

Tiny Treasures Surrogacy, LLC

A Surrogacy Facilitation Agency

Gestational Surrogate Information

Revised January, 2013

Thank you for considering Tiny Treasures as you explore the possibility of offering the gift of gestational surrogacy. We require that our Surrogates possess a strong sense of commitment, the ability to demonstrate integrity and dependability, as well as a genuine humanitarian desire to assist an infertile couple or individual in conceiving a child. Surrogacy requires a serious contribution of time and effort, so our Surrogates must be willing to fully commit to the entire process, from start to finish. Surrogacy has been described as one of the most powerful and rewarding decisions a woman can make. We are here to help make surrogacy a pleasant and fulfilling experience and to be your “helping hand” throughout the process.

We are a Surrogacy Facilitation Agency that helps guide Prospective Parents and Surrogates through the surrogacy process, from start to finish. Our agency matches Prospective Parents with Surrogates and manages all the complex arrangements associated with a surrogacy cycle. We are in the business of helping families conceive children that they are unable to conceive on their own due to a wide variety of reasons. Our staff emphasizes the importance of sensitivity, open communication, and support with our clients. Our agency works with a wide variety of clients, including single, gay, and lesbian Prospective Parents, in addition to traditional couples. With offices in Massachusetts, New York, and California, Tiny Treasures works with Surrogates and Prospective Parents throughout the United States and offers specialized services for International Prospective Parents.

What Is Gestational Surrogacy?

Surrogacy is an arrangement between a woman (the Surrogate) and Prospective Parents, wherein the Surrogate carries and delivers a child (or children) for the Prospective Parents, who are otherwise unable to carry and deliver a child on their own. There are two types of surrogacy: *Traditional Surrogacy* and *Gestational Surrogacy*. In traditional surrogacy, the Surrogate provides the eggs for the surrogacy cycle and, thus, has both a genetic and gestational connection to the child resulting from the surrogacy cycle. In gestational surrogacy, however, embryos formed by eggs and sperm from the Prospective Parents, Egg Donor and/or Sperm Donor, are transferred to the Gestational Surrogate’s uterus via an IVF medical procedure, so the Surrogate has no genetic connection to the child resulting from the surrogacy cycle. Due to legal and other complications that may arise with traditional surrogacy, Tiny Treasures only facilitates gestational surrogacy arrangements. Therefore, we use the general term “surrogacy” to specifically refer to gestational surrogacy.

Gestational Surrogate Criteria

- Surrogates must be between the ages of 21 and 39 and in good health.
- Surrogates must have given birth to at least one child, who she is currently raising. It is preferable that the Surrogate is not interested in having any more children of her own.
- The Surrogate must not have experienced any serious medical complications during any prior pregnancies or deliveries.
- Surrogates and their partners must be non-smokers, drug-free, and not abuse alcohol. Surrogates must have abstained from smoking for at least one year prior to submitting a Surrogate application and may not have any history of illegal drug use. Urine toxicology tests may be performed during the surrogacy screening process to confirm abstinence.
- Surrogates must not be exposed to second-hand smoke at home or work.
- Surrogates must have the full emotional support of a partner/spouse and family/friends prior to submitting a surrogacy application and over the course of the surrogacy process. Surrogates must also reside in a stable and supportive home.
- Surrogates’ Body Mass Index must be under 35 for health reasons, as well as due to potential impact of obesity on Surrogate’s response to the medications taken during the surrogacy process. (please see the Centers for Disease Control’s website to determine your BMI: <http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm>)
- Surrogates and their partners may not have any history of criminal activity or arrests. Background checks will be performed to verify this.
- Surrogates should be financially stable and not be receiving any government (federal or state) financial assistance (e.g., subsidized housing, food stamps, welfare, Medicaid, subsidized health insurance).

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- Surrogates must have reliable transportation to attend medical appointments reliably.
- Surrogates may not be taking (nor have taken in the past year) any psychotropic (psychiatric) medication that has the potential to negatively impact pregnancy.
- Surrogates cannot have obtained any tattoos, body piercings or blood transfusions during the 12 months prior to initiating a surrogacy cycle. Surrogates may not obtain any new tattoos or body piercings while undergoing a surrogacy cycle.
- Surrogates should have schedule flexible enough to attend all the medical appointments required for the surrogacy process, as well as to be able to take time off for bed rest if medically necessary during the pregnancy.
- Surrogates must reside in a surrogacy-friendly state. Tiny Treasures regularly accepts applications from surrogate candidates residing in the states of California, Connecticut, Florida, Illinois, Maine, Massachusetts, Nevada, New Hampshire, Texas, and Vermont. If you reside in another state and are interested in applying to be a Surrogate, please contact our office and inquire if we can accept surrogate applications from candidates residing in your state of residence. We cannot accept surrogate applications from women residing in the state of New York.

