting is advised to prove the gentic link.

This is as far as Indian law is concerned. But different countries have different laws for surrogacy.The couple will need to find in detail with the help of their lawyer what the prevailing law in their country

mentions about surrogacy in a different country and the procedure for them to carry their baby back to their hometown.

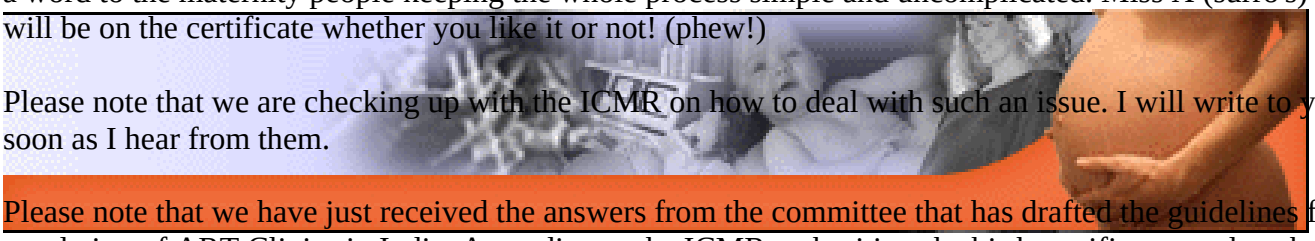
Biological parents will be entered in the birth certificate made out at hospital. What in our case? Bobby is father and Miss X (surro) is bio mother? Whose name shall be entered in the certificate then?

In this case since surro is the biological mother, her name Miss X will be written on the birth certificate with your name as the genetic father.
Thus, Nikki will need to adopt the child after birth in order to legally become the child's parent.

Ok, if the Egg Donor gave the eggs and Miss X (surro) delivers the baby, whose name will be on the certificate? Assuming no DNA testing is done given the hospital thinks its Miss X and Bobby. Is the Egg Donor (or sperm donor) out of the picture as far as the Hospital is concerned?

No. The birth certificate will be in the name of Bobby and the Egg Donor. (not the surrogate)

Okay, so if we had used your anonymous Egg Donors (u don't reveal details i assume of donors) then whose name is on the birth certificate along with mine if the Donor is not revealed?
Or if the Donor gave a false name then what?
Put it this way, the hospital where we to deliver the baby will not know it was a surrogacy or know it was a Donor. They will assume its Miss X (surro's). So whose to say any different? We will keep mum and not say a word to the maternity people keeping the whole process simple and uncomplicated. Miss X (surro's) name will be on the certificate whether you like it or not! (phew!)



Please note that we are checking up with the ICMR on how to deal with such an issue. I will write to you as soon as I hear from them.

Please note that we have just received the answers from the committee that has drafted the guidelines for regulation of ART Clinics in India. According to the ICMR authorities, the birth certificate needs to be issued in the name of the Intended parents.

Their answers were as follows: (wish our UK authorities with endless tea cups can manage to sum things up so tidly and quickly with agreeable outcome as Indian laws can)

1) The birth certificate should be issued in the name of the couple that has desired the surrogacy.

2) Again the birth certificate should be in the name of the couple that desired the egg donation. The question of writing donor's name does not arise.

3) In case of a single woman or man, the birth certificate should only have the name of the woman or man desiring the child. In other words, have your own name entered and be gone with you!

A woman from USA is single and wants to have a child. She will be using her own eggs and sperm and just needs a surrogate to carry the baby. Do you provide service to single women? Whether Lesbian, unmarried, divorced?

Please note that the ICMR guidelines allow the use of ART by single woman. Please find below the excerpt on the same from the ICMR guidelines.

3.5.2
There would be no bar to the use of ART by a single woman who wishes to have a child, and no ART clinic may refuse to offer its services to the above, provided other criteria mentioned in this
document are satisfied. The child thus born will have all the legal rights on the woman or the man.

At what stage of the pregnancy can a DNA test be performed?

After the delivery of the baby.

