www.innovacryobank.com

INNOVA
CRYOBANK

DONOR EGG AND SPERM BANK

ENSURING THE FUTURE

INNOVA CRYOBANK

We are an Assisted Human Reproduction clinic, located in La Rioja, Spain. The centre is focused on supplying quality donor oocytes and sperm.

In our embryological laboratory Innova professionals use advanced vitrification systems and media (Kitazato, CryoTop® certified by the competent authority (CE marking) for the use in humans).

We guarantee high oocyte survival and pregnancy rates.

We ensure safety of biological materials due to a unique domestic or international hand carry service.

Innova Cryobank is an IVF centre authorised by the Ministry of Health and Regional Health Council of La Rioja, Spain, with health authorisation number **2224150252026 and EU TE Code**

Comisión Europea

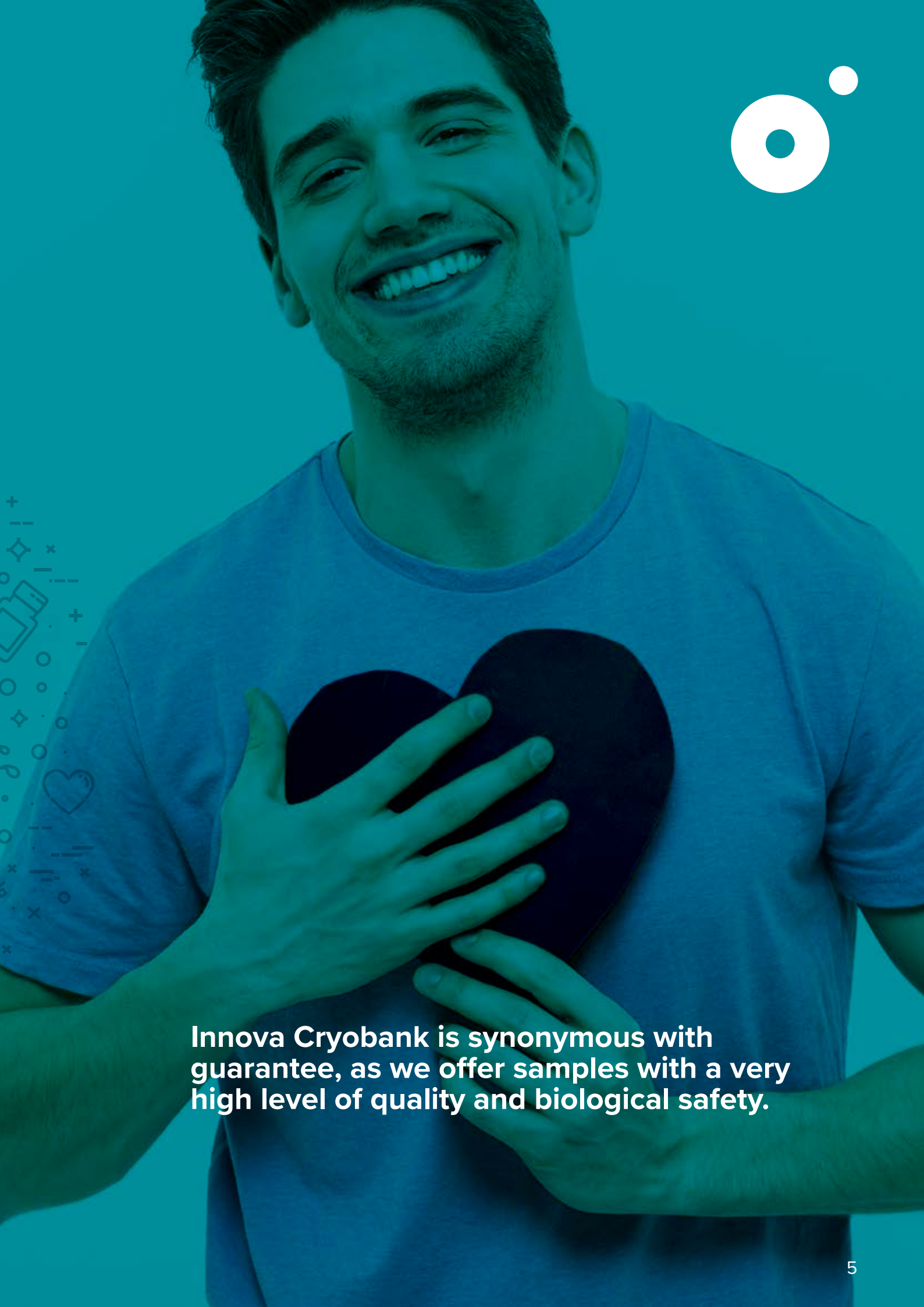
GOBIERNO DE ESPAÑA MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD

Gobierno de La Rioja

Over 25-year experience of our dedicated team in the IVF field guarantees security and efficiency to our partner clinics and patients.

WHY INNOVA CRYOBANK?

1. The processes of donor oocyte and sperm obtaining, selection, and vitrification are performed in our own facilities and under control of our professional. Thus, we guarantee quality and safety.
2. We have a large stock of samples, thus ensure a reliable and fast supply, adjusting to personal requirements of every client.
3. All the Innova donors are registered in the State Assisted Human Reproduction Information System of Spain.
4. Selection of proven fertility donors helps maximise chances for the best results.
5. We use extended genetic screening for each donor.
6. We offer a variety of donor phenotypes (Caucasian, Asian, African and American).
7. We guarantee strict traceability and marking processes, as well as safe storage of cryogenic material.