The Matching Process

The following steps describe the typical surrogacy matching process at Tiny Treasures:

- The Surrogate submits a Surrogate application/profile to Tiny Treasures. Each profile includes information regarding the Surrogate's medical, personal, and family background, as well as photos of the Surrogate and her family. The Surrogate also signs a medical release, which releases all of her prenatal and delivery medical records for prior births.
- Tiny Treasures reviews the application to ensure that the Surrogate meets basic screening criteria and a phone interview is then scheduled. During the phone interview, the Surrogate is further screened and the surrogacy process is reviewed in detail with her.
- If the Surrogate resides within driving distance of one of our offices, an in-person interview in the Surrogate's home (the "home visit") will then be scheduled. The Surrogate's partner/spouse should be present at that interview. If the Surrogate resides in an area that is not within driving distance of our office, the home visit may occur later in the process.
- During or immediately after the home visit, the Surrogate will complete a paper-and-pencil psychological/personality test (the PAI or MMPI), which screens for psychopathology.
- A background criminal check is performed on the Surrogate and her partner/spouse, as well as on any other adults residing in the Surrogate's home.
- Once these steps are complete, the Surrogate's profile is released to Prospective Parents for consideration. No identifying information, such as the Surrogate's name, address, or contact information will be released to Prospective Parents at this time.
- Prospective Parents interested in working with the Surrogate will complete a profile about themselves, which will be provided to the Surrogate they are interested in working with. Similar to the Surrogate's profile, the Prospective Parents' profile will not contain identifying information, such as their names, address, or contact information. The purpose of this profile is for the Surrogate to determine if she is interested in meeting the Prospective Parents.
- If the Surrogate determines she is interested in meeting the Prospective Parents, Tiny Treasures will arrange for the Prospective Parents and Surrogate to have a phone meeting. The Surrogate's partner/spouse is encouraged to participate in this phone meeting.
- If both the Surrogate and Prospective Parents decide they would like to meet in person after the phone meeting, Tiny Treasures will then coordinate the in-person meeting. It is recommended that the Surrogate's partner/spouse participate in this meeting, if possible. If the Surrogate and Prospective Parents reside within driving distance of Tiny Treasures' office, the meeting will occur at this office location. Otherwise, the meeting may occur at a location convenient for the Surrogate (e.g., near her home) or at a location convenient to the Prospective Parents (e.g., near their home). If the Surrogate is willing to travel for this meeting, Tiny Treasures will make the necessary travel arrangements and the Prospective Parents will be required to cover travel expenses.

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- Once the Surrogate and Prospective Parents determine they would like to work together after the in-person meeting, the Surrogate will then be medically and psychologically screened by the Prospective Parents' IVF clinic. The IVF clinic will determine exactly what type of screening the Surrogate must undergo (see *Medical & Psychological Screening Process*). Prior to initiating this screening, the Prospective Parents will deposit funds into a Fund Management Account to cover the costs for medical and psychological screening of the Surrogate and her partner, as well as to cover legal expenses for the surrogacy contract.
- Once the Surrogate passes medical and psychological screening, the surrogacy contract will be negotiated, reviewed, and signed by both parties. The Prospective Parents and Surrogate will be referred to independent third party reproduction attorneys for the drafting and review of this contract, which will address legal implications of the surrogacy cycle, including legal responsibilities of both parties, compensation and expense coverage terms, parentage of children resulting from the surrogacy cycle, etc. Both parties are represented by independent attorneys to ensure that their legal interests are protected. The Prospective Parents are required to cover all legal expenses, including the cost of the Surrogate's attorney. Once the contract is signed, "legal clearance" is provided for the Surrogate to move onto the next step in the IVF cycle.
- The Prospective Parents will then deposit additional funds into the fund management account to cover the remaining costs associated with the surrogacy arrangement.

Medical & Psychological Screening Process

All medical and psychological screening must be completed before the IVF process begins. The initial consultation and screening appointment may require the presence of the Surrogate and her partner/spouse for several hours at the Prospective Parents' IVF clinic, depending on the IVF clinic's screening protocol. The Surrogate's screening protocol is determined by the IVF clinic and may include the following:

- **Psychological Screening:** Conducted by a psychologist or social worker to ensure that the Surrogate and her partner/spouse are aware of psychological implications associated with the surrogacy process. This screening will also help determine whether the Surrogate is psychologically sound enough to undergo surrogacy.
- **Medical Screening:** Generally consists of a series of blood tests, gynecological exam, cervical culture, examination of the uterine cavity (via hysterosalpingogram/HSG, hysteroscopy, or hysterosonogram) and a physical exam. This screening is completed to confirm that the Surrogate is healthy and medically fit to undergo surrogacy.
- **Partner/Spouse Screening:** If the Surrogate has a partner or spouse, s/he may also be required to undergo blood tests to screen for sexually transmitted diseases.

Surrogacy IVF Process

Once the Surrogate is medically and psychologically "cleared," the surrogacy IVF cycle may be initiated. This cycle typically consists of the following:

- The Surrogate may be required to take birth control pills to help regulate her menstrual cycle and to synchronize it with the Prospective Mother's or Egg Donor's menstrual cycle.
- The Surrogate may be required to take a number of medications prior to and after the embryo transfer process, starting approximately 2 to 4 weeks prior to embryo transfer, and potentially continuing throughout the first trimester of pregnancy, as follows:
 - An injectable hormone medication known as a Gonadotropin releasing hormone (GnRH) agonist, such as Lupron, is usually taken on a daily basis for a few weeks prior to the embryo transfer to control the Surrogate's bodily hormone production/menstrual cycle.
 - Estrogen in the form of injections, pills, or patches is usually administered twice weekly to stimulate the development (thickening) of the endometrial lining (the lining of the uterus). This medication is usually started a couple of weeks before embryo transfer and may continue through the first trimester of pregnancy (approximately 10 to 12 weeks after embryo transfer).
 - Progesterone is usually started around the time the Prospective Mother or Egg Donor has her egg retrieval (typically 3 to 5 days prior to embryo transfer) and is taken on a daily basis, likely in the form of injections or vaginal suppositories, to improve the uterine lining and assist with embryo implantation. This

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medication may continue throughout the first pregnancy trimester (approximately 10 to 12 weeks after embryo transfer).

