

# Evaluating Egg Donor Recruitment Strategies in Czech ART Clinics: A Critical Analysis of Informed Consent and Ethical Considerations

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**Abstract:** There is a high demand for egg donors in the Czech Republic, driven by international couples' interest in assisted reproductive procedures due to affordable treatment, no waiting list, and an extended age limit for recipients up to 49 years. For a population of 10.5 million, the country has 48 reproductive clinics. This study aims to evaluate Czech egg donor recruitment campaigns through the lens of free, informed, and specific consent requirements. A quantitative-qualitative analysis of recruitment strategies from 29 unique clinic websites in Czechia was conducted, with 12 sites specifically designed for marketing purposes. The analysis was based on 14 criteria. Of the 29 clinic websites, only three did not indicate compensation amounts, ranging from 800 to 1400 EUR. Thirteen clinics did not provide information on risks associated with oocyte donation, with one falsely stating no risks exist. Twenty-two websites used emotionally evocative quotes and images. Thirteen clinics did not disclose time commitments, and one provided misleading information. Seventeen clinics omitted conditions for donor refusal and the number of allowable donations. Eighteen clinics did not offer post-donation referrals. Conversely, 15 clinics highlighted psychological benefits, and 23 emphasized health benefits. None fully complied with international guidelines on oocyte donation. Analysed websites lack sufficient information for responsible egg donation decisions. The emphasis on compensation, benefits, and suggestive graphics creates an image of safe, community-oriented donation, potentially leading to inadequate understanding of health risks and commodification of the female body.

**Keywords:** assisted reproduction, oocyte donation, informed consent, misleading advertising

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## Introduction

The intensive development of medical technologies along with the change of thinking in society has led to an increase in the use of assisted reproduction, especially with the use of third party reproduction, which has led to an increase in the number of in vitro fertilisation (IVF) cycles with donated sperm, eggs, embryos, and surrogate mothers. The increase in the number of third party reproduction cycles is illustrated by Human Fertilisation & Embryology Authority (HFEA) statistics (*Fertility treatment 2019: trends and figures*, 2021) and European Society of Human Reproduction and Embryology (ESHRE) statistics (Gliozheni et al., 2022). Globally, the demand for donated eggs, sperm, embryos, and surrogate mothers outweighs the supply, but there are huge differences among countries, even countries where legislation allows these procedures.

The Czech Republic is a very common destination for oocyte donation cycles for patients from all over the world. The aim of our study was to evaluate the recruitment strategies of each of the Czech assisted reproduction centres. Our study was inspired by the work of colleagues from the EDNA study *'From scarcity to sisterhood: The framing of egg donation on fertility clinic websites in the UK, Belgium and Spain'*, which showed how clinic websites are essential for recruiting donors. They conducted a comparative analysis of reproductive centre websites in the UK, Belgium, and Spain. Among the results was that in Europe, donation is still presented as an altruistic act of mutual aid between women. Spain, which is another European destination for patients seeking oocyte donation alongside the Czech Republic, made extensive use of highly emotive text and other marketing strategies (Coveney et al., 2022). However, our work did not focus primarily on the narratives framing donation but on the information that clinics provide to potential donors through their websites and the extent to which they meet the ESHRE/Council of Europe recommendations (Keitel, 2018) on informed oocyte donation. This study is a sub-part of the broader project entitled *'Quality and sustainability of substances of human origin programmes in the Czech Republic'*.

The fundamental ethical principle in the field of body part donation is the Convention on Human Rights and Biomedicine, which states in Article 21: *'The human body and its parts shall not be a source of financial gain as such.'* Only compensation for costs incurred in donation is allowed, and there is no legal entitlement to it. Article 5 of the Convention then makes informed consent to any medical procedure a condition of the procedure:

An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks (Oviedo Convention and its Protocols, 1997).

The problems of commercialisation of donor procedures have been highlighted by the Council of Europe (Illicit and unethical activities with human tissues and

cells, 2018). For the definition of compensation, there is another document concerning the human body and its parts from living or deceased donors (*Guide for the implementation of the principle of prohibition of financial gain*, 2018). The most recent document addressing this issue is *'Commercialisation of substances of human origin in the context of novel therapies involving human tissues and cells' (Combating the commodification of and trafficking in tissues of human origin, 2022)*, which is a response to the *'Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on standards of quality and safety for substances of human origin'* (Standards of quality and safety for substances of human origin intended for human application and repealing Directives 2002/98/EC and 2004/23/EC, 2022), which is currently under discussion at the EU level.

In 2018, the Council of Europe, in collaboration with ESHRE, published a document specifically focused on oocyte donation, *'Donation of oocytes: A guide for women to support informed decisions'*, which focuses on promoting informed consent. To this end, it explains who potential oocyte recipients are, what steps donors must take, what health standards they must meet, and what risks the procedure entails. It also discusses anonymity and the rights and obligations of donors, including the fact that the donor will not have any parental rights over the child (Keitel, 2018). We see this document as a standard for how clinics should inform donors.

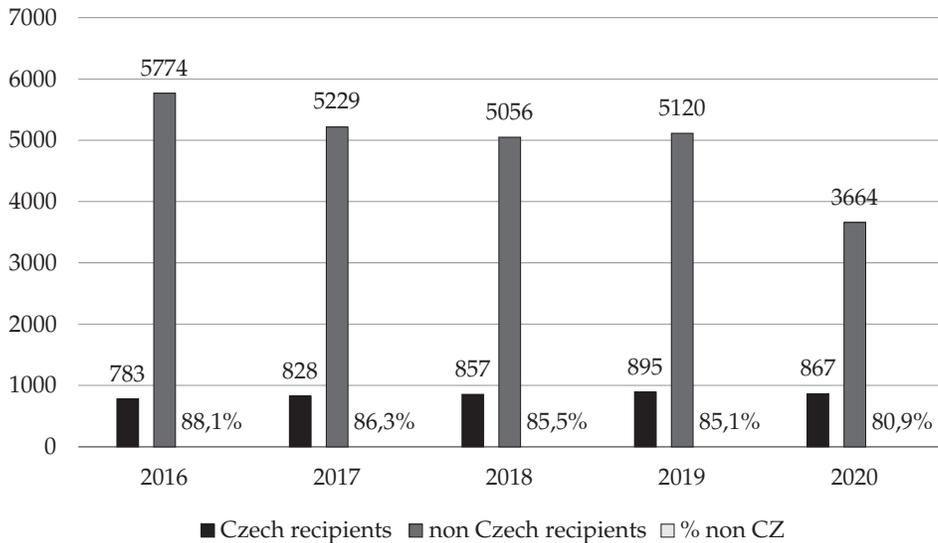
Thousands of patients travel outside their home country to receive healthcare according to their subjective needs (Ethics Committee of the American Society for Reproductive Medicine, 2022). Cross-border reproductive care is regulated by EU Regulation 2011/24/EU, which sets out the conditions under which it is possible to travel for healthcare outside one's home country (*Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare*, 2011). The most common reasons for free movement of patients are the availability of different types of treatment (e.g. for single patients, lesbian couples), the absence of waiting times, legislation governing donation programmes (anonymous vs. non-anonymous donation) (Shenfield, 2010), better quality care, and personal preferences such as the need for privacy (Pennings, 2002).