Innova Cryobank is synonymous with guarantee, as we offer samples with a very high level of quality and biological safety.

DONOR SELECTION PROCESS

We know the donors personally and organise a very strict donor selection. As a result, only less than 10% of all the candidates become donors. Innova donor eggs and sperm belong to physically and mentally healthy donors, with no medical history of hereditary diseases:

ANAMNESIS

To rule out bad habits, mental illnesses, hereditary diseases in a family history.

GYNECOLOGICAL EXAMINATION

To check the ovarian reserve.
To rule out potential harmful influence of ovarian stimulation upon donors' health.

CLINICAL TESTS

Complete blood count, blood group and Rh, testing to check all the organs function, coagulogram, serology to rule out infectious diseases, including NATs on the day of egg retrieval etc.

GENETIC SCREENING

Karyotype, cystic fibrosis, alpha and beta-thalassemia, X-fragile, spinal muscular atrophy etc., extended genetic panel - (over 300 genetic mutations).

CHECK-UP

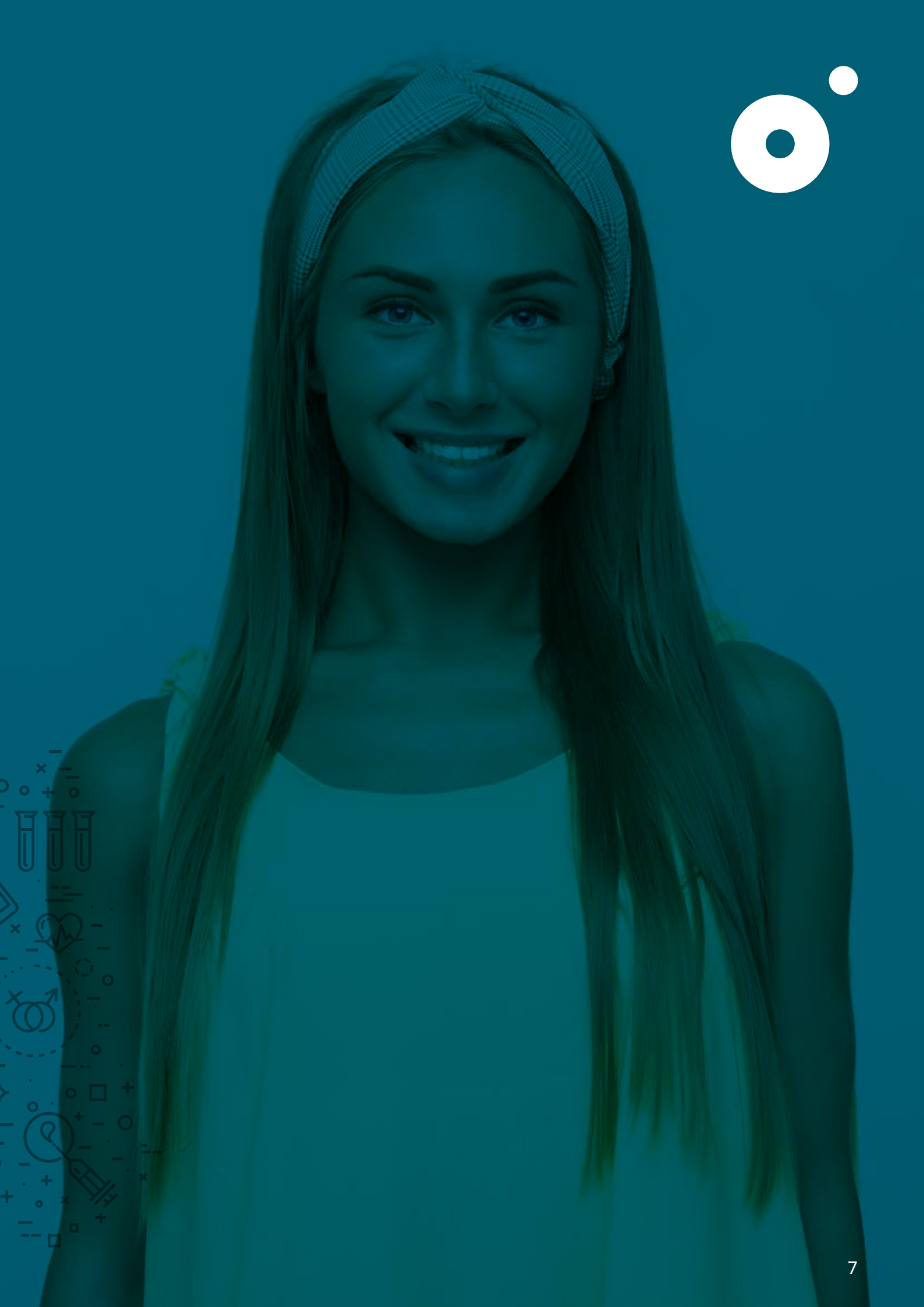
Breasts, thyroid, kidneys, liver, and other organs and systems to exclude somatic diseases.

DONOR CANDIDATE CRITERIA

Somatic and mental health, age under 30 years old, proven fertility, normal BMI, education, motivation.

PSYCHOLOGICAL EVALUATION

Psychological testing and interview with our team of psychologists ensure that all Innova donors are motivated, have normal psychological status, as well as no psychological abnormalities in the family history.