- Other medications may be required, such as antibiotics (e.g., Doxycycline) to prevent potential infection before and/or after the embryo transfer.
 - It is important to note that IVF clinics' medication protocols may vary widely, so a Surrogate's specific medication protocol cannot be predicted prior to initiating the surrogacy process. The Surrogate will, however, have an opportunity to discuss the protocol in detail with the IVF clinic's physician and/or medical team during the initial consultation. It is also notable that a variety of medication forms (e.g., injections, patches, pills, suppositories, vaginal gels, or nasal sprays) may be used in medication protocols.
- The Surrogate will attend a few monitoring appointments, during which her hormonal levels are monitored via blood tests and the development (thickness) of her endometrial lining is monitored via ultrasounds.
 - The date of the Prospective Mother's or Egg Donor's retrieval will be known two days in advance. An estimated date range for the retrieval will be known prior to that, but the exact date is usually unknown until two days prior to the retrieval, as the retrieval timing depends on the body's response to stimulation medications. The retrieved eggs will be fertilized with the sperm on the day of retrieval. The fertilized embryos will then develop for 3 to 5 days before the embryo transfer occurs.
 - The embryo transfer is generally completed in a short period of time (approximately 15 to 30 minutes) and should be painless, although some Surrogates may experience mild cramping. The procedure may feel similar to that of a pap smear. Neither anesthesia nor intravenous sedation is required for the procedure. The transfer procedure involves a very thin catheter, which contains the embryos, being inserted in the vagina and passed through the cervix into the Surrogate's uterus. The embryos are pushed through the catheter and transferred to the endometrial lining. The physician uses an ultrasound to guide the catheter during the procedure.
 - Most IVF clinics require the Surrogate to rest and lay flat for 30 to 60 minutes after the embryo transfer.
 - Instructions for post-transfer will vary from clinic to clinic, but many will require that the Surrogate abstain from strenuous physical activity or heavy lifting for 48 hours following the procedure. The Surrogate should consult with the IVF clinic regarding whether she can return to her normal work activities, engage in light housework, and/or travel the day after the procedure, as some IVF clinics may require bed rest for 24 to 48 hours following the embryo transfer.
 - A blood test is usually performed approximately 14 days after egg retrieval/fertilization (9 to 11 days after embryo transfer) to determine if the Surrogate is pregnant. If the blood test is positive, the Surrogate may be required to return for another blood test approximately a week later to confirm that her beta level is increasing, as would be expected for a normal pregnancy.
 - It is important for Surrogates to be aware that, for a variety of reasons, the initial embryo transfer may be unsuccessful (not result in pregnancy) and additional embryo transfers may be required. The Surrogate and Prospective Parents will agree, in advance, on how many embryo transfers the Surrogate is willing to undergo for the surrogacy process. Tiny Treasures recommends that the Surrogate be willing to undergo at least three embryo transfers for the Prospective Parents, although Prospective Parents may or may not want to undergo this number of embryo transfers. Their physician/medical team will advise them on how they should proceed if the initial embryo transfer is unsuccessful.
 - Once pregnancy is verified via blood test(s), an ultrasound is usually scheduled 4 weeks after the embryo transfer to test for fetal heartbeat; this ultrasound should indicate how many fetuses exist.
 - From that point on, the Surrogate may be required to attend one or two more ultrasounds appointments every two weeks, until she is cleared to be followed by a standard obstetrician for prenatal care for the remainder of the pregnancy through delivery.

Out-of-State/Area Surrogacy Arrangements

Tiny Treasures coordinates both local and out-of-state/area surrogacy cycles. An out-of-state/area surrogacy cycle refers to an arrangement in which the Surrogate resides in a state or area other than that in which the Prospective Parents' IVF clinic is located, requiring the Surrogate to travel for the IVF cycle. Clinics vary with regard to out-of-state surrogacy protocols, but most clinics will allow an out-of-state Surrogate to be medically monitored at an IVF clinic local to where she resides. In such cases, Tiny Treasures will coordinate all the necessary arrangements with the local monitoring clinic. Most clinics will require that the Surrogate travel to their site for one or two days for medical and psychological screening appointments, which may require that the Surrogate stay at a hotel overnight near the clinic. The Surrogate's partner/spouse will likely need

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to attend the screening appointment with her. The Surrogate will also have to travel to the Prospective Parents' IVF clinic for the embryo transfer procedure, during which she will stay at a hotel local to the clinic for approximately 3 to 5 days, as some clinics require the Surrogate to be on bed rest for one to two days following the embryo transfer. In addition to coordinating all the arrangements with the Surrogate's local monitoring clinic, Tiny Treasures will coordinate the travel arrangements necessary for an out-of-state surrogacy cycle and the Prospective Parents will be required to cover the travel expenses. After the embryo transfer, follow-up medical care, including prenatal medical appointments and the delivery, may occur at a hospital / physician's office local to the Surrogate, as mutually agreed upon by the Surrogate and Prospective Parents.

Legal Services

All surrogacy arrangements coordinated by Tiny Treasures require a surrogacy contract between the Surrogate and Prospective Parents. This contract will address important legal implications pertaining to the surrogacy arrangement, including legal responsibilities of both parties, compensation and reimbursement agreement terms, parentage of children resulting from the surrogacy, etc. The Surrogate and Prospective Parents must be represented by independent attorneys, who will draft and review the surrogacy contract for them, explain their legal rights to them, and address any legal concerns they may have regarding the surrogacy process. Prospective Parents will also work with their attorney to make arrangements for legalization of their parentage. Tiny Treasures has good working relationships with many attorneys who specialize in third-party reproductive law and will refer Prospective Parents and Surrogates to these attorneys.

