

Exhibit D

Copy of Jonathan D. Gregg's November 2014 Pay Statement



Deloitte Consulting LLP

Deloitte - 4022 Sells Drive, Hermitage, TN 37076
(1-800-DELOITTE)

Name Jonathan Daniel Gregg	Personnel Number 00398027	Period Begin 11/17/2014	Period End 11/29/2014
Date Paid 11/28/2014	Rate/Salary 5,192.31	Cost Center 3041	

Total Earnings 5,192.31	Pre-Tax Ded 0.00	Tax Deduction 1,993.50	After-Tax Ded 0.00	Net Pay 3,198.81
-----------------------------------	----------------------------	----------------------------------	------------------------------	----------------------------

	Hours	Rate	Current	Year-to-Date		Current	Year-to-Date
GROSS EARNING(S):					PRE-TAX DEDUCTION(S):		
11/29 Regular Salary			\$5,192.31	\$5,192.31	TAXABLE EARNINGS (FED) :	\$5,192.31	\$5,192.31
TOTAL GROSS			\$5,192.31	\$5,192.31	TAX DEDUCTION(S):		
					FED TX Withholding Tax	1,082.07	1,082.07
					FED TX EE Social Securit	321.92	321.92
					FED TX EE Medicare Tax	75.29	75.29
					NY TX Withholding Tax	324.52	324.52
					NY TX EE Disability Tax	1.20	1.20
					NY01 TX Withholding Tax	188.50	188.50
					OTHER DEDUCTION(S):		
					NET PAY	\$3,198.81	\$3,198.81

Payment Type	Bank Location	Bank Number	Amount
Direct Deposit	026012881	XXXXXX9804	\$ 3198.81

Exhibit E

Copy of James Derek Mize and Jonathan D. Gregg's
Marriage Certificate

JAMES DEREK MIZE
JONATHAN DANIEL GREGG
3 W 87th St. Apartment # 1C
New York City, NY 10024
United States

M-2015-4

THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK
MARRIAGE LICENSE BUREAU

License Number

M-2015-12342

Certificate of Marriage Registration

This Is To Certify That JAMES DEREK MIZE

residing at 3 W 87th St. Apartment # 1C, New York City, NY 10024, United States

born on 11/16/1980 at Jackson Mississippi United States

and JONATHAN DANIEL GREGG

residing at 3 W 87th St. Apartment # 1C, New York, NY 10024, United States

born on 02/09/1981 at London United Kingdom

Were Married

on 05/30/2015 at Bryant Park
By JACK HARRISON 25 W. 40th Street
New York, NY
United States

as shown by the duly registered license and certificate of marriage of said persons on file in this office.

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

Manhattan
N.Y.

June 10, 15
20

PLEASE NOTE: Facsimile Signature
and seal are printed pursuant
to Section 11-A, Domestic
Relations Law of New York.



Michael McSweeney
Michael McSweeney
City Clerk of the City of New York

CET-F

M 0153418

Exhibit F

Consent to Treatment – Surrogacy Form

**Consent to Treatment
IVF (HOST) SURROGACY
(COMMISSIONING COUPLE/INTENDED PARENTS)
Same Sex Male Couple using Donor Eggs
Fresh Cycle**

We (man's name – providing the sperm for treatment) ..Jonathan Gregg.(186651).....and
(man's name - partner) ..James Mize.(186652).....
of (home address) 49 Normandy Avenue, Barnet, Hertfordshire

being unable to have a child by other means, have requested CARE, through their medical and scientific staff, to assist us the commissioning parents to have a child by IVF(Host) Surrogacy.

1 We have had a full discussion withDR. KAZIM..... (Name of Medical Practitioner) on10 AUGUST 2016.....

2 We have been counselled byHEATHER BONFIELD..... (Name of Independent Counsellor) on10 AUGUST 2016.....

We understand that further counselling may be necessary, and is available for us as long as either CARE or we feel it necessary.

3 We have been advised that surrogacy arrangements are unenforceable and that we should seek legal advice from an independent solicitor.

We understand that if we do so, there will be no direct contact between CARE and our solicitor, but agree that our solicitor may contact CARE to assure them that proper legal advice has been taken.