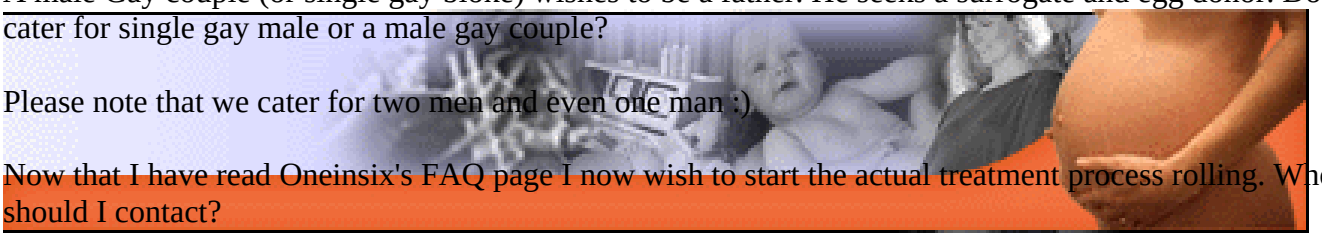
I am white. We don't seek a surrogate or donor. All I want is IVF done on myself.

We will just need you to undergo the screening tests prior to starting the cycle. Kindly courier us a copy of all the reports. We will then begin the cycle at the earliest. Your maximum stay in Mumbai will be for two weeks.

Will you speak over the phone and email us through our individual needs or should we just turn up at your doorstep?

We will prefer you to phone or email us so that we can guide you accordingly and you can plan your trip well. However, you are most welcome to visit us anytime.

A male Gay couple (or single gay bloke) wishes to be a father. He seeks a surrogate and egg donor. Do you cater for single gay male or a male gay couple?



Please note that we cater for two men and even one man :)

Now that I have read Oneinsix's FAQ page I now wish to start the actual treatment process rolling. Who should I contact?

Director
Rotunda - The Center For Human Reproduction
672, Kalpak Gulistan
Perry Cross Road
Near Otter's Club
Bandra (W), Mumbai 400 050
India
Clinic: 00 91 22 26552000
Fax: 00 91 22 26553000
Clinic email: drallah@gmail.com
www.iwannagetpregnant.com
www.rotundaivf.com/about.shtml

One last thing. Any nearby hotel recommendations for your patients?

AB's Executive Serviced Apartments
Chinchpokli Road,
Off. Hill Road,
Bandra (West)
Mumbai 400 050
Tel: 00 91-22-66956000, 66956100
Fax: 00 91-22-26423077
Email: sales@abshospitality.com
Web: www.abshospitality.com (website not working) Try this

Hotel Shubhangan
Rose Garden Hotels Pvt. Ltd.
21st Road, Chitrakar Dhurandhar Marg,
Khar-Danda, Khar (West)
Mumbai 400 052
Tel: 00 91-22-26460382
Fax: 00 91-22-26460952
Email: shubhangan@vsnl.com
Web: www.shubhangan.com

Hotel Lucky
Junction of station Road and S.V.Road,
Bandra, Mumbai 400 050
Tel: 00 91-22-26442973
Fax: 00 91-22-26421969
Email: luckyhotel@hotmail.com

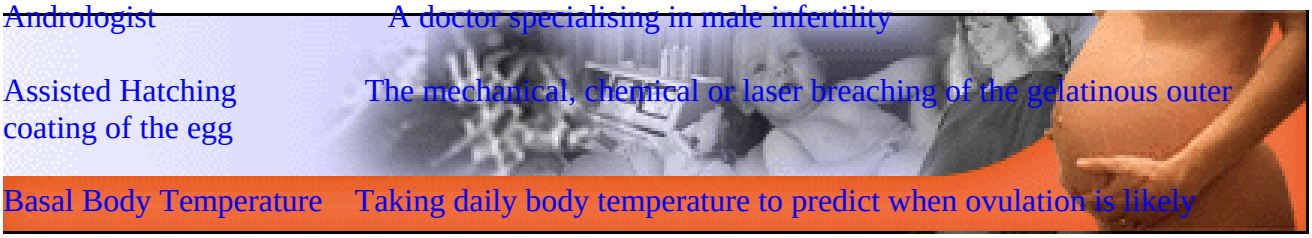
Guessing that Lucky Hotel is the cheapest. May be best to initially climatise yourself at a better hotel for the first few days thus allowing you to look around for any cheaper accommodation elsewhere. Plus the better hotels could offer you an airport pick-up! Read this for more hotel choices.