Side Effects/Risks

Prior to initiating a surrogacy cycle, Surrogates should thoroughly discuss all potential risks and side effects associated with the process with the IVF physician they are assigned to work with. Surrogates are also encouraged to discuss this with their personal OB/GYN. Side effects inherent to *any* pregnancy and delivery will obviously also apply to the surrogacy process. Side effects that Surrogates may or may not experience from the medications used for the surrogacy IVF cycle include the following: headaches, mood swings, bloating, nausea, fatigue, hot flashes, dizziness, vaginal discharge, breast soreness and/or temporary weight gain. Risks associated with the embryo transfer procedure may or may not include mild cramping, bleeding and / or infection.

Compensation

Tiny Treasures will guide Surrogates in setting appropriate compensation requests during the screening process, taking into account relevant factors such as Surrogate's health insurance coverage and state of residence. Recommended compensation for first-time Surrogate ranges from approximately \$18,000 to \$28,000 for a singleton birth, with an additional \$5,000 per fetus for the birth of multiples. Experienced Surrogates tend to receive higher compensation, ranging from approximately \$28,000 to \$38,000 for a singleton birth, with an additional \$5,000 per fetus for the birth of multiples. This compensation, referred to as the Surrogate's "base compensation" is paid to the Surrogate over the course of the pregnancy on a monthly basis. The total compensation is divided by 10 months and the Surrogate receives a monthly payment accordingly, starting the month following fetal heartbeat confirmation via ultrasound; any remaining proportion of the compensation not yet paid at the time of birth will be paid immediately after the delivery.

Surrogates will also receive compensation for the following procedures, in addition to their base compensation:

<i>Procedure</i>	<i>Compensation</i>
Embryo Transfer	\$500 per transfer
Invasive Procedures	\$750* to \$1,500** per procedure
C-Section Delivery (if not pre-planned)	\$2,000
Mock Cycle	\$500 per cycle
Non-Accountable Monthly Allowance***	\$200/month

*Includes amniocentesis, prenatal diagnostic tests, CVS, D&C

**Includes Fetal Reduction, Termination

***Intended to cover miscellaneous expenses, such as lost wages and child expenses for attendance at medical appointment (unrelated to bed rest), postage and fax expenses, mileage and tolls, non-prescription medications

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Expenses

Prospective Parents are responsible for expenses incurred as a result of the surrogacy cycle, in addition to the Surrogate's compensation. The Surrogate's compensation and other surrogacy-related expenses will be deposited in a trust or escrow account by the Prospective Parents, so that Tiny Treasures can confirm that these funds are secured for the surrogacy cycle. Surrogacy-related expenses may include the following:

- Any incurred medical expenses not covered by health insurance, including screening and IVF cycle expenses, medication expenses, and any/all medical expenses related to pregnancy and birth/delivery
- Health Insurance
- Life Insurance
- Tiny Treasures' Agency Fee
- Attorneys' Fees (for surrogacy contract, transfer of parentage, etc.)
- Accidental Recipient Insurance
- Criminal Background Checks
- Reasonable Travel Expenses (if travel is required for the surrogacy cycle), which may include:
 - Excessive mileage/gas: Paid to any Surrogate required to drive over 60 miles one-way to attend required appointments for the surrogacy cycle (paid @ \$0.50 cents/mile, which includes gas coverage).
 - Airfare or train fare for both Surrogate and a travel companion
 - Hotel room (to be shared by Surrogate and travel companion)
 - Rental car (plus relevant insurance)
 - Taxis/shuttles, if applicable
 - Non-accountable / flat rate per diem meal expenses (\$50 per overnight stay)

Surrogates may also be eligible to receive reimbursement/compensation for the following:

- Maternity Clothing: \$500 for singleton pregnancy or \$750 for multiple pregnancy
- Surrogate's Lost Net Wages (if applicable): during bed rest per physician's orders; pay stubs must be provided demonstrating net wages
- Childcare Expenses (if applicable): during bed rest per physician's orders; as negotiated between Prospective Parents and Surrogate in surrogacy contract
- Housekeeping Expenses: during bed rest per physician's orders at \$75/week
- Loss of Reproductive Organs (e.g., fallopian tube loss, uterus loss, hysterectomy): \$5,000 compensation

Health Insurance

While it is preferable that a Gestational Surrogate be covered by her own health insurance policy, not having health insurance will not preclude a woman from being a Surrogate candidate. In general, most Surrogates' health insurances will not cover the expenses associated with medical / psychological screening or IVF procedures for the surrogacy cycle. Once the Surrogate is pregnant, her health insurance may or may not cover prenatal/maternity medical care and delivery expenses. Many insurance policies have surrogacy exclusion clauses, rendering such expenses ineligible for coverage. Given the complexity of navigating health insurance coverage for surrogacy-related medical expenses, Tiny Treasures will refer the Prospective Parents to an attorney and/or insurance broker who will provide assistance in investigating the Surrogate's health insurance policy to assess which medical expenses, if any, may or may not be covered by the policy. The Prospective Parents will be responsible for any expenses not covered by the Surrogate's health insurance (e.g., co-pays, deductibles, ineligible expenses). If the Surrogate's health insurance will not cover prenatal/maternity medical care and delivery expenses, the Prospective Parents will be required to purchase a health insurance policy for the Surrogate. Tiny Treasures will refer the Prospective Parents to an insurance broker who will assist them with making arrangements to purchase this health insurance policy for the Surrogate. Funds for the cost of health insurance premiums and/or medical expenses, including co-pays and deductibles, will be deposited in a fund management account by the Prospective Parents to ensure that these funds have been secured for the surrogacy arrangement. Arrangements for health insurance coverage for the newborn delivered via surrogacy must also be handled prior to delivery. Prospective Parents will have to make arrangements for their newborn to be added as a dependent to their family health insurance policy to ensure proper medical coverage. Prospective Parents are responsible for making these arrangements with their health insurance carrier directly.