- 4 We consent to treatment and understand that the methods of treatment may include:
- i. insemination of the donated oocyte(s) with the sperm of JONATHAN GREGG
 - ii. Intracytoplasmic sperm injection (ICSI) – direct injection of one of the man's sperm into the egg* (using the HOS Test to identify live but immotile sperm*).
 - iii. the maintenance or storage by cryopreservation of any resulting embryos until, in the view of the medical and scientific staff, they are ready for transfer to the HOST
 - iv. in the event of embryos being replaced fresh, we understand that the sperm of JONATHAN GREGG will have been quarantined and screened in line with regulations and, prior to its use, the provider of the sperm will have undergone screening for HIV, Hepatitis B and C and venereal disease
 - v. a maximum of 2 embryos will be transferred to the HOST

5 The HOST referred to above is:
..... (name)
..... (address)
.....

6 We understand and accept that there is no certainty that a pregnancy will result from these procedures, since the success rate is uncertain even where an egg is recovered and embryo transfer is carried out. We further understand and accept that the medical and scientific staff can give no assurance that any pregnancy will result in the delivery of a normal living child.

Jonathan Gregg
06/01/2017



We confirm that we have read and understood the written information relating to IVF, ICSI, assisted hatching*, surgical sperm recovery*, blastocyst transfer* and the use of the HOS test for identifying immotile sperm for ICSI*. We understand the procedures and the implications including the risks of multiple pregnancy, miscarriage, ectopic pregnancy and congenital abnormalities after assisted reproduction, and the possible inheritance of genetic factors leading to infertility, including sex chromosome and other abnormalities, after ICSI.

7 **Egg Donation – general points**

We understand:

- i. That CARE cannot guarantee the number of eggs collected from a donor.
- ii. That approximately 10% of cycles are cancelled.
- iii. That the donor may withdraw or vary her consent to proceed at any time before the eggs (or embryos arising from her eggs) are used. If the donor's cycle is cancelled prior to egg collection, or the donor withdraws her consent prior to egg collection, CARE undertakes to take reasonable efforts to arrange a rematch (subject to a suitable donor being available) as soon as possible. In these circumstances a treatment refund will be made. In the unlikely event of a donor withdrawing her consent after egg collection (including after embryo cryopreservation) no refund will be made.
- iv. Not all eggs collected are mature, not all will fertilise and those that do may not divide or be suitable for replacement.
- v. We understand that the donor, who has given effective consent to donate her eggs under the HFEA Act 1990 (as amended), will not be the legal parent of any child(ren) resulting from the donation.
- vi. That child(ren) born as a result of this donation will be able to access non-identifying information about the donor at the age of 16 and identifying information from the age of 18 as described in the CARE information document.
- vii. That no donor screening programme can be totally guaranteed and small risks of infection, medical and genetic disease, including cystic fibrosis, do remain which we accept.
- viii. Where cryopreserved eggs are used CARE cannot guarantee that any eggs will survive the freeze thaw process, will fertilise or that embryos arising from treatment will be suitable for replacement.

8 **IVF Egg Sharing Arrangements***

We understand that in addition in IVF egg sharing arrangements:

- i. IVF egg share donation provides an infertile couple subsidised access to fertility treatment in the form of donation of a number of eggs.
- ii. If 8 or more eggs are collected they will be shared equally between the donor and ourselves. (Odd eggs, above 8, are usually allocated to the donor.)
- iii. In the unlikely event that fewer than 8 eggs are collected, under current HFEA guidelines only one option is available to the donor. The donor must use all the eggs herself. CARE will undertake to take reasonable efforts to arrange a rematch (subject to a suitable donor being available) as soon as possible. In these circumstances a treatment refund will be made.
- iv. In an anonymous egg sharing arrangement no information will be available to either party that might identify the other or any resulting child(ren). CARE has provided non-identifying information to us about the egg sharer [Height, Eye colour, Hair colour, Complexion, Ethnic Origin, Blood Group and CMV status] and will provide information about the outcome of our egg sharer's treatment cycle on request if her treatment is successful [number and sex of any children].
- v. We understand that CARE can, at the egg sharer's request, provide her with information about the number, gender and year of birth of any children born to us as a result of this donation.