### *Situation in the Czech Republic*

The Czech Republic is the world leader in the number of egg donation cycles relative to the country's population. More than 85% of these cycles are performed on women of foreign nationality, with 99% of egg donors being young Czech women. This statistic is shown as a graph in Figure 1 (Řežábek & Pohlová, 2022), with the decline in interest in the procedure in 2020 due to COVID travel restrictions.

Several factors can be traced as having an impact on the country's leading position. The Czech Republic offers IVF with donated eggs at a very low price, when compared to other European countries (Wiecki, 2023), despite the fact that

**Figure 1. Number of female oocyte recipients in the Czech Republic by nationality; own adaptation based on Řežábek & Pohlová using their methodology (2022)**



the financial compensation of oocyte donors in the Czech Republic is one of the highest in Europe. If we compare data from the UK, for example, where the compensation according to the HFEA is EUR 780 (*Donating your eggs*, 2023), this is almost half the amount compared to some private centres in the Czech Republic, which pay donors up to EUR 1,500 (CZK 35,000). In Spain, the compensation is EUR 980 (Lima et al., 2019). Geographical proximity to large countries where both donation and surrogacy are banned also has an impact—the Czech Republic is thus used as a destination for patients from, for example, Germany, where both procedures are banned (Dostálová & Güell, 2022). A large clientele also includes patients from France, where oocyte donation is allowed but where there is a huge shortage of donated eggs.

Patients from the UK choose the Czech Republic not only because of affordability but also due to the lack of waiting time (Culley et al., 2011). The cheap donation programme is also sought out by patients from the USA, who can receive treatment with donated oocytes in the Czech Republic for a third of the price (Whittaker & Speier, 2010). Therefore, Czech clinics also tailor their offer to foreign couples and have foreign departments speaking different languages (Dostálová & Güell, 2022). The legislation in the Czech Republic is also very friendly to women interested in assisted reproduction. For example, it allows third party reproduction even for women of advanced maternal age. According to Czech

Act No. 373/2011 Coll., on specific health services, the age limit is set to 48 years + 364 days; public insurance companies cover the service for persons contributing to the Czech health system until the age of 40 (*Podmínky pro umělé oplodnění od roku 2022*, 2022). At the same time, according to the above mentioned law, donation is completely anonymous for both the donor and the recipient (*Zákon č. 373/2011 Sb.*, 2023), which has a positive effect on the number of female donors (Craft et al., 2005) as well as attracting many people interested in this treatment (Laruelle et al., 2011). It can be added that, according to Rumpiková (2017),<sup>1</sup> the main motivation of Czech oocyte donors is altruistic, as stated by 84% of respondents. The motivation of financial compensation was admitted by 50% of women. Another reason for donation was also the possibility of free medical examination and verification of one's own fertility (Rumpiková et al., 2017).

The donor can be a woman between the ages of 18 and 35 in good health and mental condition, after a hormonal profile, complete genetic testing, and tests for sexually transmitted diseases have been performed. The main expert guarantor, the Section of Assisted Reproduction of the Czech Gynaecological and Obstetric Society, recommends a maximum of six oocyte retrievals per lifetime (*Doporučené postupy*, 2021), which is the number also recommended by the American Society for Reproductive Medicine (ASRM) (Practice Committee of the American Society for Reproductive Medicine, 2014). However, the absence of a donor registry does not allow for these recommendations to be followed. All of the above factors make it possible to provide a truly high supply of donated oocytes, which can increase cross-border demand.

## Methodology

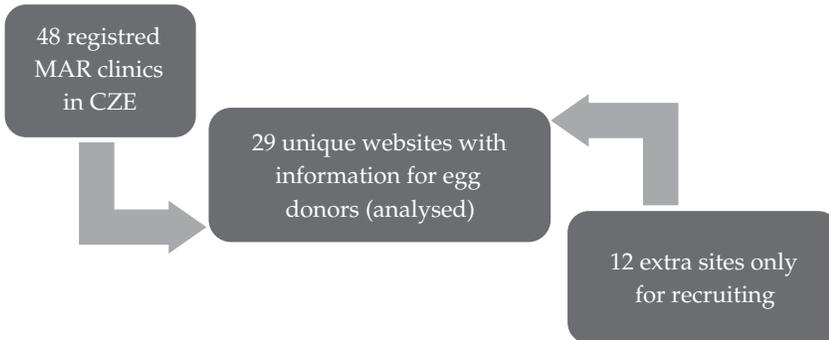
As noted above, oocyte donation and the advertising of human body parts are regulated under international and national law. The websites of reproductive service providers play a crucial role in this area (Coveney et al., 2022). This research aims to analyse all relevant information available on the websites of Czech IVF clinics for egg donors. Each clinic has a different advertising and marketing strategy; this text therefore offers a comparison of the information provided by both public and private clinics regarding the egg donation process.

There are 48 reproductive centres in the Czech Republic (*IVF centra v ČR*, 2023), for which, according to our findings, there are 29 unique web presentations. The number is lower because some centres have multiple branches in different locations in the country but a single website. In addition, 12 separate clinic

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<sup>1</sup> This is a retrospective study of gamete donors and couples who have undergone fertility treatment using donated sperm, eggs, or embryos. The study was based on an anonymous questionnaire and was conducted in two phases between 2012 and 2015. Two Czech assisted reproduction centres collaborated in the data collection.