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DIRECTIONS FOR APPLICATION SUBMISSION

- 1) Be sure to read the *entire* Surrogate Information and Application Packet thoroughly before submitting a Surrogate Application. You may contact our staff with any questions you may have prior to submitting your Surrogate Application.
- 2) Complete the application and submit it to our office either electronically via email or hard copy via mail. It is preferred that you complete the application electronically, if possible, in the format of a Microsoft Word (.doc or .docx) document.
- 2) Email or mail us photos of yourself and your family (e.g., partner/spouse and/or children). It is suggested that you submit a minimum of two recent close-up face photos and two recent full-length photos. These photos will be posted in our online Surrogate Database at our discretion. This database is password protected, so that only Tiny Treasures' Prospective Parents can view them. We prefer that you scan the photos, save them as .jpeg or .gif files, and email them to us. If you only have hard copies of the photos available, please mail them to our office and we will scan them and return them to you upon request. Please do not submit photos that you have taken of yourself and/or that you have taken with a camera phone, as these do not present well when posted in the Surrogate Database. We strongly suggest that you are thoughtful about choosing appropriate photos to present to Prospective Parents.
- 3) Email or mail us a copy of your driver's license or other valid photo identification. Please make sure the copy is legible, as this document is used to verify your identity.
- 4) Email or mail us signed copies of the three forms located at the end of this application (signed forms may be scanned and emailed, faxed or mailed to us):
 - Surrogate Authorization and Release Form
 - Acknowledgement Statement of Partner / Spouse
 - Tiny Treasures Medical Release Form

The medical release form will be used to obtain medical records for all your prior pregnancies / births / deliveries, as well as for your most recent pap smear and physical exam results. If you have not had a pap smear or physical exam completed within the past year, it is recommended that you schedule an appointment for these exams with your Primary Care Physician or OB/GYN at your earliest convenience.

5) Please note that Tiny Treasures is required to run a background check on *all* Surrogate Candidates (no exceptions) to verify that the information you provided in the Surrogate Application is accurate. Additionally, Tiny Treasures is required to run a background check on any adults residing in your residence (e.g., partner/spouse, parent(s), siblings, roommates, family members, etc.), as well as on your current partner/spouse, even if s/he does not reside with you.

Please be aware that we are currently experiencing a high demand for Gestational Surrogates. Therefore, the sooner we receive your complete application and materials, the sooner we can process your application so that we can match with you with Prospective Parents.

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Gestational Surrogate Application Checklist

- ❑ Surrogate Information and Application Packet has been completely read and understood
- ❑ Completed Surrogate Application
- ❑ Three Surrogate Application Forms Requiring Signatures
 - Surrogate Authorization and Release Form
 - Acknowledgement Statement of Partner / Spouse
 - Signed Medical Release Form
- ❑ Photos:
 - Minimum of two recent close-up photos
 - Minimum of two recent full-length photos
 - Family photos (your with your spouse / partner and/or children)
- ❑ Photocopy of driver's license or valid photo identification

Any materials described above may be scanned and emailed if the application is submitted electronically. Please email electronic surrogate application to:

surrogates@tinytreasuresagency.com

Please mail hardcopy Surrogate application materials to:

Tiny Treasures Surrogacy, LLC
Attention: Surrogate Application Coordinator
15 New England Executive Park
Burlington, MA 01803

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Surrogate ID _____ (for office use only)

Gestational Surrogate Application

Last Name: _____ First Name: _____ M.I.: _____

Maiden name or any other names used: _____

Date of Birth: _____ Social Security Number: _____

Home Address:

Street: _____ City: _____ State: _____ Zip code: _____

How long have you resided at your current address (months/years)? _____

If less than three years, please list previous addresses for the last three years:

Current Mailing Address (if different than home address):

Street: _____ City: _____ State: _____ Zip code: _____

Home phone number: _____ Can we leave you messages at this phone number?

Cell Phone Number: _____ Can we leave you messages at this phone number?

Work Phone number: _____ Can we leave you messages at your work phone number?

Email Address(es): _____

Relationship Status (check one – place check to the LEFT of your choice):

Single Married Separated Divorced Boyfriend Girlfriend Widow

Partner's/Spouse's full name (if applicable): _____

Partner's/Spouse's date of birth (if applicable): _____

Partner's/Spouse's address (if different than yours) & phone number(s): _____

In case of an emergency, whom should we contact (other than your partner/spouse)? _____

What is his/her relationship to you? _____

Emergency Contact's Phone Number(s): _____

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Surrogate ID _____ (for office use only)

Miscellaneous Information Section (to be released to Tiny Treasures only):

Date of Application Submission:

When will you be available for surrogacy?

Do you have any scheduling restrictions? *(Please remember to keep us updated of any schedule restrictions as they arise and notify us if you become unavailable for surrogacy at any time.):*

How did you hear about Tiny Treasures (please be as specific as possible)?

Are you currently listed with other surrogacy agencies? If so, which ones?

If so, would you be willing to work exclusively with our agency, given that it can be difficult to match surrogates who are registered with more than one surrogacy agency at the same time?

Have you ever applied to be a Gestational Surrogate with any other agency or IVF clinic, but were screened out or declined? If so, please elaborate:

If you are under the age of 34, would you be interested in being considered as an egg donor candidate for our egg donor program?