9 **Two Recipients matched to an altruistic donor***

We understand that in addition, where two recipients are matched to an altruistic donor, one couple are termed 'couple 1', the other 'couple 2'. Eggs are shared equally between the couples (odd numbers of eggs are donated to couple 1). If fewer than 8 eggs are collected, all the eggs will be allocated to couple 1 and CARE will endeavour to rematch couple 2 as

Jonathan Gregg
06/01/2017



quickly as possible (at no additional treatment cost). In this case couple 2 will then become 'couple 1' in the rematch arrangement.

10. Altruistic donor – exclusive match option*

We understand that in addition, where only one recipient is matched to an altruistic donor, in this package the recipient receives all the eggs collected from an altruistic donor and further seeks, within the limits of biology, to "guarantee" a minimum of 8 eggs. If 8 eggs are not available, there will be a refund of the difference between this and the normal "shared" donor cycle above.

11 We accept that the decision on the suitability and number of embryos for transfer to the HOST will be that of the medical and scientific staff of CARE.

12 **Embryo Freezing:** Where appropriate we request that any embryos which are not replaced should, at the discretion of the medical staff, be preserved and stored subject to the terms of the HFEA Consent Form and the CARE Contract for Embryo Cryopreservation (Freezing) and Initial Storage Period

13 We do not agree to the transfer of any embryo(s) so produced into any woman other than the HOST named above.

14 We agree that the relationship between ourselves and CARE arising out of this Document shall be governed by English law and that the English version of this contract shall be definitive.

15 We understand that the host surrogate will be the child's legal parent unless relevant court proceedings (Parental Order or Adoption) are carried out. If the host surrogate is married or in a civil partnership her husband/civil partner will be the legal parent until a Parental order is obtained or Adoption is approved unless the host has completed a "Lack of consent of partner" form (HFEA LC). We understand that if the host surrogate is not married or in a civil partnership the biological father can be the legal father in common law or the non-biological intended father can be nominated as the other legal parent when the child is born by completing form SPP and the host completing form SWP.

16 We have been given at least 24 hours to consider the contents of this document and we have been told that we might make further enquiries if we so wish, before signing.

17 We have been offered counselling about the implications of being commissioning parents to have a child by IVF (HOST) Surrogacy. We also confirm that we have read and understand the content of this document.

AIDS (HIV), Hepatitis B & C Screening

All patients are screened for these serious infections prior to treatment at CARE. Because of the long incubation period of the AIDS virus in particular, an infected individual may have a negative test result. If you could have been exposed to the risk of infection in the six months before or following your most recent test, please inform a member of staff that appropriate precautions and/or additional testing can be arranged. Further information on risk activities is available in our *patient information document* or from CARE staff. [Confidentiality is assured.]

I/we confirm that I/we have not been exposed to the risk of HIV, Hepatitis B or C infection in the six months before my/our last HIV, Hepatitis B & C tests were performed, or subsequently.

DECLARATION

Man – Sperm Provider

I am the partner* of JAMES DEREK MIZE I acknowledge that I have read and understood the above information, in particular, CARE's "Risks and Complications of Assisted Conception" document and I consent to the treatment discussed in previous consultations and as outlined above.

Signed: Jonathan Gregg 06/01/2017



The relevant information required by Sections 4, 6 & 14 of the Human Fertilisation & Embryology Authority's Code of Practice has been given to the patient. The patient has been given a suitable opportunity to take part in counselling about the implications of the proposed treatment.

On behalf of CARE: [Signature] Date: 06/01/2017

Print Name: DR GRAHAM FLEMING
GMC: 6050092

EMERGENCY DEPARTMENT
KING'S COLLEGE HOSPITAL
NHS FOUNDATION TRUST
DENMARK HILL
LONDON
SE5 8RS

Male Partner's Consent

I am the male partner* of Jonathan Geeg I acknowledge that he and I are being treated together. I also acknowledge that I have read and understand the above information, in particular, CARE's "Risks and Complications of Assisted Conception" document.

Signed: [Signature] 06/01/2017

The relevant information required by Sections 4, 6 & 14 of the Human Fertilisation & Embryology Authority's Code of Practice has been given to the patient. The patient has been given a suitable opportunity to take part in counselling about the implications of the proposed treatment.