Figure 2. Determination of the base set to be analysed; own adaptation



websites primarily and solely created for the oocyte donor recruitment campaign were identified; these were therefore included in the analysis rather than the general clinic website with mostly minimal information and a link to the recruitment page. In most cases, the pages dedicated to donor recruitment had a separate title that did not correspond to the name of the clinic and that referred to donation instead, presumably for ease of search. Examples of titles (always written together as all web addresses) include ‘donor of hope’, ‘donate a miracle’, ‘donate eggs’, ‘I want to donate’, and so on. See Figure 7 in the Annex for the complete list.

The data were collected from November 2022 to April 2023 and, as already mentioned, evaluated all clinics that provide medically assisted reproduction (MAR) and are registered in the register of assisted reproduction centres in the Czech Republic (*IVF centra v ČR*, 2023). Figure 2 graphically illustrates how the research sample was drawn.

The data were divided into 14 research areas covering general information, legislation, recommendations, benefits, and risks, as well as marketing strategies and the occurrence of emotionally tinged texts. The inspiration for the creation of these categories was provided by the article by Coveney (2022) mentioned in the introduction and the Council of Europe’s guideline on informed oocyte donation, with the final form emerging from the content of the websites themselves and, above all, our experience of what information donors themselves seek or value on the websites.

Data were collected in the local language (Czech), followed by quantitative analysis (descriptive statistics) and partial qualitative analysis, followed by translation into English. The most important criterion for evaluation was the relationship of the information provided towards informed consent to the procedure, the standard of which is defined in the repeatedly mentioned ESHRE/Council of Europe manual (Keitel, 2018).

## Results

### 1. *Who are the recipients of the oocytes*

The first criterion monitored was information on who the oocyte recipients are—that is, in which cases the oocyte will be used. If the website included at least the information that ‘millions of couples around the world are unable to have children naturally for various reasons, and donated eggs will greatly increase their chances of starting a happy family’, it meant a positive point for the clinic for at least partially informing about the recipients. However, a more comprehensive answer was ideal because it helps donors to understand why oocyte donation is important.

- Seven of the 29 clinic websites analysed did not provide any details on who the egg recipients were.
- Clinic 26 is an example of an ideal answer<sup>2</sup>:

The donor programme is for women who:

- 1) produce no eggs of their own, or only a small number. These are women whose ovaries have not developed properly, women affected by premature ovarian failure, or older women in the menopausal period.
- 2) produce poor quality eggs. Such eggs are unable to fertilise, or the embryos resulting from them stop developing during culture. This group usually includes women over 40 years of age and women who have repeatedly undergone unsuccessful IVF cycles with their own eggs.
- 3) are carriers of a hereditary disease. The woman has been diagnosed with a chromosomal aberration (a change in the structure or number of chromosomes) or a monogenic disease that can be passed on to her offspring.
- 4) underwent surgery to remove both ovaries.
- 5) have undergone certain types of chemotherapy or radiotherapy.

### 2. *Links to oocyte donation legislation*

Here, it was observed whether donors receive information about the legal framework associated with donation. If only the phrase ‘donation is anonymous’ was given, a positive score for the clinic was not counted. Information about the legally free nature of donation or elaboration on for whom and why donation is anonymous was needed in order to get a point.

- Eight clinics did not mention any legislation related to donation, not even in the form of emphasised anonymity or that donation should be free of charge with the possibility of cost compensation.

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<sup>2</sup> Original text in Czech.

- The ideal answer in this case was given by Clinic 7, which referred to all the relevant legislation in different ways depending on whether the donor followed the home page or the FAQ section, etc.:

Oocyte donation is legal, anonymous, voluntary, and free in the Czech Republic. Legislation in the Czech Republic allows for treatment with donated germ cells in accordance with Directive 2004/23/EC of the European Parliament and of the Council, Act No. 296/2008 Coll. and Decree No. 422/2008.

As it follows from the laws in the Czech Republic, oocyte donation is completely anonymous according to Section 10 of the Specific Health Services Act 373 of 2011 for both the donor and the infertile couple. Further anonymity is also maintained for children born using this out-of-body method. This is even after the child reaches 18 years of age.

In countries of the European Union where treatment with donated oocytes is legally permitted, the principle of anonymity applies to germ cell donation. This guarantees that no recipient will ever know who the donor is and no donor will ever know who the recipient is. However, the law requires the health facility to archive information about the donor.

### *3. Number of donor cycles per lifetime*

In this part, the opinion of clinicians on repeated donation, which should be performed no more than six times in a lifetime, was surveyed.

- Seventeen clinics did not provide information on the number of times that donors can donate. One of them even states on its website that repeated donation does not carry risks for future fertility.
- Clinic 20 provided in their FAQ section the ideal answer:

Yes, eggs can be donated repeatedly in the Czech Republic, after consultation with a doctor, each time at least three months apart. As a standard, it is not recommended to stimulate the ovaries for donation purposes more than five times in a lifetime. We recommend a maximum of three times for those who have not given birth. The minimum interval is three months.

Unfortunately, while four clinics commented on the issue, they gave misleading information that donation is virtually unlimited, did not mention the pause, or even encouraged donors to repeat the donation, saying that the process would be easier! For specific examples see<sup>3</sup>:

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<sup>3</sup> The clinic numbers can be revealed upon request.

After each donation, our medical team will evaluate the results. Donors who are responsible and whose stimulation has been successful will be very welcome to donate again.

After each donation, the treatment is evaluated and if there are no reasons to discard it (everything goes smoothly and the stimulation is successful), you can decide to donate again.

You can donate repeatedly, after a health assessment, but with a certain time interval for recovery. According to available information, repeated egg donation does not affect your future fertility.

Further stimulation of the ovaries is possible at the earliest three months after the egg retrieval after the previous stimulation. To donate again, just fill in the 'I have already donated' questionnaire or contact the coordinator.

#### 4. Donor profile

In this part of the analysis, it was investigated whether the profiles of the donors (who can donate) are listed, so that the potential self-exclusion of interested women could be used. Such information includes, in particular, age up to 35 years, completed at least secondary education, normal BMI, good physical and psychological condition without permanent medication use, family history without genetic or psychiatric burden, negative tests for sexually transmitted diseases (HIV 1, HIV 2, hepatitis B and C, syphilis) and negative tests for genetic diseases.