GENETIC SCREENING

In **Innova Cryobank** all the oocyte and sperm donors go through an extended genetic screening.

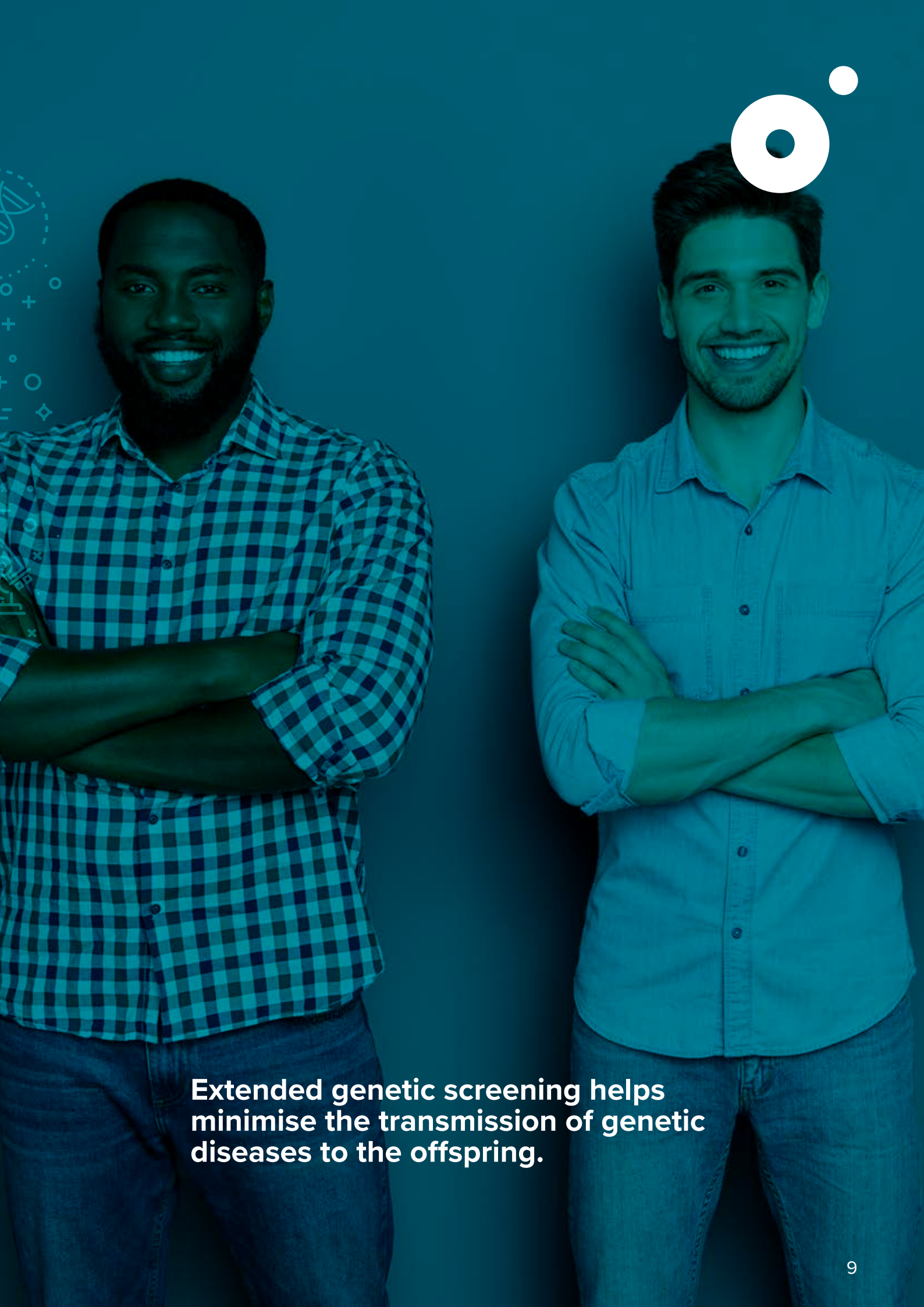
We exclude carriers of genetic mutations from our pool of candidates.

This gives the patient an additional guarantee, since we minimise the transmission of genetic diseases to children born using donor oocytes or sperm.

As a result of genetic screening, candidates carrying autosomal recessive disorders are excluded.

In addition, upon patients' desire, we carry out a genetic compatibility study between the donor and recipient, thus ensuring additional safety and optimising outcome.

The number of mutations and diseases studied will depend on the chosen genetic compatibility test.



Extended genetic screening helps minimise the transmission of genetic diseases to the offspring.

Diseases studied by Igenomix® or FullGenomics *

* The list of genetic diseases may vary.