On behalf of CARE: [Signature] Date: 06/01/2017

Print Name: DR GRAHAM FLEMING
GMC: 6050092

EMERGENCY DEPARTMENT
KING'S COLLEGE HOSPITAL
NHS FOUNDATION TRUST
DENMARK HILL
LONDON
SE5 8RS



**Consent Form
TO MATCH (Recipient)**

Egg Recipient: JONATHAN GRECC DoB: 9/2/81 CARE No: 186651

These are the physical characteristics of your egg donor. Please sign and return to the Egg Donation Coordinator at CARE.

Donor Type	ALTRUISTIC DONOR
Eye colour	GREEN / GREY
Hair colour	DARK BROWN
Complexion	MEDIUM.
Ethnic origin	MIXED RACE ^{1/4 Caribbean} _{3/4 Caucasian}
Blood Group	A POS.
Height	5'5"

Following recent advice from the HFEA we cannot provide any additional information about the donor (eg. age or medical history) before matching as this would breach the very strict legal requirements set down in Section 33 of the HF&E Act.

Donor's Pen Portrait Requested & Given Declined

We confirm our acceptance of this donor.

Signatures: Female partner: Jonathan Grecc
 Male partner: James Derechillo
 Date: 06/01/2017

Please return by post or fax to:
 The Egg Donation Co-ordinator
 CARE
 67 The Avenue
 Cliftonville
 Northampton
 NN1 5BT Fax No: 01604 603275

DO NOT WRITE BELOW THIS LINE – CARE OFFICE USE ONLY

File in recipient notes and tick A4 cyc

Donor's CARE & Hospital Nos: [Redacted]

Checked by: Rha Checked by: [Signature]
 Name: N. HOUGHTON-DREAGER Name: [Signature]
 Date: 10.01.2017 Date: 10/1/17

Exhibit G

Gestational Surrogate Consent Form



**Consent to Treatment
FER (HOST) SURROGACY
(HOST FER)**

Before treatment can be performed at CARE, patients need to complete Consent Forms **FOR EACH TREATMENT CYCLE**. These are important legal documents. It is vital that you read the consents carefully. They must be signed by you witnessed by CARE staff before we can proceed to treatment. If there is anything you don't understand, or if you want more information, CARE staff will be pleased to assist.

To facilitate the process, please fill in the name and address sections and any other sections you are clear about. For all consents, CARE will hold one copy and a duplicate will be made available to you.

Legal Parenthood and Surrogacy

In October 2013 some important modifications to the law relating to Parenthood came into force and it is important to understand these.

- a) **Your Parenthood status** - As the carrying mother, you will be the child's legal parent unless relevant court proceedings (Parental Order or Adoption) are completed.
- b) **If you are not married or in a civil partnership** - the biological father can be the legal father in common law or the intended female parent can be nominated as the other legal parent when the child is born [they complete HFEA form SPP and you complete HFEA form SWP to ratify this – these forms MUST agree which partner is to be nominated]
- c) **If you are married or in a civil partnership** – your husband/civil partner will also be the legal parent until a Parental Order is obtained or Adoption is approved **unless** either he/she completes HFEA form SWC [Withdrawing consent] or you have completed a "Lack of consent of partner" form (HFEA LC). If form LC or form SWC **have** been completed, then it is possible for either the biological father or the intended female parent be nominated as the other legal parent when the child is born on completion of HFEA forms SPP and SWP as above]

The Parenthood rules are complex and there are a number of different scenarios not detailed here which may occasionally arise. CARE staff will be happy to clarify which forms should be completed and by whom in each case.

I, [redacted] (the "woman")
 with the consent of my husband/partner*, [redacted] (Name)
 of [redacted] (Address)

have agreed to act as a HOST mother for the commissioning couple/intended parents:

JONATHAN GRESS (man) and JAMES MIZE (woman/male partner)

both of: - 49 NORMANDY AVENUE, BARNET, HERTFORDSHIRE

GN5 2HX who are unable to have a child by any other means.

I /*we have had a full discussion with DR KAZEM (Name of Medical Practitioner)
 on 21/7/2017

2 I/*we have been counselled by HEATHER BONHELD (Name of Independent Counsellor) on 21/9/2016 (date of initial counselling).

I/*we understand that further counselling may be necessary and is available for as long as CARE or we feel necessary.