- Here, the information was complete in all cases except for one state hospital, which provided only minimal information on its website about the existence of a donor programme and no further details.

#### 5. Conditions for refusal of the donor

In this category, we analysed whether the fact that donors can also be rejected is mentioned, or whether the presentation 'we take anyone who meets the basic criteria' (see Subsection 4) is chosen on each site.

- Particular emphasis was placed on the mention of rejection due to psychological immaturity, but positive points were also given for at least the answer: *'The doctor will decide whether you are a suitable donor on the basis of the results of the examination'*, because 17 clinics did not even give such a short statement.
- Clinic 29 provided the ideal answer:

If you do not pass the health tests, our attending physician will tell you the reasons why you cannot donate eggs. This could be to protect your health, for example if you don't have enough eggs in reserve, or if there is a disease that rules donation out.

## *6. Time commitment*

At this point, it was analysed whether donors receive information about the time required for the procedure.

- Thirteen clinics did not provide any information at all, while others used various infographics or explanations in bullet points.
- One clinic gave misleading information, omitting possible health risks to the donor because it only briefly commented on the fact that hormonal stimulation can be started the following menstrual cycle, takes an average of 10–12 days where the actual collection is a 10-minute affair, and the donor can go home after an hour. We consider such generalisations to be more dangerous than giving no information at all, as it could lead to distorted expectations that even a later face-to-face consultation at the clinic would not correct.

## *7. Recommendations after collection*

Here, it was observed whether clinics provide information on how donors should behave after the donation and during the recovery period, as we consider this information to be very important for a truly informed consent of the donor to the procedure. Positive points were given to those clinics that mentioned at least a resting regime after the donation or the need for a ride home by another person.

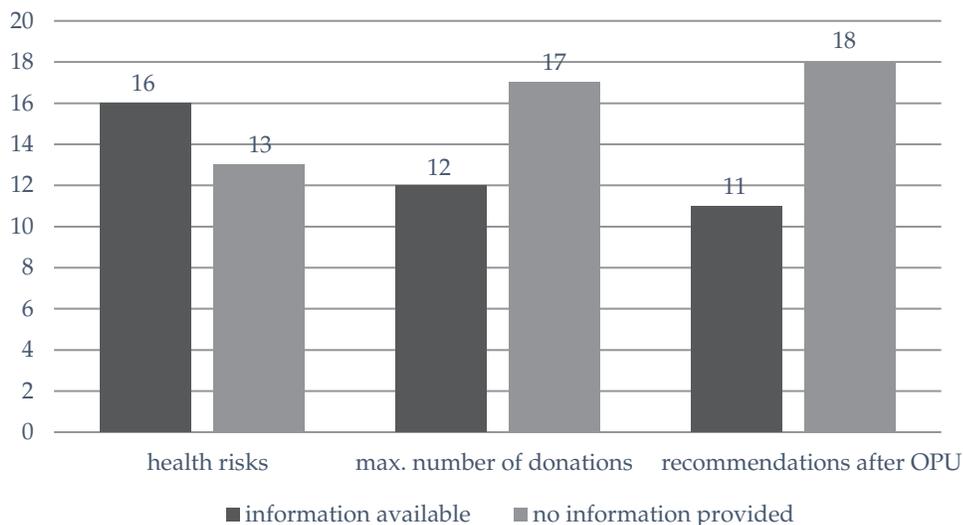
- Eighteen clinics did not make any recommendations about the time after the stimulation, not even along the lines of 'take care of yourself during recovery'.
- On the other hand, two clinics (Clinics 5 and 7) provided an additional health check-up about a week after the collection. On the websites you can find a similar text:

After the procedure, you can rest for 2–3 hours in our resting room and then you can go home accompanied by another person. You may not drive a car or travel on public transport after the procedure. For a perfect recovery, we recommend rest for 2–3 days. To make sure that your recovery is going well and without complications, there will be one more check-up at our clinic. If it is positive, this will be the end of the process.

## *8. Risks associated with oocyte donation*

This part of the study looked at whether clinics inform donors about the risks, downplay them, or provide misleading information.

- Thirteen clinics did not provide any information on the risks associated with oocyte pick-up (OPU).
- The ideal answer was given by Clinic 8:

**Figure 3. Graphical summary of results on risk factors for donation; own adaptation**

A complication of hormonal stimulation of the ovaries can be a so-called ‘disproportionate and excessive ovarian response’, called hyperstimulation syndrome. The ovaries continue to react to the drugs used even after the end of use and after egg retrieval. They are further enlarged and the woman feels pressure in the lower abdomen and ‘fullness of the abdomen’. In these cases, the donor comes for check-ups and is given infusions to correct the condition. In most cases, the ovarian overreaction to stimulation resolves spontaneously. Hyperstimulation syndrome affects 1–2% of donors. Hyperstimulation syndrome does not threaten a woman’s future fertility. Egg donation is a safe procedure and it is not possible for a woman’s supply of these sex cells to be depleted by egg donation. Many of our donors are mothers on maternity leave and have other children of their own even after egg retrieval. After egg retrieval, a woman may feel a slight pain in her lower abdomen as with heavier menstruation. Sometimes light bleeding or mood changes may persist. However, these feelings will subside on their own within a few hours. Conversely, sharp and sudden pain in the lower abdomen accompanied by heavy bleeding and nausea may indicate bleeding into the abdominal cavity. In such a condition, seek immediate medical attention.’

- One clinic<sup>4</sup> stated in the ‘still hesitant?’ section that there is no temporary or permanent risk, which we consider very misleading to the point of being dangerous:

<sup>4</sup> The clinic number can be revealed upon request.

Hormonal stimulation is completely safe; the donor is under permanent medical supervision throughout the cycle. There is no risk of any—temporary or permanent—damage to her body. Do not be afraid of any risk if you decide to conceive a child in the future.

The results for Subsections 3, 7, and 8 are summarised in Figure 3.

