About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit [www.hfea.gov.uk](http://www.hfea.gov.uk).

Who should fill in this form?

Fill in this form if you are a man and your partner is having fertility treatment using embryos created outside the body (in vitro) with your sperm. This may be in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI).

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw, your consent.

- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability you may direct someone else to complete and sign it for you. However, if you are consenting to being registered as the legal father of any child born as a result of treatment after your death (see section 6.5), you must sign the form yourself.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your sperm, and embryos created using your sperm, to be used or stored (eg, for IVF or ICSI treatment). If you are storing your sperm or embryos, you must also state in writing how long you consent to them remaining in storage.

You are also legally required to record what you would like to happen to your sperm and embryos if you were to die or lose the ability to decide for yourself (become mentally incapacitated). While this is perhaps not something you have considered, your clinic needs to know this so that they only allow your sperm and embryos to be used according to your wishes. If you are unsure of anything in relation to this, please ask your clinic.

Why are there questions about using my sperm and embryos for training purposes?

You may have some sperm and embryos left after treatment which you do not wish to use (eg, because you do not want future treatment or the sperm and embryos are not viable for treatment). On this form, you can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

What if I want to donate my sperm and/or embryos?

Unused sperm and embryos can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Your clinic can give you more information about this and provide you with the relevant consent form(s).

You could also think about donating viable unused sperm and embryos to another person for use in their treatment. Before doing this, there are lots of issues to consider. For more information, see [www.hfea.gov.uk/egg-and-sperm-donors.html](http://www.hfea.gov.uk/egg-and-sperm-donors.html). If you decide to donate, you will need to complete a separate form: ‘Your consent to donating your sperm’ (MD form).

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
### About you

1. **Your first name(s)**
   - 

2. **Your surname**
   - 

3. **Your date of birth**
   -

4. **Your NHS/CHI/HCN/passport number (please circle)**
   -

### About your partner

1. **Your partner’s first name(s)**
   - 

2. **Your partner’s surname**
   - 

3. **Your partner’s date of birth**
   -

4. **Your partner’s NHS/CHI/HCN/passport number (please circle)**
   -

### Your treatment

3. **Do you consent to your sperm being used to create embryos outside the body for your partner’s treatment (eg, through IVF treatment)?**
   - Yes

### Storing embryos

4. **Do you consent to the embryos (created outside the body with your sperm) being stored?**
   - Yes after signing the page declaration below, continue on the next page.
   - No now sign the page declarations on this page and the next page then go straight to section five.

### Page declaration

- **Your signature**
- **Date**

---

For clinic use only (optional)  
Patient number
Storing embryos continued

Embryo storage periods

You may wish to store any embryos left after treatment so they can be used in future treatment. To be stored, embryos are frozen or ‘vitrified’. When considering how long to store for, you may want to think about how far in the future you might want/be able to use your stored embryos and the costs of storing – ask your clinic if you are unsure. The law permits you to store for any period up to 10 years but in cases where you or your partner are prematurely infertile, or likely to become prematurely infertile, you may store for longer, up to 55 years.

Please note that any arrangements you need to make regarding the practicalities of storage with your clinic or funding body are separate from this consent. For example, your clinic may only continue to store your embryos for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

4.2 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?

Causes of premature infertility can include chemotherapy treatment and early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become prematurely infertile, you and your partner can change your consent to store your embryos for up to 55 years.

☐ No  go to 4.3.
☐ Yes  go straight to 4.4.

4.3 For how long do you consent to store your embryos?

You can consent to store your embryos for up to 10 years. Please note that the egg provider also has to give her consent to storage.

☐ For 10 years
☐ For a specific period (up to a maximum of 10 years) specify the number of years:

years

The consent period will start from the date of storage. Remember you can always change the time period you consent to by completing this form again and specifying the new total time period you would like your embryos to be stored for. For example, if you consented to five years’ storage on the original form and wish to consent for a further five years (10 years in total), you should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form you completed.  Now sign the page declaration below and go straight to section five.

4.4 Premature infertility

If you or your partner are prematurely infertile, or likely to become prematurely infertile, you can consent to store your embryos for up to 55 years. Although you can consent up to a maximum of 55 years on this form, after the first 10 years your medical practitioner will need to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met.

>>> Continues on the next page
4 Storing embryos continued

The storage period can then be extended by further 10 year periods (up to a maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

For how long do you consent to store your embryos?

Please specify the number of years you consent to store your embryos for (up to a maximum of 55): [ ] years.

Clinic staff: please attach all relevant medical practitioners’ statements to this form.

5 Using sperm and embryos for training

5.1 Do you consent to your sperm being used for training purposes?

[ ] Yes [ ] No

5.2 Do you consent to embryos (already created outside the body with your sperm) being used for training purposes?

Please note that embryos can only be used if the egg provider has also given her consent.

[ ] Yes [ ] No

6 In the event of your death or mental incapacity

As part of your consent, you also need to decide what you would like to happen to your sperm, or embryos created outside the body with your sperm, if you die or lose the ability to decide for yourself (become mentally incapacitated). Please note that if you would like your partner to use your sperm or embryos in the event of your death or mental incapacity, your partner should be named on this form. Your embryos may only be used within the storage period you consented to above.