3 I/*we have been advised in writing to seek legal advice from an independent solicitor.

SARAH WOOD - HEATH AT WILSONS LAW (Solicitors)

I/*we understand that if we do so, there will be no direct contact between CARE and our solicitors, but agree that our solicitors may contact the Counsellor in order to assure him/her that proper legal advice has been taken.

4 I/*we consent to:

the use of frozen embryos created by the ~~commissioning woman~~/egg donor/commissioning man/~~sperm donor~~ for replacement.*

5 I/*we understand and accept that there is no guarantee that the embryos will thaw successfully and that all stored embryos may be thawed in this treatment cycle.

6 Embryo Transfer: a maximum of ~~two~~ ^{one} embryos may be replaced in the uterus of the woman*.

7 I/*we consent to these procedures and to the administration of such drugs and anaesthetics as may be necessary. I/*we understand that analgesic or antibiotic suppositories may be used for the management of pain and infection prophylaxis. I/*we also consent to any further operative measures that may be found necessary in the course of the treatment and can be justified for medical reasons. I/*we have told CARE about any additional procedures I/*we would not wish carried out without having the opportunity to consider them first.

8 I/*we understand and accept that there is no certainty that a pregnancy will result from these procedures, since the success rate is uncertain, even when embryo replacement is carried out. I/*we further understand and accept that the medical and scientific staff can give no assurance that pregnancy will result in the delivery of a normal living child. I/*we accept that CARE also cannot accept responsibility for any damage that might occur to embryos as a result of the freezing/storage/thawing process or any abnormality or diseases occurring in a child born as a result of fertility treatment in which freezing has taken place. I/*we understand that, whilst taking reasonable steps, CARE also cannot guarantee that all samples in the liquid nitrogen bank are free from infectious agents. I/*we confirm that I/*we have read and understood the written information relating to frozen embryo replacement (and assisted hatching*). I/*we understand the procedures and the implications including the risks of multiple pregnancy, infection, miscarriage, ectopic pregnancy and congenital abnormalities.

AIDS (HIV), Hepatitis B & C Screening

All patients are screened for these serious infections prior to treatment at CARE. Because of the long incubation period of the AIDS virus in particular, an infected individual may have a negative test result. If you could have been exposed to the risk of infection in the six months before or following your most recent test, please inform a member of staff that appropriate precautions and/or additional testing can be arranged. Further information on risk activities is available in our *patient information document* or from CARE staff. [Confidentiality is assured].

I/*we confirm that I/*we have not been exposed to the risk of HIV, Hepatitis B or C infection in the six months before my/our last HIV, Hepatitis B & C tests were performed, or subsequently.

I/*we confirm that I/*we have been offered counselling about the implications of treatment and have discussed the procedures outlined above, information of which has been given orally and in writing. I/*we also confirm that I/*we have read and understand the content and importance of this document.

- 9. I/*we agree that English Law shall govern the relationship between myself and CARE arising out of this document and that the English version of this contract shall be definitive. I/*we understand that, as the carrying mother, I/*we will be the child's legal parent unless relevant court proceedings (Parental Order or Adoption) are carried out.
- 10. I/*we have been given at least 24 hours to consider the contents of this document and I/*we have been told that I/*we might make such further enquiries if I/*we so wish, before signing. I/*we have been offered counselling about the implications of being a HOST mother for the above named commissioning couple.

**DECLARATION
Female Partner**

I am the wife/~~female partner~~* of [redacted] I acknowledge that I have read and understood the above information, in particular, CARE's "Risks and Complications of Assisted Conception" document and I consent to the treatment discussed in previous consultations and as outlined above.

Signed by:  (HOST/Woman) Date: 30/8/2017

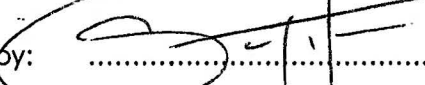
The relevant information required by Section 4 & 14 of the Human Fertilisation & Embryology Authority's Code of Practice has been given to the patient. The patient has been given a suitable opportunity to take part in counselling about the implications of the proposed treatment.