- 3-Beta-Hydroxysteroid Dehydrogenase Deficiency
- 3-Methylcrotonyl-CoA Carboxylase Deficiency: MCCA Related
- 3-Methylcrotonyl-CoA Carboxylase Deficiency: MCCB Related
- 3-Methylglutaconic Aciduria: Type 3
- 3-Phosphoglycerate Dehydrogenase Deficiency
- 5-Alpha Reductase Deficiency
- 6-Pyruvoyl-Tetrahydropterin Synthase Deficiency
- 11-Beta-Hydroxylase-Deficient Congenital Adrenal Hyperplasia
- 17-Alpha-Hydroxylase Deficiency
- 17-Beta-Hydroxysteroid Dehydrogenase Deficiency
- 21-Hydroxylase-Deficient Classical Congenital
- Adrenal Hyperplasia
- 21-Hydroxylase-Deficient Nonclassical Congenital
- Adrenal Hyperplasia
- ARSACS
- Abetalipoproteinemia
- Acrodermatitis Enteropathica
- Acute Infantile Liver Failure: TRMU Related
- Acyl-CoA Oxidase I Deficiency
- Adenosine Deaminase Deficiency
- Adrenoleukodystrophy: X-Linked
- Alkaptonuria
- Alpha Thalassemia
- Alpha-1-Antitrypsin Deficiency
- Alpha-Mannosidosis
- Alport Syndrome: COL4A3 Related
- Alport Syndrome: COL4A4 Related
- Alport Syndrome: X-linke
- Amegakaryocytic Thrombocytopenia
- Andermann Syndrome
- Androgen Insensitivity Syndrome: Complete
- Antley-Bixler Syndrome
- Argininemia
- Argininosuccinate Lyase Deficiency
- Aromatase Deficiency
- Arthrogryposis, Mental Retardation, & Seizures
- Arts Syndrome
- Asparagine Synthetase Deficiency
- Aspartylglycosaminuria
- Ataxia with Vitamin E Deficiency
- Ataxia-Telangiectasia
- Autosomal Recessive Polycystic Kidney Disease
- Bardet-Biedl Syndrome: BBS1 Related
- Bardet-Biedl Syndrome: BBS10 Related
- Bardet-Biedl Syndrome: BBS11 Related
- Bardet-Biedl Syndrome: BBS12 Related
- Bardet-Biedl Syndrome: BBS2 Related
- Bare Lymphocyte Syndrome: Type II
- Bartter Syndrome: Type 4A
- Beta Thalassemia
- Beta-Hexosaminidase Pseudodeficiency
- Beta-Ketothiolase Deficiency
- Biotinidase Deficiency
- Bloom Syndrome
- Canavan Disease
- Carnitine Palmitoyltransferase IA Deficiency
- Carnitine Palmitoyltransferase II Deficiency
- Carnitine-Acylcarnitine Translocase Deficiency
- Carpenter Syndrome
- Cartilage-Hair Hypoplasia
- Cerebrotendinous Xanthomatosis
- Charcot-Marie-Tooth Disease with Deafness:
- X-Linked: GJB1 Related
- Charcot-Marie-Tooth Disease with Deafness:
- X-Linked: PRPS1 Related
- Chediak-Higashi Syndrome
- Cholesteryl Ester Storage Disease
- Choreoacanthocytosis
- Choroideremia
- Chronic Granulomatous Disease: CYBA Related
- Chronic Granulomatous Disease: X-Linked
- Citrin Deficiency
- Citrullinemia: Type I
- Classical Galactosemia
- Cockayne Syndrome: Type A
- Cockayne Syndrome: Type B
- Cohen Syndrome
- Combined Pituitary Hormone Deficiency: PROP1 Related
- Congenital Disorder of Glycosylation: Type 1A: PMM2 Related
- Congenital Disorder of Glycosylation: Type 1B: MPI Related
- Congenital Disorder of Glycosylation: Type 1C: ALG6 Related
- Congenital Ichthyosis: ABCA12 Related
- Congenital Insensitivity to Pain with Anhidrosis
- Congenital Lipoid Adrenal Hyperplasia
- Congenital Myasthenic Syndrome: CHRNE Related
- Congenital Myasthenic Syndrome: DOK7 Related
- Congenital Myasthenic Syndrome: RAPSN Related
- Congenital Neutropenia: Recessive
- Copper Transport Disorders
- Corneal Dystrophy and Perceptive Deafness
- Corticosterone Methyloxidase Deficiency
- Crigler-Najjar Syndrome
- Cystic Fibrosis
- Cystinosis
- Cystinuria: Non-Type I
- Cystinuria: Type I
- D-Bifunctional Protein Deficiency
- DMD-Related Muscular Dystrophies
- Diabetes: Recessive Permanent Neonatal
- Du Pan Syndrome
- Dyskeratosis Congenita: RTEL1 Related
- Dystrophic Epidermolysis Bullosa: Recessive
- Ehlers-Danlos Syndrome: Type VIIC
- Ellis-van Creveld Syndrome: EVC Related
- Ellis-van Creveld Syndrome: EVC2 Related
- Emery-Dreifuss Myopathy: X-Linked
- Enhanced S-Cone
- Ethylmalonic Aciduria
- Fabry's Disease
- Factor II Deficiency
- Factor IX Deficiency
- Factor V Deficiency
- Factor V Leiden Thrombophilia
- Factor VIII Deficiency
- Factor XI Deficiency
- Familial Chloride Diarrhea
- Familial Dysautonomia
- Familial Hyperinsulinism: Type 1: ABCC8 Related
- Familial Hyperinsulinism: Type 2: KCNJ11 Related
- Familial Mediterranean Fever
- Fanconi Anemia: Type A
- Fanconi Anemia: Type C
- Fanconi Anemia: Type G
- Fanconi Anemia: Type J
- Fragile X Syndrome
- Fumarase Deficiency
- GM1-Gangliosidoses
- GRACILE Syndrome
- Galactokinase Deficiency
- Gaucher Disease
- Gitelman Syndrome
- Globoid Cell Leukodystrophy
- Glucose-6-Phosphate Dehydrogenase Deficiency
- Glutaric Acidemia: Type I
- Glutaric Acidemia: Type IIA
- Glutaric Acidemia: Type IIB
- Glutaric Acidemia: Type IIC
- Glycine Encephalopathy: AMT Related
- Glycine Encephalopathy: GLDC Related
- Glycogen Storage Disease: Type IA
- Glycogen Storage Disease: Type IB
- Glycogen Storage Disease: Type II
- Glycogen Storage Disease: Type III
- Glycogen Storage Disease: Type IV
- Glycogen Storage Disease: Type V