We stayed away from overcrowded mumbai and rested in Pune, a nearby smaller city. With grocery shops nearby and Rs. 700 per nite per couple with 21" TV, hey you can't go wrong. Ask us for details.

Please Donate if you can.
Thank you,
Bobby & Nikki

Glossary

Acrosome	The head of the sperm
Activin	A hormone which in recent studies was seen to double egg production and even increase sperm count
Adenomas	A Potentially cancerous solid cyst of the ovaries
AID	Artificial Insemination Donor. Using a donor sperm to fertilize your egg
AIH	Artificial Insemination Husband. Using your partners sperm to fertilize your egg
Amenorrhea	Loss of menstrual cycle
Anastomosis	Used to reverse voluntary tubal sterilization or to remove cyst tumor and remnants of ectopic pregnancy
Andrologist	A doctor specialising in male infertility
Assisted Hatching	The mechanical, chemical or laser breaching of the gelatinous outer coating of the egg
Basal Body Temperature	Taking daily body temperature to predict when ovulation is likely
Buserelin	A hormone suppressant used to stop the production of eggs administered as a nasal spray or daily injections
CCT	Clomiphene challenge test. Diagnostic procedure that use fertility drugs to determine if pregnancy via IVF is possible
Cervicitis	An inflammation of the cervix caused by STDs
Clomid	See Clomiphene Citrate
Clomiphene Citrate	A drug prescribed to encourage ovulation and stronger healthier eggs
Cryopreservation	The storage of sperm or embryos by freezing
Culdoscopy	A procedure used primarily to study the condition of the uterus, fallopian tubes and ovaries
DI	Donor Insemination. Placing sperm directly into the vagina, the cervix or the womb



Ectopic Pregnancy — When the fertilized egg implants itself somewhere else in the body other than the uterus

Embryo — A fertilized egg

Endometriosis — A condition in which cells and tissue which normally line the uterus implant around the outside of the uterus and/or ovaries causing internal bleeding pain and reduced fertility

Epididymis — A coiled tubing outside the testicle but inside the scrotal sac which holds sperm

Estrogen — One of a number of fertility hormones which orchestrate various steps in the egg production and release process and to thin cervical mucas to allow easier sperm transport

Fallopian Tubes — The tubes between the ovaries and the uterus

Fibroid — Solid mass of fibrous and muscular tissue growing in and around the uterus

Fimbria — Petal-like finger ends of the fallopian tubes

Follicle — A small sac in the ovary in which the egg develops

FSH — Follicle-stimulating hormone secreted by the pituitary gland (located at base of the brain) It stimulates the follicles to produce eggs

Functional Cyst — A benign ovarian cyst which usually disappear on their own

Gametes — The male sperm or the female egg

GIFT — Gamete Intra-Fallopian Transfer. A mix of eggs and sperm transferred to the fallopian tube

Gonadotrophins — Drug used to stimulate the ovaries. Similar to natural FHS produced by the pituitary gland

GnRH — Gonadotrophin-releasing hormone. A gland called hypothalamus located near the pituitary monitors and releases proper amounts of FSH and LH into your blood

Graafian Follicle — The egg folicle which reaches maturity and growth over all the other follicles in the ovary

HCG — Human Chorionic Gonadotrophin. The hormonal indication of a pregnancy. Found in the following drugs - Gonadotraphon, Pregnyl or Profasi

Hypothalamus — The area of the brain responsible for the control of the pituitary gland

Hysteroscopy An inspection of the uterus using a small telescope

ICSI Intra Cytoplasmic Sperm Injection. A single sperm is injected into the egg to achieve fertilization

Intramural Fibroid The most common type of fibroid, these remain within the wall of the uterus

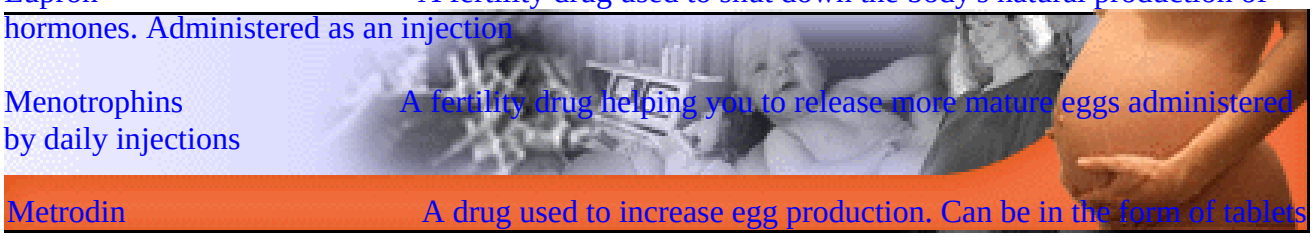
IUI Intrauterine Insemination. Where sperm is placed directly in the uterus very close to the opening of the fallopian tube