On behalf of CARE:  Date: 30/8/17


Print Name: K Saunders

Husband/Male Partner's Consent

I am the husband/~~male partner~~* of [redacted] and understand the implications of my wife/~~partner~~ acting as a host surrogate. I also acknowledge that I have read and understood the above information, in particular, CARE's "Risks and Complications of Assisted Conception" document.

Signed by:  (Husband/Partner)

The relevant information required by Sections 4 & 14 of the Human Fertilisation & Embryology Authority's Code of Practice has been given to the patient. The patient has been given a suitable opportunity to take part in counselling about the implications of the proposed treatment.

On behalf of CARE:  Date: 30/8/17

Print Name: K Saunders

Exhibit H

Surrogacy – Frozen Embryo Consent Form

Consent to Treatment Information & Guidance

Surrogacy – Commissioning Couple/Intended parents Same Sex Male Couple using Frozen Embryos

Before treatment can be performed at CARE couples need to complete Consent Forms **FOR EACH TREATMENT CYCLE**. These are important legal documents. It is vital that you read the consents carefully. They must be signed by you both and witnessed by CARE staff before we can proceed to treatment. If there is anything you don't understand, or if you want more information, CARE staff will be pleased to assist.

Where surrogacy is taking place the issues are highly complex as the cycle is both a "donation" cycle AND a treatment cycle for the couple. The man whose sperm is to be used therefore needs to complete the appropriate form for the donation and you will also both need to complete the usual CARE treatment consent forms and HFEA forms. This guide has therefore been prepared to help with the completion of the various forms.

To facilitate the process, please fill in the name and address sections and any other sections you are clear about. For all consents, CARE will hold one copy and a duplicate will be made available to you if you if you request it. Please ensure that all consents are completed and agree with each other to avoid invalidation.

Forms for the man whose sperm is being used to complete:

1 HFEA Donor Information Form (green)

In the UK surrogacy is legally seen as a form of donation – the man "donating" the embryo created from his sperm and donated eggs to the host surrogate. The commissioning man providing sperm for the treatment must therefore register as a "donor" with the HFEA by completing this form which we will forward to the HFEA. This form consists of 4 duplicated sheets and contains the information about you that we are required to submit to the licensing authority.

It is very important that either your passport/ID card number or NHS number (available from your GP) is put on page 1 of the form.

If there are any parts of the form about which you are unclear CARE would be happy to advise you.



Forms for the man whose sperm is being used to complete (continued)

2 HFEA Form MSG (man providing sperm to complete)

This form clarifies how you would like your sperm and embryos arising from it to be used and stored. You have the right to modify the consents at any time provided that the sperm or embryos have not already been used.

The Surrogacy Arrangement

Section 3.1 – We don't offer GIFT or IUI for surrogacy so tick **NO**

Section 3.2 – Tick **YES** if this is your wish

To store sperm or embryos Sections 4.1 & 4.2 should both be ticked **YES**. The **statutory maximum storage duration in UK law is 10 years in the first instance** (though this can potentially be extended - See Notes below re **Premature Infertility**). Shorter periods are at individual patient's discretion. Section 4.3 should therefore be ticked **NO** and section 4.4 & 4.5 ticked **10 years as the specified period**. Shorter durations are at your own discretion.

Training & Use after your death/mental incapacity

Complete sections 5 & 6 according to your wishes

Premature Infertility: There are special provisions for patients potentially suffering from (or likely to suffer from in the future) premature infertility which allow longer storage periods. In these circumstances additional confirmatory documentation must be completed. If you believe this may be applicable to your situation please discuss with the clinic staff.

3 HFEA Form SPP – "Consent to being the legal parent in Surrogacy"

If the surrogate is not married or in a civil partnership the biological father can be the legal father at common law when the child is born [if no one else has been nominated]. Alternatively the intended non-biological intended father can be nominated as the other legal parent when the child is born. The intended non-biological intended father should complete the SPP "Consent to being the legal parent in Surrogacy" form and the host complete HFEA form SWP.