### *9. Health benefits for female donors*

This subsection investigated whether the potential donor could read about the health benefits of donation on the website. These include, for example, blood group and Rh factor testing, detailed information on health and reproductive health, tests for sexually transmitted diseases, and genetic testing. Where such information was present on the website, the category was rated positively.

– Health benefits were reported by 23 of the 29 clinics analysed.

### *10. Psychological benefits*

This included statements such as: ‘you will give another woman the opportunity to feel a mother’s love and experience the feeling of a new life being born, which is truly something amazing’; ‘we appreciate our donors and thank them for their decision to donate’; ‘fulfilling a need to help others’; ‘helping someone fulfil a dream of having a child of their own’, and so on.

As donation in the Czech Republic is fully anonymous by law, any claims of securing anonymity in the future were also monitored.

– Psychological benefits were highlighted by 15 clinics.

### *11. Financial compensation benefit*

In this subsection, it was observed whether the clinic comments on financial compensation and how—if the amount is specifically mentioned and/or if the concrete amount was somehow justified.

– The average compensation for female donors is CZK 31,556, with the lowest reward being CZK 20,000 and the highest CZK 35,000.

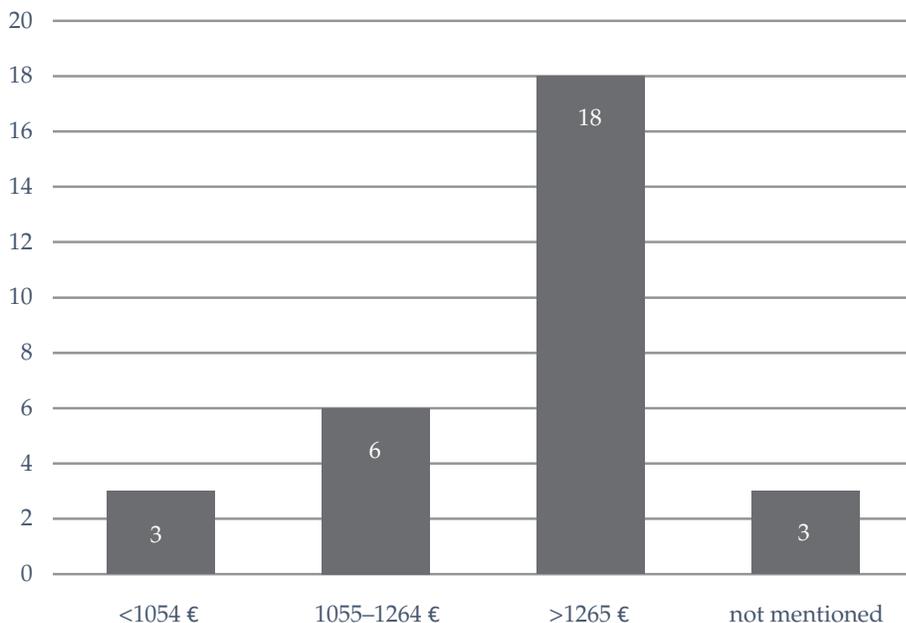
– Only three clinics did not indicate a specific amount on the website.

– The most common value is 28,000 + 5,000 for participation in some voluntary study.

– Large public hospitals generally offer lower remuneration than private clinics exclusively providing reproductive services.

– No clinic provided a more detailed justification of how the amount was calcu-

**Figure 4. Amount of financial compensation provided to donors for oocyte donation; own adaptation**



lated (what is compensated and in what amount). The most that is mentioned is compensation for time spent, travel costs, and any lost profits, but all are mentioned only very generally.

The level of rewards is summarised graphically in Figure 4.

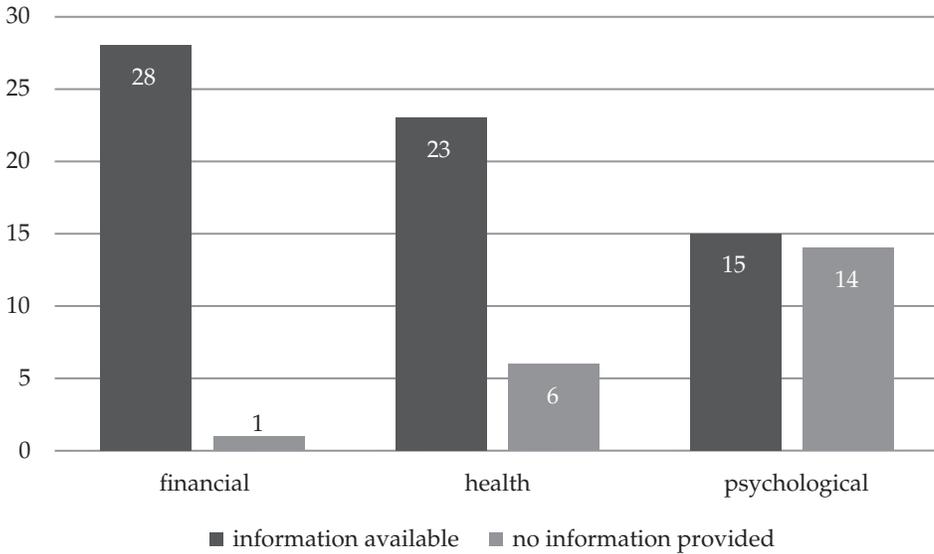
Figure 5 shows the results of the presented benefits from Subsections 9, 10, and 11.

## 12. Occurrence of emotionally evocative quotations, colours, and suggestions

In this category, it was investigated whether there are emotionally evocative quotes, colours, or other forms of suggestion on the website that may make donors feel manipulated or through which manipulation occurs consciously or subconsciously. The evaluation is limited by our subjective opinion.

- Only seven clinic websites did not use emotionally evocative quotes, colours, suggestions, or otherwise emotional images of children, smiling women, etc.

Figure 5. Graphical summary of results on benefits provided; own adaptation



### 13. Stories of women donors

The penultimate part of the analysis focused on the occurrence of stories of donors, with those with a photo or direct video being considered particularly suggestive.

- Seventeen clinics enriched their websites with stories of donors, whether in the form of text, photos with text, reviews, or videos.
- Very rare is the occurrence of any negative experiences. The procedure is described as virtually painless and completely uneventful.

### 14. FAQ

For the last research criterion, it was monitored whether the website contains a Frequently Asked Questions (FAQ) section, as such a category can generally be perceived as user-friendly and allows potential donors to better understand the content on the website. The category was therefore only rated as yes or no.