Health Insurance Company Name:

Subscriber Name (e.g., yourself, partner/spouse):

Policy Number:

Group Number (if applicable):

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Surrogate ID _____ (for office use only)

GENERAL PERSONAL INFORMATION

Month & Year of Birth:

Home City & State:

Race:

Ethnicity (please be as specific as possible):

Are you a U.S. Citizen?

If not, are you a legal resident of the United States?

Do you have any legal cases pending against you?

Have you ever been arrested or convicted of a crime? If so, please explain:

Are you employed?

If so, what is your occupation?

How many hours per week do you work?

How long have you been employed in this occupation?

How long have you been employed with your current employer (months/years)?

How long were you employed with your previous employer (months/years)?

What is your current annual income (including your partner's/spouse's income, if residing with you)?

What is your household annual income?

What is your sexual orientation?

Relationship Status (check one – place check to the LEFT of your choice):

____Single ____Married ____Separated ____Divorced ____Boyfriend ____Girlfriend ____Widow

If you have a partner/spouse:

How long have you been in the relationship?

Number of years living together (if applicable):

If married, how long have you been married?

How many children, if any, do you have with your current partner/spouse (please indicate gender and month/year of birth for each child)?

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Is your partner/spouse employed?

If so, what is your partner's/spouse's occupation?

How many hours per week does your partner/spouse work?

How long has your partner/spouse been employed in this occupation?

How long has your partner/spouse been employed with current employer (months / years)?

What is your partner's current annual income?

How long was your partner/spouse employed with previous employer (months/years)?

What is your partner's/spouse's educational background (e.g., does s/he have a high school, college, or graduate degree)?

Have you been previously married/divorced?

If so, please indicate dates of prior marriage(s)/divorce(s) and reasons for/circumstances regarding divorce(s):

Have your partner/spouse been previously married/divorced?

If so, please indicate dates of prior marriage(s)/divorce(s) and reasons for/circumstances regarding divorce(s):

Do you have health insurance?

If so, does your health insurance include maternity coverage?

Do you drive and have a valid driver's license?

If so, do you own or lease a car and do you have automobile insurance?

If you do not drive or own/lease a car, how would you expect to get to necessary medical appointments throughout the surrogacy cycle and pregnancy?

What is your religion and are you currently practicing this religion?

Are you financially stable?

Have you ever filed for bankruptcy? If so, please indicate dates and explain circumstances:

Have you ever or are you currently receiving government financial assistance (e.g., subsidized housing, food stamps, welfare, Medicaid, subsidized health insurance)? If so, please elaborate and include dates during which you received assistance:

Have you ever been arrested or convicted of a crime? If so, please elaborate:

Have you ever been a member of the U.S. military? If so, please elaborate:

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REPRODUCTIVE HISTORY

How many children do you have?

Have you ever given a child up for adoption? If so, please elaborate:

For each of your children, please indicate gender, month/year of birth, general health condition and whether or not the child is living with you (if not, explain why):

Do your children currently have any serious medical problems?

Have any of your children ever had any serious medical problems?

Please provide details regarding all births / deliveries (including prior surrogacy pregnancies) below:

Date	Vaginal or Cesarean Delivery?	Surrogacy Arrangement?	Full Term?	Healthy Child/ Children?	Infant's Weight/ Length	Singleton/ Twins/ Triplets

Please provide details regarding any medical or psychological complications (including, but not limited to placenta previa, toxemia, preeclampsia, high blood pressure, anemia, postpartum depression) you experienced with any of the pregnancies or deliveries:

Have you ever experienced post-partum depression? If so, please elaborate (dates, duration, treatments):

Do you have previous experience as a Gestational or Traditional Surrogate?

If so, how many times have you been a Surrogate (include dates)?

Were you a Gestational Surrogate or Traditional Surrogate?

How many embryo transfers did you undergo for each surrogacy cycle?

How many embryos were transferred per embryo transfer?

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Did the surrogacy result in successful birth(s) (if so, singleton or multiples)?

Have you ever had an abortion? If so, please indicate dates (month/year):

Have you ever had a miscarriage? If so, please indicate dates, length of pregnancy, and any relevant medical details:

Have you ever been advised you were infertile?

Have you ever undergone fertility treatment? If so, please indicate dates, name of IVF clinic(s), and reasons for undergoing treatment:

Have you ever been an egg donor? If so, please provide retrieval dates (month/year) and cycle results:

Describe the typical length of your menstrual cycle (e.g., Normal 28 day cycle? Shorter? Longer?):

How long does your period typically last?

Do you experience PMS-related symptoms before or during your period (e.g., cramping, bloating, etc.)? If so, please elaborate:

What form of birth control are you currently using, if any (e.g., birth control pills, IUD)?

Have you ever had an abnormal pap smear? If so, indicate dates (month/year) and whether any follow-up procedures (e.g., colposcopy) or treatments were required?

What was the date of your last PAP smear and what were the results?

GENERAL HEALTH HISTORY

Height:

Weight:

Blood Type:

RH factor (+ or -):

Describe your general health status (include any history of major illnesses or medical conditions):

Body Build (check one – place check to the LEFT of your choice): ___ petite ___ medium ___ large

Do you have any known allergies? If so, please elaborate:

Do you have a history of asthma? If so, please elaborate:

Describe your diet (e.g., Do you eat healthy? Are you vegetarian or vegan?):

How much and what type of exercise do you engage in on a regular basis, if any?

Have you ever used IV drugs?

Have you ever had a blood transfusion?

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Have you had any tattoos or body piercings within the past year?

Have you ever been diagnosed with a Sexually Transmitted Disease (STD)? If so, please list date (month/year) and treatments received:

Have you received the Hepatitis B vaccine?

Do you currently smoke or use tobacco?