- Glycogen Storage Disease: Type VII
- Guanidinoacetate Methyltransferase Deficiency
- HMG-CoA Lyase Deficiency
- Hemochromatosis: Type 2A: HFE2 Related
- Hemochromatosis: Type 3: TFR2 Related
- Hemoglobinopathy: Hb C
- Hemoglobinopathy: Hb D
- Hemoglobinopathy: Hb E
- Hemoglobinopathy: Hb O
- Hereditary Fructose Intolerance
- Hereditary Spastic Paraplegia: TECPR2 Related
- Herlitz Junctional Epidermolysis Bullosa: LAMA3 Related
- Herlitz Junctional Epidermolysis Bullosa: LAMB3 Related
- Herlitz Junctional Epidermolysis Bullosa: LAMC2 Related
- Hermansky-Pudlak Syndrome: Type 1
- Hermansky-Pudlak Syndrome: Type 3
- Hermansky-Pudlak Syndrome: Type 4
- Holocarboxylase Synthetase Deficiency
- Homocystinuria Caused by CBS Deficiency
- Hunter Syndrome
- Hurler Syndrome
- Hypohidrotic Ectodermal Dysplasia: X-Linked
- Hypophosphatasia
- Inclusion Body Myopathy: Type 2
- Infantile Cerebral and Cerebellar Atrophy
- Isolated Microphthalmia: VSX2 Related
- Isovaleric Acidemia
- Joubert Syndrome
- Juvenile Retinoschisis: X-Linked
- Lamellar Ichthyosis: Type 1
- Laryngoonychocutaneous Syndrome
- Leber Congenital Amaurosis: CEP290 Related
- Leber Congenital Amaurosis: GUCY2D Related
- Leber Congenital Amaurosis: LCA5 Related
- Leber Congenital Amaurosis: RDH12 Related
- Leigh Syndrome: French-Canadian
- Leukoencephalopathy with Vanishing White Matter: EIF2B5 Related
- Leydig Cell Hypoplasia (Luteinizing Hormone Resistance)
- Limb-Girdle Muscular Dystrophy: Type 2A
- Limb-Girdle Muscular Dystrophy: Type 2B
- Limb-Girdle Muscular Dystrophy: Type 2C
- Limb-Girdle Muscular Dystrophy: Type 2D
- Limb-Girdle Muscular Dystrophy: Type 2E
- Limb-Girdle Muscular Dystrophy: Type 2F
- Limb-Girdle Muscular Dystrophy: Type 2I
- Lipoprotein Lipase Deficiency
- Long-Chain 3-Hydroxyacyl-CoA Dehydrogenase Deficiency
- Lowe Oculocerebrorenal Syndrome
- Lysinuric Protein Intolerance
- MTHFR Deficiency
- MTHFR Deficiency: Severe
- Malonyl-CoA Decarboxylase Deficiency
- Maple Syrup Urine Disease: Type 1A
- Maple Syrup Urine Disease: Type 1B
- Maple Syrup Urine Disease: Type 2
- Maple Syrup Urine Disease: Type 3
- Maroteaux-Lamy Syndrome
- Meckel Syndrome: Type 1
- Medium-Chain Acyl-CoA Dehydrogenase Deficiency
- Megalencephalic Leukoencephalopathy
- Metachromatic Leukodystrophy
- Methylmalonic Acidemia: MMAA Related
- Methylmalonic Acidemia: MMAB Related
- Methylmalonic Acidemia: MUT Related
- Methylmalonic Aciduria and Homocystinuria: Type cblC
- Mitochondrial Complex I Deficiency: NDUFS6 Related
- Mitochondrial DNA Depletion Syndrome: MNGIE Type
- Mitochondrial Myopathy and Sideroblastic Anemia
- Mitochondrial Trifunctional Protein Deficiency:
- HADHB Related
- Morquio Syndrome: Type A
- Morquio Syndrome: Type B
- Mucolipidosis: Type II/III
- Mucolipidosis: Type IV
- Multiple Pterygium Syndrome
- Multiple Sulfatase Deficiency
- Muscle-Eye-Brain Disease
- Myotubular Myopathy: X-Linked
- Navajo Neurohepatopathy
- Nemaline Myopathy: NEB Related
- Nephrotic Syndrome: Type 1
- Nephrotic Syndrome: Type 2
- Neuronal Ceroid-Lipofuscinosis: CLN5 Related
- Neuronal Ceroid-Lipofuscinosis: CLN6 Related
- Neuronal Ceroid-Lipofuscinosis: CLN8 Related
- Neuronal Ceroid-Lipofuscinosis: MFSD8 Related