- Fifteen clinics have an FAQ section on their websites.

## Discussion

The first of the 14 analysed categories showed that 22 clinics care about donors getting information about exactly who they are helping (who the recipients of the donated oocyte are), which is important in making the case for why donation makes sense. However, none of the clinics acknowledged that surrogate mothers—that is, healthy women who undergo IVF with a donated egg to meet the wishes of the client (who may be, for example, a same-sex couple<sup>5</sup>)—could theoretically be clients too. Since the Council of Europe's guideline for donation also only mentions four cases when women need a donated oocyte (the woman does not have sufficient quality eggs of her own, premature menopause, prevention of transmission of various genetic diseases, and age-related infertility) (Keitel, 2018), we rate this as only ethically questionable.

In Subsection 2, we focused on references to the legislation under which oocyte donation falls. From our perspective, it is important that donors are aware that donation is an altruistic act and as such should be free. Only expense compensation is allowed, although in the Czech Republic this is disproportionately high when compared to the time involved in the donation procedure—see the results for question 11 on the amount of compensation. According to Figure 6, bone marrow donation is currently the most time-consuming Czech donation programme, but here the compensations are minimal—the patient receives a travel allowance if he/she presents travel tickets, the donor is compensated for lost wages upon request, and that is all (Konečná et al., 2022). Nowhere on the websites of haemato-oncology clinics is there information about the amount of compensation, often not even that something is compensated! The reproductive clinics, therefore, can be considered the opposite, even though there is no specific information on how the amount for oocyte donation compensation paid was arrived at.

The guideline of the Council of Europe (Keitel, 2018) also mentions the rights of donors vis-à-vis their future children, a reference we did not find on any clinic website. Only one clinic mentioned that anonymity is maintained for children born thanks to donated oocytes. If donors are not notified in advance that their children may someday meet their half-siblings, we feel that there is a discrepancy regarding informed consent.

For the third subsection, we focused on the information on the number of donor cycles per lifetime, which should be a maximum of six. Here, and in Subsection 8 analysing the risk information, the biggest problems with regard to in-

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<sup>5</sup> In the Czech Republic, surrogacy is not anchored in any legislation; however, the National Centre against Organized Crime (NCOZ) has informed the public about 'Operation Spain', in which they are investigating human trafficking because of the surrogacy business. See <https://www.seznamzpravy.cz/clanek/domaci-kauzy-operace-panel-v-praze-se-prodavaji-deti-vyrobeno-na-zakazku-203870>

Figure 6. The time required for individual donor procedures in one collection; own adaptation according to (Konečná et al., 2022)

Donor procedure	Total net time of outpatient visits	Number of outpatient visits	Hospitalisation (days)	General anaesthesia (hours)	Home recovery (days)	Availability of collection points
Blood	approx. 60 min	1	0	0	1 day	Very good
Plasma	approx. 100 min	1	0	0	1 day	Excellent
Hematopoietic cells from bone marrow	5.5 hours	4 (including dispensarisation)	3-4	1	max. 4 days	Poor
Hematopoietic cells from peripheral blood	6.5 hours	7 (including dispensarisation)	2-4	0	max. 4 days	Poor
Haematopoietic cells	First collection 120 min, each subsequent collection 20 min	First collection 2-3 visits, each subsequent collection 1 visit	0	0	0	Very good
Oocytes	8 hours	6	0	15 minutes	1 (retrieval day)	Very good
Kidney	12 hours	3	7	3-6	2 weeks	Poor
Uterus	12 hours	10	7-10	12	45	<i>The programme stopped</i>
Surrogacy	12-19 hours	5-11.5	0-7	0	0-14 weeks	Very good

formed consent emerged, as misleading or even deceptive information was most prevalent. Although the Council of Europe manual confirms that donation does not affect a woman's general ability to conceive, if a woman later develops any fertility problems, lack of quality eggs, and so on, there would be psychological consequences. The manual also gives detailed information on the possible risks, which are quite serious, although it is generally a safe procedure (Keitel, 2018). The combination of information about the amount of compensation as a financial benefit (Subsection 11) and insufficient information about risks (in addition to Subsection 8, this also applies to Subsection 7 on post-collection recommendations) can then create a dangerous mix of information, especially with regard to who the egg donors are in the Czech Republic.

Egg donors are most often students, women at the beginning of their working careers, or those on maternity leave. This information is confirmed by the websites of the reproductive centres themselves (*Kdo jsou dárkyně*, 2023) as well as by social workers from the Counselling Centre for Women and Girls (Krásenská, 2023). Thus, these are vulnerable groups of women, either with no income of their own (with dependence on parents or husband), with some state support, or with lower incomes overall. When we repeatedly asked informally whether anyone in the reproductive centres had encountered a donor who was a young successful influencer, manager, or entrepreneur, we always received a negative answer. It is therefore fascinating how, while in other contexts a woman is automatically seen as a victim, or while various feminist associations protest against advertisements depicting a woman's body, which according to them, portray her as a commodity or a sex symbol,<sup>6</sup> or while the media is full of various harsh statements by politicians and human rights organisations when someone makes an unguarded statement,<sup>7</sup> the decision to donate eggs (or even to become a surrogate mother) is seen as a completely autonomous decision of the woman. Thus, the results of this analysis on the lack of information about the risks are consistent with the findings of Tulay (2019), who found that a large proportion of donor women still are not aware of the risks (Tulay & Atilan, 2019).

At this point, we can also mention that marketing strategies of Czech IVF also include social networks, groups, and forums in addition to websites. It is also very common in the Czech Republic for clinics to distribute posters at colleges and universities, encouraging donors to make quick money while feeling

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<sup>6</sup> In the Czech Republic, for example, an exhibition at the Library of Academy of Sciences called 'Women: Scenes in the library' was withdrawn because it contained nudes. See <https://www.novinky.cz/clanek/kultura-feministky-pobourila-vystava-zen-v-knihovne-akademie-ved-cr-331300>

<sup>7</sup> In the Czech Republic, for example, the police president has been hugely criticised for saying that women make up various allegations of violence to a significant extent. See <https://zpravy.aktualne.cz/domaci/policejni-prezident-vyrok-znasilneni/r-5c3c43e8351611eeba5b0cc47ab5f122/>

like helping others. This is very common, and most students know about the opportunity to donate from the notice boards at universities. In the past, advertisements on public transport were also common. This choice of marketing channels also confirms the targeting of vulnerable groups such as students, women at the beginning of their working careers, or those on maternity leave, as mentioned above.