If the host surrogate is married or in a civil partnership her husband/civil partner will be the legal parent until a Parental Order is obtained or Adoption is approved, unless the host has completed an HFEA "Lack of consent of partner" form (LC)

Forms for the couple to complete:

4 CARE Treatment Consent Form for Intended Parents [see below] These are our consent forms and are specific to the treatment you are having (e.g. IVF, ICSI, surgical sperm recovery). We are constantly looking for ways to improve treatments. While the first priority is your treatment, sometimes sperm, eggs or embryos are available which cannot be used for treatment or stored for future use. Such material may also be used to train young scientists in the skills they need to acquire before they work in the clinical laboratory

This material can potentially also be used in research to improve our knowledge of fertility and develop new treatments. At any one time a number of projects may be ongoing. All the projects are (where relevant) licensed both by our Ethical Committee and the HFEA and specific consent forms will need to be completed.

Consent to Treatment
IVF (Host) Surrogacy – Frozen Embryo Replacement
(Commissioning Couple)
Same Sex Male Couple

We (man providing sperm for treatment) JONATHAN GREGG and
(man's partner) JAMES DEREK MIZE
of (home address) 49 NORMANDY AVENUE, BARNET, HERTS
ENS 2HX

being unable to have a child by other means, have requested CARE, through their medical and scientific staff, to assist us the commissioning parents to have a child by IVF(Host) Surrogacy.

1 We have had a full discussion with RAHNUMA KAZEM (Name of Medical Practitioner) on 07/07/17

2 We have been counselled by HEATHER BONHAM (Name of Independent Counsellor) on 10/08/16 about the implications of being commissioning parents to have a child through IVF (Host) Surrogacy.

We understand that further counselling may be necessary, and is available for us as long as either CARE or we feel it necessary.

3 We have been advised that surrogacy arrangements are unenforceable and that we should seek legal advice from an independent solicitor.

We understand that if we do so, there will be no direct contact between CARE and our solicitor, but agree that our solicitor may contact CARE to assure them that proper legal advice has been taken.

4 We consent to the use of our frozen embryos for Host Surrogacy.

5 We understand and accept that there is no guarantee that the embryos will thaw successfully and that all stored embryos may be thawed in this treatment cycle.

6 Embryo Transfer - a maximum of two embryos may be replaced in the uterus of the HOST surrogate: [Redacted] (name) [Redacted] (address)

7 Thawing: THAW ONE BLASTOCYST FOR TRANSFER

CARE will use up thaw embryos singly until we have the agreed number (1 or 2) surviving for transfer. However, as not all embryos survive the freezing/thawing process, if fewer than the transfer number thaw successfully initially, please indicate what you would like us to do:

- Continue to thaw until the preferred number is reached Yes/No
- Continue to thaw until required number of 100% surviving embryos available Yes/No
- Telephone you to discuss the options Yes/No
- Number where you can be contacted 07745 300 782

Other issues (e.g. which to thaw first if embryos available from more than one freeze, or IVF and ICSI embryos both available):

8 We understand and accept that there is no certainty that a pregnancy will result from these procedures, and the success rate is uncertain even where embryo transfer is carried out. We further understand and accept that the medical and scientific staff can give no assurance that any pregnancy will result in the delivery of a normal living child. We accept that CARE also cannot accept responsibility for any damage that might occur to embryos as a result of the freezing/storage/thawing process or any abnormality or diseases occurring in a child born as a result of fertility treatment in which freezing has taken place. We understand that CARE also cannot guarantee that all samples in the liquid nitrogen bank are free from infectious agents. We confirm that we have read and understood the written information relating to frozen embryo replacement (and assisted hatching, extended culture/blastocyst transfer*). We understand the procedures and the implications including the risks of multiple pregnancy, miscarriage, ectopic pregnancy and congenital abnormalities after assisted reproduction, and the possible inheritance of genetic factors leading to infertility, including sex chromosome and other abnormalities.

9 We accept that the decision on the suitability and number of embryos for transfer to the HOST will be that of the medical and scientific staff of CARE and the Host Surrogate.

10 We do not agree to the transfer of any embryo(s) so produced into any woman other than the Host Surrogate named above.

11 We agree that the relationship between ourselves and CARE arising out of this Document shall be governed by English law and that the English version of this contract shall be definitive.

12 We understand that the host surrogate will be the child's legal parent unless relevant court proceedings (Parental Order or Adoption) are carried out. If the host surrogate is married or in a civil partnership her husband/civil partner will be the legal parent until a Parental order is obtained or Adoption is approved unless the host has completed a "Lack of consent of partner" form (HFEA LC). We understand that if the host surrogate is not married or in a civil partnership the biological father can be the legal father in common law or the non-biological intended father can be nominated as the other legal parent when the child is born by completing form SPP and the host completing form SWP.