Have you ever smoked or used tobacco in the past? If so, please elaborate (include dates and how many cigarettes daily/weekly):

Are you willing to completely abstain from smoking during the surrogacy cycle and pregnancy?

Does anyone in your household smoke? If so, indicate frequency/amount (e.g., how many cigarettes daily/weekly):

Do you drink alcohol? If yes, what type of alcohol do you drink, how much and how frequently?

Are you willing to completely abstain from drinking alcohol during pregnancy?

Do you use or have you ever used illegal drugs? If so, please elaborate:

Have you ever been treated for alcohol or substance abuse/addiction? If so, please elaborate:

Have you ever been under the treatment of a psychiatrist or psychologist for any reason? If so, please include approximate dates of treatment, treatment duration, and reason(s) for treatment:

Do you currently take or have you ever taken psychotropic/psychiatric medication? If yes, please elaborate (type of medication, dates, reason for taking medication, etc.):

If you currently take psychotropic/psychiatric medication, would you be willing to discontinue using it, if necessary, during pregnancy (before responding to this question, please consult with your medication prescriber regarding whether it would be appropriate for you to do so)?

Have you ever been hospitalized for a psychiatric condition? If so, please elaborate (dates, reason for hospitalization, etc.):

Do you have a history of mental, physical, or sexual abuse? If so, did you participate in psychiatric treatment to address it?

Do you have any other type of trauma history? If so, were did you participate in psychiatric treatment to address it?

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Place a check or "X" to indicate whether or not you have a history of any of the following conditions:

Medical Condition	Yes	No
Diabetes		
Kidney Disease		
Seizure Disorder		
Heart Disease		
High Blood Pressure		
Huntington's Disease		
Blindness		
Deafness		
Hemophilia/Bleeding Disorder		
Muscular Dystrophy		
Tuberculosis		
Rubella		
Congenital Heart Defect		
Serious Birth Defect (You or Your Child)		
Cleft Lip/Palate		
Liver/Renal Disease		
Stillbirth		
Mood Disorder (e.g., Bipolar Disorder/Major Depression)		
Anxiety Disorder (e.g., Obsessive Compulsive, Generalized Anxiety Disorder)		
Psychosis/Schizophrenia		
Substance/Alcohol Abuse/Addiction		
Other Psychiatric Illness		
AIDS/HIV		
Chlamydia		
Herpes		
Syphilis		
Gonorrhea		
Cytomegalovirus (CMV),		
Hepatitis A, B or C		

Please elaborate on any medical condition you endorsed above (e.g., dates of condition, treatments, current status of condition, etc.):

Please describe any surgeries you have had (include reasons, dates, and results):

Have you ever been medically hospitalized? If yes, please elaborate (dates, reason for hospitalization, etc.):

Do you have any history of major and/or chronic medical conditions (e.g., cancer, diabetes, heart disease)?

Have you ever had any major illnesses/medical health problems not already described in this application?

Are you currently taking any prescription medications? If so, what type, how often, and why?

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Are you currently taking any over-the-counter medications? If so, what type, how often, and why?

Do you take any herbal remedies or supplemental vitamins on a continual basis? If so, please describe.

What was the date of your last physical exam and what were the results?

FAMILY OF ORIGIN

Biological Mother's Race:

Biological Mother's Ethnicity:

Biological Father's Race:

Biological Father's Ethnicity:

Are there any major medical conditions in your immediate biological family (children, parents, siblings, grandparents, aunts/uncles)?

Does anyone in your immediate family (children parents, siblings, grandparents, aunts/uncles) have a history of psychiatric illness? If so, please elaborate (type of illness, dates, treatments):

Please complete the chart below. Include only information regarding your biological family members. For siblings, indicate whether sibling is a brother or sister and if s/he is a half-sibling.

Family Member	Age	# of Children	Deceased? (Yes/No)	General Health Condition
Biological Mother				
Biological Father				
Brother/Sister				

If any of your family members in the above chart above are deceased, please indicate age at death and cause of death:

ACADEMIC INFORMATION

What degree(s) do you currently hold (e.g., GED, high school diploma, Bachelor's, Master's, Ph.D., M.D., J.D., R.N., etc.):

High School Education

High School GPA:

Year of graduation:

Which subjects did you enjoy most in high school?

Undergraduate Education

Name and dates of undergraduate college(s) attended (if any):

Year of graduation:

Undergraduate G.P.A.:

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Why have you decided to become a Gestational Surrogate?

If you are an experienced Surrogate, please describe your previous experience with surrogacy:

Have you told your family, friends and/or co-workers about your decision to become a Gestational Surrogate? If so, who have you told and do they support your decision?

Who (e.g., partner/spouse, family, friends, co-workers) will provide you with emotional support to you during the surrogacy process? Are they willing to play an active role in the surrogacy cycle and pregnancy?

What difficulties/problems do you anticipate having to deal with over the course of surrogacy?

Are you open to participating in psychological counseling for emotional support during the surrogacy process?

Please describe your current life stressors:

Please describe any life stressors you anticipate encountering over the upcoming year:

Have you carefully considered the potential impact of your decision to be a Surrogate on your children at the present time and in the future (when they are older)?

What do you plan to tell your children regarding to your decision to become a Surrogate?

Is there anything you would want the child resulting from the surrogacy process to know about you and/or your family?

PERSONAL PREFERENCES

Would you consider being a Surrogate for the following:

Prospective Parents with Children?

Gay or Lesbian Prospective Parents?

Single Prospective Father?

Single Prospective Mother?

Prospective Parents of Another Race?

Prospective that Speak a Different Language?

Prospective Parents of a Different Religion?

Prospective Parents of Interracial Background?