The donors sign informed consent during personal consultations directly at the clinic, but given that these are women from vulnerable groups, where lower education can be assumed, we doubt whether the procedure is sufficient. We therefore consider that this could amount to misleading advertising.

In general, according to Section 2(1)(c) of Act No. 40/1995 Coll. on the regulation of advertising, in conjunction with Section 45(1) of the Commercial Code, misleading advertising is the mere dissemination of information about one's own or another undertaking, its products, or its performance that is capable of creating a false impression and thereby conferring an advantage on one's own or another undertaking in competition to the detriment of other competitors or consumers, where it is irrelevant whether such an advantage was actually obtained (*Klamavá reklama, 2007*).

For the purposes of this text, the main relevant point from the aforementioned Act No. 40/1995 Coll. on the regulation of advertising is that advertising for certain services is misleading if it misleads the client (consumer) as to the conditions under which the goods are sold or the service is provided (*Zákon č. 40/1995 Sb., 2023*). This law was also strengthened to increase the protection of public health by Amendment No. 90/2021 Coll., which further emphasises the importance that advertisements in the health sector must not be contrary to good morals—that is, the advertisement must not fulfil the essence of unfair commercial practice or disguised advertising (*Zákon č. 90/2021 Sb., 2021*).

According to §7, there are several supervisory bodies that control compliance with the Act on Advertising Regulation, and those affected may also directly contact them with complaints—these include the Czech Trade Inspection Authority, the Trade Licensing Authority, the Ministry of Health, and the State Institute for Drug Control. However, investigation of misconduct does not guarantee compensation but rather only the elimination of misleading advertising or practices, or, according to the specific regulations of the individual supervisory authorities, misdemeanour fines of up to CZK 2 million may be imposed (*Zákon č. 40/1995 Sb., 2023*). It may be noted that the list of sanctioned entities is usually published by the above-mentioned organisations (*Sankce uložené podle zákona o regulaci reklamy, 2023*).

However, apart from the legal aspect, the psychosocial consequences of such an action also play a role here, which is at least contrary to good morals on the part of the clinics, as they can take inspiration from the oft-mentioned Council of Europe manual on oocyte donation (Keitel, 2018). The consequences can be far-reaching, especially in cases where the donor develops, for example, hy-

perstimulation syndrome or other side complications that come with hormonal stimulation. The feelings can be comparable to those of victims of fraud, which is addressed by Act No. 45/2013 Coll. on victims of crime (*Zákon č. 45/2013 Sb.*, 2013). When the problems are really serious, the circle of victims extends not only to relatives but also has the potential to influence the view of part of society on the topic of donation. This happened, for example, after the publication of an article in a Czech national daily newspaper about the death of an egg donor,<sup>8</sup> when people in the discussion section generally started condemning donation.

In other words, this issue could also be summarised by stating that medicines and other medical devices must always be accompanied by very detailed information leaflets and, in addition, that there are clear rules on how to inform the professional public about how to use these products. However, in the case of oocyte donation, there is still a need to find a compromise between marketing strategies and factual information for potential donors so that they are not misled or manipulated in any way and give truly free and specific informed consent.

Regarding Subsection 4 on who can donate, the information was complete and met ESHRE/Council of Europe standards. However, for category 5 on the fact that a donor can also be rejected, we found shortcomings as 17 sites did not include this information, while 13 did not even indicate the time commitment (category 6). We believe that clinics are often fighting against themselves in this regard, as they may provide a costly genetic test to a woman who later changes her mind about the procedure due to a previous lack of information or they may have to cope with the possible disappointment of a donor who insists on the donation despite the risks just because of the financial benefit.

For categories 9 and 10, we analysed the health and psychological benefits that were deemed acceptable within the context of informed consent. There was a problem with category 12 on the prevalence of emotionally evocative colours, quotes, and other suggestions, including exclusively positive stories from the donors, which are also described in Subsection 13. That these marketing elements are widely used was confirmed in the study by Coveney (2022). The occurrence of these elements has also been analysed by advertising ethicist Motal (2023), who concludes that the pastel colours chosen (frequently purple, yellow, or turquoise) support the orientation towards a female clientele, as they are colours stereotypically associated with the female gender, often used in shops offering goods targeted at women, and which are also an index of a kind of 'girly' or 'feminine' community, of friendship, but also of modernity and freedom. This, he argues, is alluded to by the frequent smiles of young women, which convey freedom and carefree freedom sentiments, where even the language used can create the idea that donating can help in a completely safe and private environment. The author then summarises the most important points as follows:

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<sup>8</sup> Thought article: <https://www.novinky.cz/clanek/krimi-zena-neprezila-odber-vajicekdalsi-bojovavala-o-zivot-lekari-osvobozeni-40293578>

*Although the ad cannot be said to directly violate human dignity, it contributes to an inadequate understanding of the human body and health, presents the decision to violate the integrity of the human body as a lifestyle decision and associates donation with the idea of a healthy life, which can be considered problematic from a risk perspective. (Motal, 2023)*

We fully agree with this conclusion.

For category 14, we surveyed the presence of a section with the most frequently asked questions, which is appreciated by donors, and we also consider it important. Here, it is a pity that not all websites include such a section, because it makes it easier for donors to find needed facts on the website. However, among the questions, we did not find any that dealt in any way with the fact that the mother's genetic material is being transferred, thus omitting the link between heredity and the overall issue of parenthood. Oocyte donation is thus, in our view, transformed into a kind of self-evident image of a 'neutral body part' that can be treated as one wishes.

At the end of this section, it can be said that the situation in Spain, which is considered to be leading in ART, looks similar to that in the Czech Republic. However, it is much larger due to the large number of IVF centres. As with the Czech Republic, most fertility clinics are private. This is also due to the need for donor recruitment because of the high level of interest from foreign clients (Coveney et al., 2022).