- Neuronal Ceroid-Lipofuscinosis: PPT1 Related
- Neuronal Ceroid-Lipofuscinosis: TPP1 Related
- Niemann-Pick Disease: Type A
- Niemann-Pick Disease: Type B
- Niemann-Pick Disease: Type C1
- Niemann-Pick Disease: Type C2
- Nijmegen Breakage Syndrome
- Nonsyndromic Hearing Loss and Deafness: GJB2 Related
- Nonsyndromic Hearing Loss and Deafness: LOXHD1 Related
- Nonsyndromic Hearing Loss and Deafness: MYO15A Related
- Oculocutaneous Albinism: Type 1
- Oculocutaneous Albinism: Type 3
- Oculocutaneous Albinism: Type 4
- Omenn Syndrome: DCLRE1C Related
- Omenn Syndrome: RAG2 Related
- Ornithine Transcarbamylase Deficiency
- Ornithine Translocase Deficiency
- Osteopetrosis: TCIRG1 Related
- POLG Related Disorders: Autosomal Recessive
- Papillon-Lefevre Syndrome
- Pendred Syndrome
- Persistent Mullerian Duct Syndrome: Type I
- Persistent Mullerian Duct Syndrome: Type II
- Phenylalanine Hydroxylase Deficiency
- Polyglandular Autoimmune Syndrome: Type I
- Pontocerebellar Hypoplasia: EXOSC3 Related
- Pontocerebellar Hypoplasia: RARS2 Related
- Pontocerebellar Hypoplasia: SEPSECS Related
- Pontocerebellar Hypoplasia: TSEN54 Related
- Pontocerebellar Hypoplasia: VPS53 Related
- Pontocerebellar Hypoplasia: VRK1 Related
- Primary Carnitine Deficiency
- Primary Ciliary Dyskinesia: DNAI1 Related
- Primary Ciliary Dyskinesia: DNAI2 Related
- Primary Congenital Glaucoma
- Primary Hyperoxaluria: Type 1
- Primary Hyperoxaluria: Type 2
- Primary Hyperoxaluria: Type 3
- Progressive Familial Intrahepatic Cholestasis: Type 2
- Propionic Acidemia: PCCA Related
- Propionic Acidemia: PCCB Related
- Pseudocholinesterase Deficiency
- Pycnodysostosis
- Pyruvate Carboxylase Deficiency
- Pyruvate Dehydrogenase Deficiency
- Pyruvate Dehydrogenase Deficiency: X-Linked
- Renal Tubular Acidosis and Deafness
- Retinal Dystrophies: RLBP1 Related
- Retinal Dystrophies: RPE65 Related
- Retinitis Pigmentosa: CERKL Related
- Retinitis Pigmentosa: DHDDS Related
- Retinitis Pigmentosa: FAM161A Related
- Rhizomelic Chondrodysplasia Punctata: Type I
- SCID: X-Linked
- Salla Disease
- Sandhoff Disease
- Sanfilippo Syndrome: Type A
- Sanfilippo Syndrome: Type B
- Sanfilippo Syndrome: Type C
- Sanfilippo Syndrome: Type D
- Short-Chain Acyl-CoA Dehydrogenase Deficiency
- Sickle-Cell Anemia
- Sjogren-Larsson Syndrome
- Sly Syndrome
- Smith-Lemli-Opitz Syndrome
- Spinal Muscular Atrophy: SMN1 Linked
- Stargardt Disease
- Stuve-Wiedemann Syndrome
- Sulfate Transporter-Related Osteochondrodysplasia
- Tay-Sachs Disease
- Trichohepatoenteric Syndrome: Type 1
- Tyrosine Hydroxylase Deficiency
- Tyrosinemia: Type I
- Tyrosinemia: Type II
- Usher Syndrome: Type 1B
- Usher Syndrome: Type 1C
- Usher Syndrome: Type 1D
- Usher Syndrome: Type 1F
- Usher Syndrome: Type 2A
- Usher Syndrome: Type 3
- Very Long-Chain Acyl-CoA Dehydrogenase Deficiency
- Walker-Warburg Syndrome
- Werner Syndrome
- Wilson Disease
- Wiskott-Aldrich Syndrome
- Wolcott-Rallison Syndrome
- Wolman Disease
- Xeroderma Pigmentosum: Group A
- Xeroderma Pigmentosum: Group C
- Zellweger Spectrum Disorders: PEX1 Related
- Zellweger Spectrum Disorders: PEX10 Related
- Zellweger Spectrum Disorders: PEX2 Related
- Zellweger Spectrum Disorders: PEX6 Related