IVF In-Vitro Fertilization. Eggs and sperm are mixed together to achieve fertilization outside the body

Laparoscopy Examination of the uterus, ovaries and fallopian tubes using a long thin telescoping wand

LH Lutenizing Hormone. The hormones which signals the egg to leave the ovary

Lupron A fertility drug used to shut down the body's natural production of hormones. Administered as an injection



Menotrophins A fertility drug helping you to release more mature eggs administered by daily injections

Metrodin A drug used to increase egg production. Can be in the form of tablets or injections

MESA Microsurgical Epididymal Sperm Aspiration. Retrieving sperm directly from the epididymis

Nafarelin A nasal spray fertility drug used to down regulate, shutting down the body's natural hormones. See Lupron

Oestrogen The female sex hormone secreted by the developing follicle

OHSS Ovarian Hyper Stimulation Syndrome. A serious complication following stimulation of the ovaries

Orange Dye Test Sperm test by measuring levels of DNA in the sample

PCO Polycystic Ovarian Disease. A malfunction preventing the eggs from maturing thus leaving them to die and develop cysts. Thereby swelling and enlarging the ovaries

Pergonal See Menotrophins

PESA Percutaneous Epididymal Sperm Aspiration. Sperm is retrieved from the epidymis coiled tubing

PID Pelvic Inflammatory Disease. A collective name for a number of diseases like endometritis

Pituitary Gland The gland which secretes the hormones that control ovulation. Located at the base of the brain

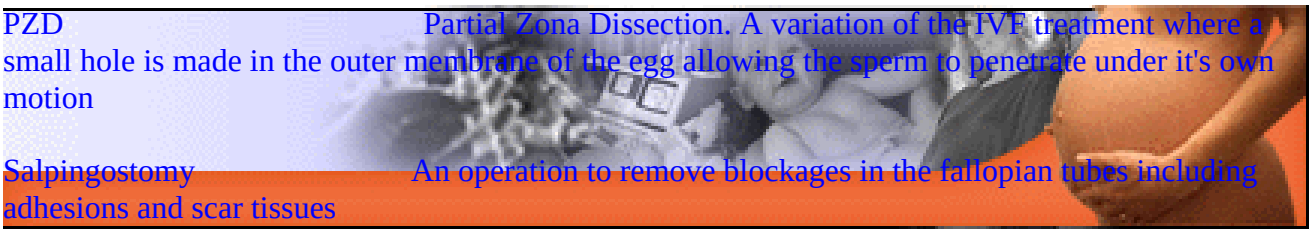
Postcoital Test A test taken hours before sex to measure sperm motility within the cervical mucas

Pregnyl A hormone used to signal ovulation (the egg release) Administered as an injection usually given just the once

Profasi See Pregnyl

Progesterone The female sex hormone

Pronuclei Visible signs of fertilization containing the genetic material from the male and female gametes



PZD Partial Zona Dissection. A variation of the IVF treatment where a small hole is made in the outer membrane of the egg allowing the sperm to penetrate under it's own motion

Salpingostomy An operation to remove blockages in the fallopian tubes including adhesions and scar tissues

Serophene See Clomid

Spermatid An immature sperm cell

Superovulation The stimulation of the ovaries with drugs to produce more eggs than usual in the woman's monthly cycle

TESE Testicular Sperm Extraction. Retrieving sperm directly from the testis

Testosterone The male hormone manufactured in the testicles which produce sperm

Urofollitropin See Metrodin

ZD Zona Drilling. Acid released to dissolve the coating of the egg leaving a hole through which the sperm can enter

ZIFT Zygote Intra-Fallopian Transfer. An off shoot of GIFT where one day old embryos are transferred to the fallopian tube.