**SUPPLEMENTARY MATERIAL**

**The differences between embryo and gamete donation**

Embryo donation is markedly different from both sperm and oocyte donation in a number of key respects. From a donor’s perspective, donation of sperm or oocytes is a pre-meditated choice. Donation of embryos for family-building, however, typically arises when the donors have undergone fertility treatment themselves and have unused cryopreserved embryos at the completion of their own treatment. These embryos may be perceived as their own potential children and, where their treatment has been successful, as potential siblings of their own children (de Lacey, 2005, 2007b; Nachtigall et al., 2005; Provoost et al., 2009, 2011; Goedeke & Payne, 2009;Paul et al., 2010; Stiel et al., 2010; Blyth et al., 2011; Kato & Sleeboom-Faulkner, 2011; Goedeke et al., 2015). Consequently, fertility patients with unused embryos may be unwilling to contemplate donating their potential genetic children and their children’s potential siblings to be raised in other people’s families (de Lacey, 2005, 2007a, b Nachtigall et al., 2005; Provoost et al., 2009, 2011; Goedke & Payne, 2009; Paul et al., 2010; Stiel et al., 2010; Blyth et al., 2011; Kato & Sleeboom-Faulkner, 2011; Goedeke et al., 2015). However, for some, it is precisely the conceptualisation of their unused frozen embryos as the potential siblings of their children that motivates them to donate their embryos to others so that they may be afforded the opportunity of life (Elford et al., 2004; Paul et al., 2010). Where donation for family-building is contemplated or undertaken, donors may experience a continuing sense of duty towards the welfare of any resultant children (Frith et al, 2011; Goedeke et al., 2015,). This is shown in some potential donors’ support for selection criteria for recipients including age, criminal history, educational level, financial status, sexual orientation, alcohol, tobacco and drug usage (Wånggren et al., 2013). While embryo donation may be “technically straight-forward” (Janssens, 2009), “very successful” and “cost effective” (Hill & Freeman, 2011), it may be less attractive than other family-building options for prospective recipient couples because neither of them would have a genetic relationship with any resultant child(ren) and there may be concerns about the implications of the child/ren having genetic parents and siblings living in other families (Nordqvist & Smart, 2014; Goedeke, et al., 2015).

**Additional tables the results**

*Type and frequency of contact*

Some families had received or provided embryos to more than one family, so for those in contact with more than one recipient or provider family, a combination of contact arrangements is reported (so in Tables 1 – 6, there are columns for each different family with whom they were in contact).

**Table 1: Providers’ contact with recipients (Phase I)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of contact with recipient** | **Recipient 1** | **Recipient 2** | **Recipient 3** |
| **Direct** | **9** | **1** | **0** |
| **Via Snowflakes** | **6** | **0** | **1** |
| **Both direct and via Snowflakes** | **2** | **1** | **0** |

**Table 2: Recipients’ contact with providers (Phase I)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of contact with provider** | **Provider 1** | **Provider 2** | **Provider 3** |
| **Direct** | **17** | **3** | **0** |
| **Via Snowflakes** | **7** | **2** | **0** |
| **Both direct and via Snowflakes** | **3[[1]](#footnote-1)** | **0** | **1** |

**Table 3: Who initiated contact? – Providers with recipients (Phase I)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Recipient family 1** | **Recipient family 2** | **Recipient family 3** |
| **Me** | **5** | **0** | **0** |
| **My partner** | **0** | **0** | **0** |
| **Me and my partner together** | **4** | **0** | **0** |
| **Recipient family** | **8** | **2** | **1** |
| **Other** | **0** | **0** | **0** |

**Table 4: Who initiated contact? – Recipients with providers (Phase I)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Provider family 1** | **Provider family 2** | **Provider family 3** |
| **Me** | **9** | **1** | **0** |
| **My partner** | **0** | **0** | **0** |
| **Me and my partner together** | **10** | **4** | **1** |
| **Provider family** | **7** | **0** | **0** |
| **Other** | **1** | **0** | **0** |

It is of note here that slightly more recipients initiated contact than providers, although the small numbers do not merit any firm conclusions to be drawn from this. Given this very marginal difference it can be concluded that there is not significant difference between groups in this regard.

**Table 5: Type and frequency of contact Providers (Phase I)[[2]](#footnote-2)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type and frequency of contact** | Weekly | Monthly | 2-6 x pa | 1x pa |
| Exchange of cards (e.g. birthday, religious festival) | 0 | 1 | 7 | 4 |
| Exchange of letters | 0 | 0 | 8 | 4 |
| Telephone | 1 | 4 | 2 | 0 |
| Email | 5 | 1 | 4 | 3 |
| SMS | 2 | 0 | 0 | 0 |
| Skype | 0 | 1 | 2 | 0 |

**Table 6: Type and frequency of contact Recipients (Phase I)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type and frequency of contact** | **Weekly** | **Monthly** | **2-6 x pa** | **1x pa** |
| Exchange of cards (e.g. birthday, religious festival) | 0 | 0 | 11 | 6 |
| Exchange of letters | 0 | 0 | 5 | 5 |
| Telephone | 0 | 2 | 2 | 4 |
| Email | 2 | 5 | 16 | 2 |
| SMS | 0 | 1 | 1 | 0 |
| Skype | 0 | 0 | 1 | 0 |

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1. One recipient was not in touch with their first provider [↑](#footnote-ref-1)
2. For tables 5 and 6 figures above are greater than the total number of provider participants because some were in contact with more than one recipient family [↑](#footnote-ref-2)