Prospective Parents using an Egg Donor?

Prospective Parents using a Sperm Donor?

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International Prospective Parents?

Out-of-State Prospective Parents?

Older Prospective Parents (if not, please indicate age limit)?

What criteria, if any, do you have for your Prospective Parents?

Are you willing to travel out of state for screening, monitoring and embryo transfer, if necessary?

Are you willing to fly on an airplane, if necessary?

What type of contact would you be interested in maintaining with the Prospective Parents during the pregnancy (e.g., email, phone and/or in-person contact)? Please indicate the type and frequency of contact you would prefer:

What type of contact would you be interested in maintaining with the Prospective Parents after the birth (e.g., email, phone and/or in-person contact)? Please indicate the type and frequency of contact you would prefer:

It is recommended that the Surrogate's partner/spouse meet the Prospective Parents. How do you feel about this?

How would you feel about your children meeting the Prospective Parents?

In the future, would you be interested in meeting/having contact with the child resulting from the surrogacy? Please elaborate:

How would you feel about the Prospective Parents attending some or all of your obstetrical appointments during the pregnancy?

How would you feel about the Prospective Parents being present at/participating in the birth/delivery (e.g., being present in the delivery room)?

Given that there is an elevated chance of conceiving multiples as a result of the IVF procedure, would you be comfortable carrying twins?

Would you be comfortable carrying multiples of a higher order (e.g., triplets)? If yes, what would be your limit?

How many embryos would you feel comfortable being transferred into your uterus for the surrogacy process?

How do you feel about pregnancy termination in the case of medical complications?

If the Prospective Parents wanted to terminate a pregnancy or undergo selective reduction due to medical complications, would you feel comfortable allowing them to make this decision? If not, please elaborate:

How do you feel about pregnancy termination in the case of serious birth defects (e.g., Down's Syndrome)?

If the Prospective Parents wanted to terminate a pregnancy or undergo selective reduction due to serious birth defects, would you feel comfortable allowing them to make this decision? If not, please elaborate:

How do you feel about selective reduction in the case of multiples (e.g., reducing multiple fetuses to one or two fetuses)?

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If the Prospective Parents wanted to undergo selective reduction in the case of multiples, would you feel comfortable allowing them to make this decision? If not, please elaborate:

Are there any circumstances under which you would not feel comfortable terminating a pregnancy or undergoing selective reduction if the Prospective Parents chose to do so?

Would you be willing to undergo pregnancy-related tests/procedures such as Alfa-FetoProtein Test, Amniocentesis, or any other procedures used to obtain information about possible birth defects/fetal maturity and/or complications that may arise during pregnancy? If not, please elaborate:

Would you be willing to pump breast milk after the birth/delivery if the Prospective Parents requested that you do so?

Is there anything else you would like to tell Prospective Parents who may be interested in working with you as their Surrogate?

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Surrogate ID _____ (for office use only)

Surrogate Authorization and Release Form

Under penalty of perjury, I _____ attest that all of the information I have provided in my Surrogate Application is **true, to the best of my knowledge**. I confirm that I have thoroughly read, understand, and agree to the information and Surrogate responsibilities described in the Surrogate Information and Application Packet. Further, I confirm that I have had all of my questions pertaining to surrogacy answered and feel that I am fully ready to proceed as a Surrogate. As long as I am registered with Tiny Treasures, I agree to inform its representatives if, at any time, I no longer want to and/or am unable to be a Surrogate prior to being matched with Prospective Parents.

I authorize Tiny Treasures to process a criminal background check on me. I attest that I have no criminal history, meaning I have never been arrested nor convicted of a crime.

I authorize Tiny Treasures to post the photos provided of myself and my family, as well as my Surrogate Profile, on Tiny Treasures' password-protected online Surrogate Database. I also authorize Tiny Treasures to use my photos in email updates to be sent exclusively to Prospective Parents who have registered for access to the password-protected database, informing them of new Surrogates who have been added to the Surrogate Database.

Surrogate's Signature: _____ Date: _____

Surrogate's Printed Name: _____

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Surrogate ID _____ (for office use only)

Acknowledgement Statement of Partner/Spouse

I _____ am the partner/spouse of _____.

I acknowledge and have discussed with my partner/spouse her decision to become a Gestational Surrogate and am fully supportive of this decision. I will play an active role in supporting her decision and will stand by her throughout the process. If necessary, I will attend meetings and appointments with her. I am willing to undergo requested procedures, including STD testing and psychological screening, if deemed necessary by the IVF physician. I will abstain from sexual intercourse during the instructed periods of time. I am fully aware that upon completion of the pregnancy all parental rights will be relinquished to the Prospective Parents. I am confident that my partner/spouse is making the best decision for us by entering into a surrogacy arrangement.

I authorize Tiny Treasures to process a criminal background check on me. I attest that I have no criminal history, meaning I have never been arrested nor convicted of a crime. I also attest that I am a non-smoker and do not use illegal drugs.

Partner/Spouse's Signature: _____ Date: _____

Partner/Spouse's Signature Printed Name: _____

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Medical Release Form

I, _____, hereby request the release of any and all medical records pertaining to my most recent **physical examination and/or PAP testing** and the results of such testing held at your office.

I, _____, also hereby request the release of any and all of my **labor and delivery** medical records pertaining to any/all prenatal care or other medical care I received for my prior pregnancies and deliveries.

I request and authorize that such records be forwarded via fax (fax #: 888-512-5885) or mail to:

Tiny Treasures, 15 New England Executive Park, Burlington, MA 01803.

Thank you,

Printed Name

Date of Birth

Home address

Phone Number

Signature

Date