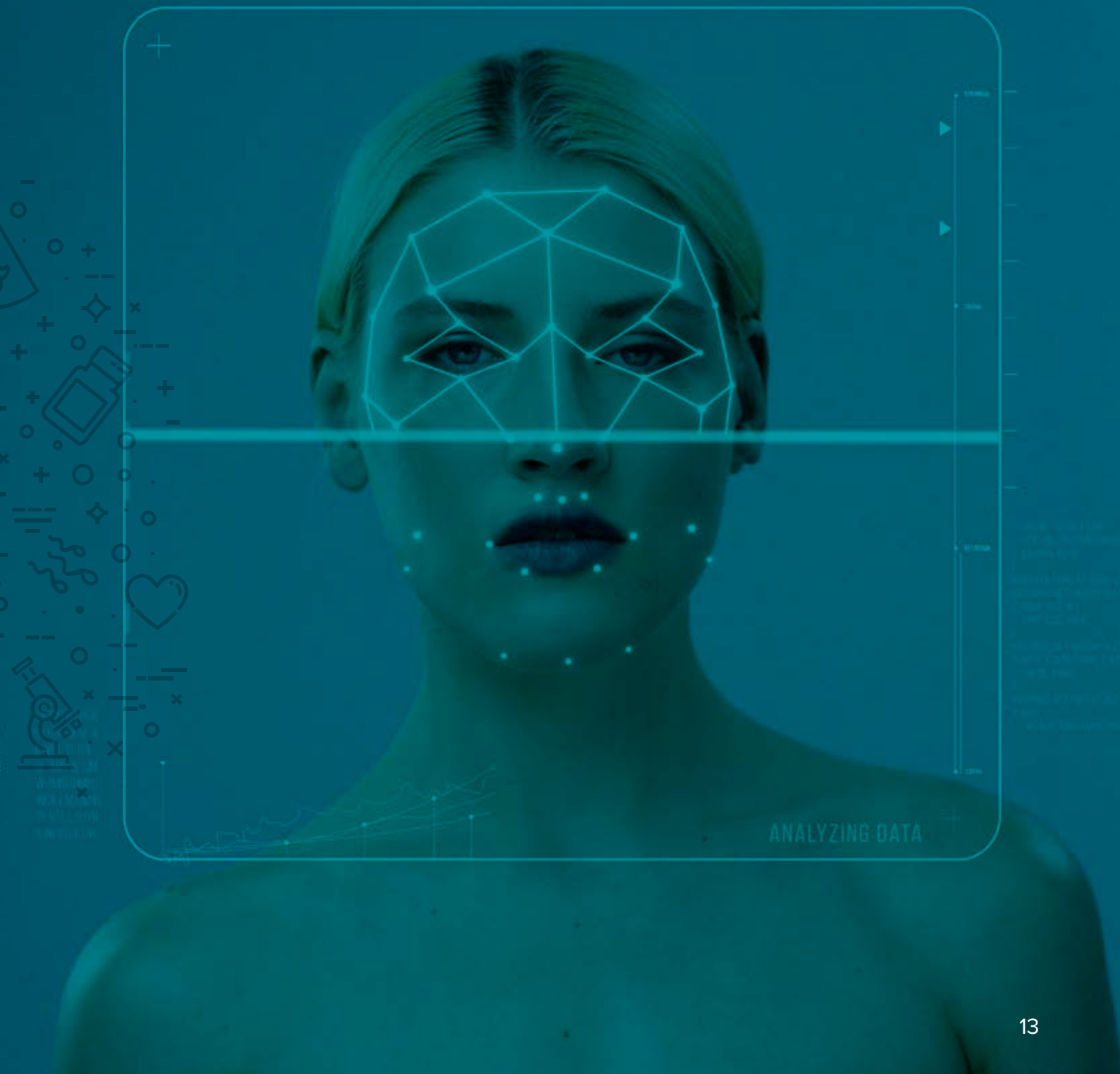
MATCHING PROCESS

According to the regulations on Assisted Human Reproduction in Spain, we perform a rigorous matching between the donor and recipient, in order to reach the closest resemblance.

We know that when a patient makes the decision to undergo egg donation, many doubts arise about the appearance of the donor. “How the donor will look like?” This question bothers every patient. Egg donation in Spain is anonymous, but thanks to the phenotype matching system we match a candidate who is the most similar to the recipient and future mother. Race, ethnic group, blood type and RH, height, skin tint, colour of eyes, hair colour and structure, are some of the most frequent.

We use artificial intelligence programs that, through mathematical facial recognition algorithms, perform matching, scan multiple facial points and compare them to find the donor most similar to the recipient.

Using artificial intelligence and mathematical facial recognition algorithms, we carry out matching to find the donor most similar to the recipient among hundreds of candidates in the database.



TYPES OF SAMPLES

Innova Cryobank offers different types of oocyte batches, adjusting to the demands of each partner clinic and patient.

TYPES OF BATCHES

4 OOCYTES	6 OOCYTES	8 - 10 OOCYTES
		
2 oocytes in each cryotop		

Oocytes in the batches are vitrified with Kitazato media and are selected by our embryologists with special care, thus only eggs having optimal maturity and the best morphological quality are vitrified.

DONOR SPERM

Innova Cryobank offers different types of donor sperm samples, adjusting to the demands of each partner clinic and patient.