13 We have been given at least 24 hours to consider the contents of this document and we have been told that we might make further enquiries if we so wish, before signing.

AIDS (HIV), Hepatitis B & C Screening

All couples are screened for these serious infections prior to treatment at CARE. Because of the long incubation period of the AIDS virus in particular, an infected individual may have a negative test result. If you could have been exposed to the risk of infection in the six months before or following your most recent test, please inform a member of staff that appropriate precautions and/or additional testing can be arranged. Further information on risk activities is available in our patient information document or from CARE staff. [Confidentiality is assured.]

I/we confirm that I/we have not been exposed to the risk of HIV, Hepatitis B or C infection in the six months before my/our last HIV, Hepatitis B & C tests were performed, or subsequently.

Male Partner – Sperm Provider

I am the partner* of JAMES DEREK MIZE..... I acknowledge that I have read and understand the above information, in particular, CARE's "Risks and Complications of Assisted Conception" document.

I CONFIRM THAT I WAS THE SPERM PROVIDER FOR THE CREATION OF THE EMBRYOS* AND CONSENTED TO THE USE OF DONOR EGGS FOR THE CREATION OF THE EMBRYOS*

Signed: [Signature]..... Date: 17/07/17.....

The relevant information required by Sections 4, 6 & 14 of the Human Fertilisation & Embryology Authority's Code of Practice has been given to the patient. The patient has been given a suitable opportunity to take part in counselling about the implications of the proposed treatment and research studies [as appropriate].

On behalf of CARE: [Signature]..... Date: 17.07.2017.....

Print Name: N. HOUGHTON - DEEGER.....

Male Partner's Consent

I am the partner* of JONATHAN GREGG..... I acknowledge that he and I are being treated together. I also acknowledge that I have read and understand the above information, in particular, CARE's "Risks and Complications of Assisted Conception" document.

Signature of husband/male partner: [Signature]..... Date: 17/7/17.....

The relevant information required by Sections 4, 6 & 14 of the Human Fertilisation & Embryology Authority's Code of Practice has been given to the patient. The patient has been given a suitable opportunity to take part in counselling about the implications of the proposed treatment and research studies [as appropriate].

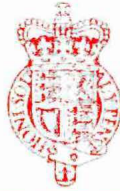
On behalf of CARE: [Signature]..... Date: 17.07.2017.....

Print Name: N. HOUGHTON - DEEGER.....

Exhibit I

Copy of S.M.-G.'s Birth Certificate

CERTIFIED COPY OF AN ENTRY



BIRTH		Entry No. 97
Registration district	Cambridgeshire	Administrative area
		County of Cambridgeshire
Sub-district	Cambridgeshire	
1. Date and place of birth		CHILD
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> Hinchingsbrooke Hospital, Huntingdon		
2. Name and surname		3. Sex
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div>		Female
4. Name and surname		PARENT
Jonathan Daniel GREGG		
5. Place of birth	6. Occupation	
Camden, London	Consultant	
7. Name and surname		PARENT
James Derek MIZE		
8. Place of birth	9. Occupation	
United States of America	Legal Recruitment Consultant	
10. Parents' address		
24 Westcott Road, London		
11. Date of registration	12. Signature of registering officer	
Seventeenth April 2019	L E Rowlinson	
13. Name given after registration, and surname		

7453010 821884 04/18 APS/AJSP

CERTIFIED to be a true copy of an entry in the Parental Order Register maintained at the GENERAL REGISTER OFFICE. Given at the General Register Office, under the seal of the said office.

A certified copy of an entry in the Parental Order Register, if purporting to be sealed or stamped with the seal of the General Register Office, is to be received as evidence of the registration to which it relates without further or other proof.

Date 17th April 2019



JR

CAUTION: THERE ARE OFFENCES RELATING TO FALSIFYING OR ALTERING A CERTIFICATE AND USING OR POSSESSING A FALSE CERTIFICATE. ©CROWN COPYRIGHT

WARNING: A CERTIFICATE IS NOT EVIDENCE OF IDENTITY.