Spanish egg donor websites mention financial compensation for donors but usually do not give a specific amount. In most cases, this is only mentioned on the advertising pages. For example, the remuneration stated on one Spanish website is EUR 750–1100.<sup>9</sup> In the Czech Republic, the vast majority of centres mention the amount in the title of the website or in the advertising material.

## **Conclusion**

We believe it is important to inform all donors not only about the benefits of donation but also about the potential risks so that they can make informed decisions about donation, their reproductive health, and future parenthood. Failure to do so not only leads to non-compliance with national and European legislation but also to misinformation of donors, which can cause disappointment and feelings of betrayal. Therefore, the results of our analysis may be beneficial, first of all, for the clinics themselves, which can hopefully find a compromise between marketing strategies and providing complete, transparent, and factually correct information, which is crucial for potential donors when searching for information on the Internet before joining a specific donor programme.

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<sup>9</sup> See more at <https://www.easydona.com/chicas/donar-ovulos/te-pagan-por-donar-ovulos-es-anonimo-easydona/>

If information about financial compensation continues to appear on the front pages primarily, this contributes to the commodification of the human body, which we consider to be very problematic. One cannot talk about altruism of donation when for vulnerable groups of women, which according to our findings Czech donors are, are being offered compensation equivalent to the parental allowance of about four months.<sup>10</sup>

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<sup>10</sup> Parental allowance in the Czech Republic is currently set at CZK 300,000 and can be withdrawn within 2–4 years after the birth of the child. The standard amount of this benefit is therefore CZK 8,300, as the most common choice is to stay at home until the child is three years of age.

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## Annex

**Figure 7. List of analysed clinic websites; own adaptation (specialised recruitment pages are shown in italics)**

Clinic	Analysed website
1 Arleta	<a href="https://arleta.cz/">https://arleta.cz/</a>
2 Car FN Brno	<i><a href="https://www.chcidarovatvajicko.cz/">https://www.chcidarovatvajicko.cz/</a></i>
3 CAR FN Olomouc	<a href="https://car.fnol.cz/darcovstvi-vajicek-a-spermii">https://car.fnol.cz/darcovstvi-vajicek-a-spermii</a>
4 CAR of the gynaecology- -por.clinic of the 1st Faculty of Medicine, Charles University in Prague	<a href="https://www.apolinar.cz/uvod/centrum-asistovane-reprodukce-3/darcovsky-program/">https://www.apolinar.cz/uvod/centrum-asistovane-reprodukce-3/darcovsky-program/</a>
5 Eurofertil	<i><a href="https://darujvajicka.cz/">https://darujvajicka.cz/</a></i>
6 Europe IVF	<i><a href="http://www.chcidarovat.cz">http://www.chcidarovat.cz</a></i>
7 FertiCare	<i><a href="https://darkynenadeje.cz/">https://darkynenadeje.cz/</a></i>
8 Fertility Port	<a href="https://fertilityport.com/cs/darcovstvi-vajicek/">https://fertilityport.com/cs/darcovstvi-vajicek/</a>
9 Fertimed	<a href="https://www.fertimed.cz/">https://www.fertimed.cz/</a>
10 FN Motol	<a href="https://www.fnmotol.cz/kliniky-a-ambulance/kliniky-dospela-cast/centrum-reprodukcnimediciny-a-reprodukcnigenetiky/#submenu-darovani-vajicek">https://www.fnmotol.cz/kliniky-a-ambulance/kliniky-dospela-cast/centrum-reprodukcnimediciny-a-reprodukcnigenetiky/#submenu-darovani-vajicek</a>
11 Genitrix	<a href="https://genitrix.cz/reprodukcnimedicina/darcovsky-program/">https://genitrix.cz/reprodukcnimedicina/darcovsky-program/</a>
12 Gennet	<i><a href="https://www.darujzazrak.cz">https://www.darujzazrak.cz</a></i>
13 Gynem	<i><a href="https://darovanivajicek.cz/">https://darovanivajicek.cz/</a></i>
14 Iscare	<a href="https://www.iscare.cz/crm/darcovstvi/darkynevajicek">https://www.iscare.cz/crm/darcovstvi/darkynevajicek</a>
15 IVF Centre Podolí	<a href="https://ivfpodoli.weebly.com/daacutercovskyacuteprogram.html">https://ivfpodoli.weebly.com/daacutercovskyacuteprogram.html</a>
16 IVF Clinic	<a href="https://darovani.ivfclinic.cz/">https://darovani.ivfclinic.cz/</a>
17 IVF Cube	<a href="https://ivf-cube.eu/o-darcovstvi">https://ivf-cube.eu/o-darcovstvi</a>
18 IVF Zlín	<i><a href="www.darovatvajicka.cz">www.darovatvajicka.cz</a></i>
19 Natalart	<a href="https://www.natalart.cz/index.php/cs/">https://www.natalart.cz/index.php/cs/</a>
20 Next Fertility Pilsen	<i><a href="https://www.daruj-vajicka.cz/">https://www.daruj-vajicka.cz/</a></i>
21 Prague fertility centre	<i><a href="https://www.darcovstvivaajicek.cz/">https://www.darcovstvivaajicek.cz/</a></i>
22 Pronatal	<i><a href="https://www.darovanivajicka.cz/">https://www.darovanivajicka.cz/</a></i>

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	Clinic	Analysed website
23	Reprofit	<a href="https://www.darkynevajicek.cz">https://www.darkynevajicek.cz</a>
24	Reprogenesis	<a href="https://www.reprogenesisdarcovstvi.cz">https://www.reprogenesisdarcovstvi.cz</a>
25	Sanatorium ART ČB	<a href="http://www.sanatoriumart.cz/reprodukni-medicina/darcovsky-program/">http://www.sanatoriumart.cz/reprodukni-medicina/darcovsky-program/</a>
26	Helios Sanatorium	<a href="https://www.sanatoriumhelios.cz/">https://www.sanatoriumhelios.cz/</a>
27	Sanus	<a href="https://www.sanus.cz/darujte-vajicka/">https://www.sanus.cz/darujte-vajicka/</a>
28	Stellart	<a href="https://www.stellart-clinic.cz/">https://www.stellart-clinic.cz/</a>
29	Unica	<a href="https://www.darujtenadeji.cz/">https://www.darujtenadeji.cz/</a>

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