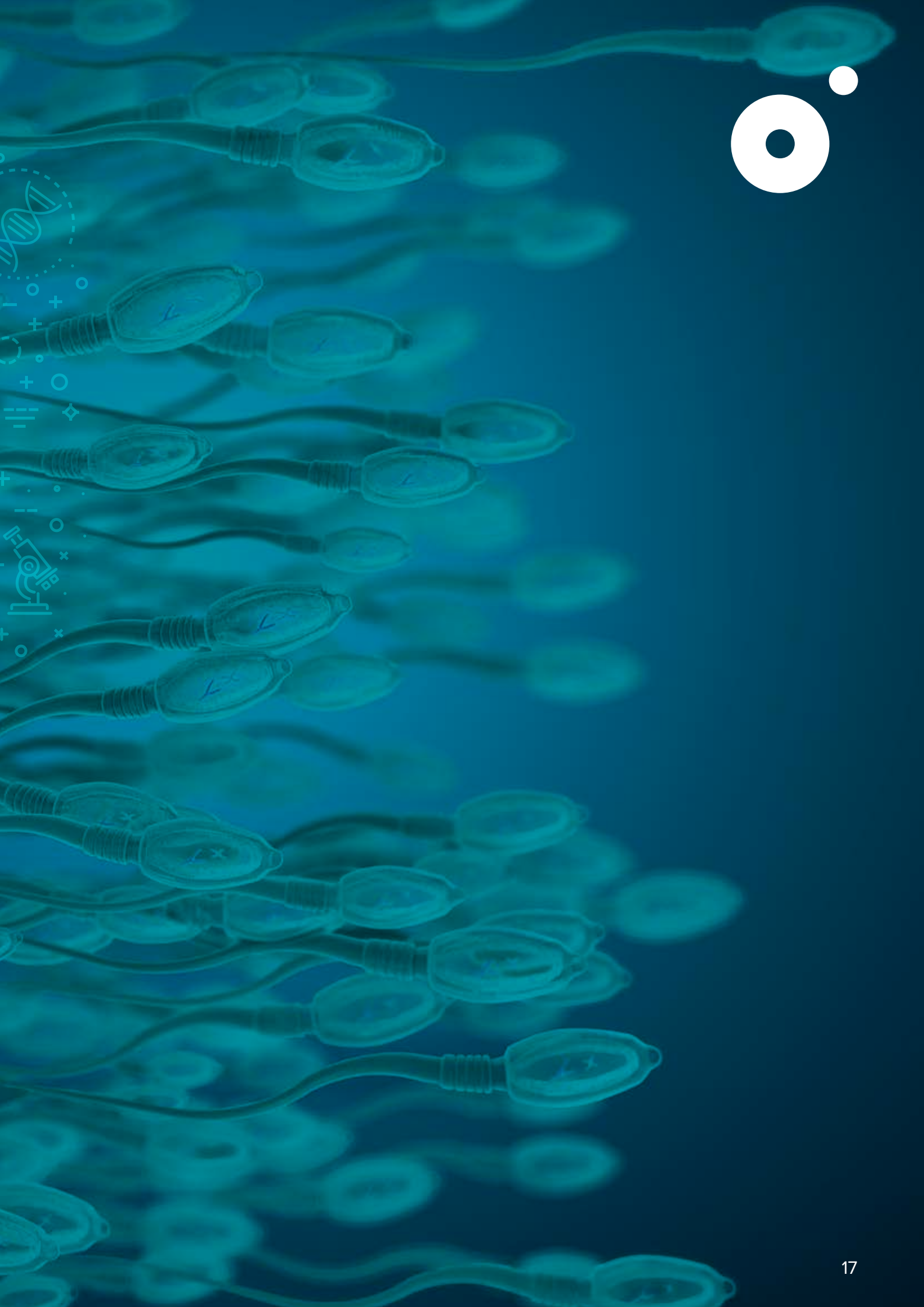
Sperm donors go through a rigorous selection and comprehensive evaluation.

All the sperm donors go through an extended genetic screening.

Using vitrification for donor sperm, we offer additional advantages of high quality donor biological material.

Donor sperm is distributed in 0.5 ml straws with the CE marking of Cryo Bio System and labeled under the Single European Code (SEC).

TYPE OF THE SAMPLE	CARACTERÍSTICA
Cryopreserved capacitated sperm (IUI-ready)	0.5 ml straws, post-thaw motility [a+b] ranges between 60 and 80% and TMSC over 30 million per ml, with a minimum concentration of 10M/ml, ideal for patients requiring IUI treatment.
Cryopreserved incapacitated sperm	0.5 ml straws, with a sperm concentration above 40 million/ml and a motility [a+b] above 40% and TMSC over 16 million per ml. IDEAL for IVF/ICSI treatments, with a minimum concentration of 20M/ml.



DISTRIBUTION OF THE SAMPLES

Innova Cryobank organises fast, safe, and effective biomaterial shipping:

- Latest approved cryogenic equipment.
- Strict quality control procedures.
- No X-ray exposure.
- Each assignment is personalised to respect individual requirements.
- Regular status update during delivery – 24 hour contact.

SHIPMENTS ARE MADE AS FOLLOWS:

- **Land:** the samples are transported using the latest approved cryogenic equipment in a specialised transport under a strict control of the professional who supervises the process personally and controls it's safety and quality. Delivery time is 24-48h.

- **Air:** delivery is performed by a specialised company with over 40 years of experience in biomedical logistics. The precious cargo is transported with the utmost care and attention. We use the latest model Dry Shippers, which are apprroved for carriage in the airplane cabin. We guarantee safety and ensure absolutely NO X-Ray at any time during transit.

HOW TO REQUEST DONOR EGGS OR SPERM

STEP 1. REQUEST

1.1. Download and fill in the order form.

1.2 Send the completed form to:

info@innvoacryobank.com

We will response in less than 24 hours, confirming the availability, cost and schedule of the shipping.

Scan this QR to get the link to the form.

STEP 2. CONFIRMATION

Once the order is confirmed, we start preparing the process of transportation immediately. The original of the embryological report and devitrification protocol will be sent together with the samples.

STEP 3. RECEPTION OF THE SHIPMENT

Please, strictly follow the protocol sent together with the samples. Once the biological material reaches the lab of the destination clinic, please, reseal the Dry Shipper for the collection.

In three simple steps you can request quality donor eggs and sperm with guaranteed reliability and safety.

NOTES

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Comisión Europea

GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD

La Rioja

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