If you do not give your consent in the below section, your sperm or embryos must be allowed to perish in the event of your death or mental incapacity and cannot be used for treatment.

6.1 Do you consent to your sperm being used to create embryos outside the body for your partner’s treatment?

Please note that the egg provider also has to give her consent for embryos to be created.

If you die

[ ] Yes [ ] No

If you become mentally incapacitated

[ ] Yes [ ] No

6.2 Do you consent to embryos (already created outside the body with your sperm) being used for your partner’s treatment?

Please note that embryos can only be used if the egg provider has also given her consent.

If you die

[ ] Yes [ ] No

If you become mentally incapacitated

[ ] Yes [ ] No

Continues on the next page

Page declaration

Your signature

Date

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

For clinic use only (optional)

Patient number

MT page 4 of 6

Version 4, 1 April 2015
6 In the event of your death or mental incapacity continued

6.3 Do you consent to your sperm being used for training purposes?
If you die  If you become mentally incapacitated
☐ Yes ☐ No       ☐ Yes ☐ No

6.4 Do you consent to embryos (already created outside the body with your sperm) being used for training purposes?
Please note that embryos can only be used if the egg provider has also given her consent.
If you die  If you become mentally incapacitated
☐ Yes ☐ No       ☐ Yes ☐ No

Other uses for your sperm or embryos
If you wish your sperm or embryos to be used in someone else’s treatment if you die or become mentally incapacitated, please speak to your clinic for more information. Depending on your circumstances, you will need to complete one of the following:

• ‘Your consent to donating your sperm’ (MD form)
• ‘Your consent to donating embryos’ (ED form), or
• ‘Men’s consent to the use and storage of sperm or embryos for surrogacy’ (MSG form).

Consent to birth registration
Complete this part of section six if you consented to your sperm, or embryos created outside the body with your sperm, being used in your partner’s treatment after your death.

If you have given your consent to your sperm or embryos (to be created outside the body with your sperm) being used after your death, you may also wish to consent to being registered as the legal father of any child that is born as a result of your partner’s treatment.

6.5 Do you consent to being registered as the legal father of any child born as a result of your partner’s treatment after your death?
By ticking yes, you consent to the following:

• I consent to my name, place of birth and occupation being entered on the register of births as the legal father of any child born from my partner’s treatment.
  This register is kept under the Births and Deaths Registration Act 1953, or the Births and Deaths Registration (Northern Ireland) Order 1976, or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.
• I also consent to information about my or my partner’s treatment being disclosed to my partner and one of the following registrars:
  – the Registrar General for England and Wales
  – the Registrar General for Scotland
  – the Registrar for Northern Ireland.

Please note that being recorded in the register of births as the legal father of a child born from your partner’s treatment does not transfer any inheritance or other legal rights to the child.

☐ Yes ☐ No
Declaration

Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to have counselling
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent at any point until the time of embryo transfer, use of sperm or embryos in training, or the sperm or embryos have been allowed to perish.

• I declare that the information I have given on this form is correct and complete.

• I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature        Date
X                     

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because he is unable to sign for himself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form. However, if the person consenting consented to being registered as the legal father after his death (that is if he ticked yes to question 6.5), he must sign the form himself.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with his direction.

Representative’s name

Representative’s signature
X

Relationship to the person consenting

Date

Witness’s name

Witness’s signature
X

Date
About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if you are a woman and you are having fertility treatment using embryos created outside the body (in vitro) with your eggs. This may be in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI).

What do I need to know before filling in this form?
Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw, your consent.
- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?
By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your eggs, and embryos created using your eggs, to be used or stored (eg, for IVF or ICSI treatment). If you are storing your eggs or embryos, you must also state in writing how long you consent to them remaining in storage.

You are also legally required to record what you would like to happen to your eggs and embryos if you were to die or lose the ability to decide for yourself (become mentally incapacitated). While this is perhaps not something you have considered, your clinic needs to know this so that they only allow your eggs and embryos to be used according to your wishes. If you are unsure of anything in relation to this, please ask your clinic.

Why are there questions about using my eggs and embryos for training purposes?
You may have some eggs and embryos left after treatment which you do not wish to use (eg, because you do not want future treatment or the eggs and embryos are not viable for treatment). On this form, you can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

What if I want to donate my eggs and/or embryos?
Unused eggs and embryos can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Your clinic can give you more information about this and provide you with the relevant consent form(s).

You could also think about donating viable unused eggs and embryos to another person for use in their treatment. Before doing this, there are lots of issues to consider. For more information, see www.hfea.gov.uk/egg-and-sperm-donors.html.

If you decide to donate, you will need to complete a separate form: ‘Your consent to donating your eggs’ (WD form).

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
# About you

1.1 **Your first name(s)**

1.2 **Your surname**

1.3 **Your date of birth**

1.4 **Your NHS/CHI/HCN/passport number** (please circle)

# About your partner

2.1 **Your partner’s first name(s)**

2.2 **Your partner’s surname**

2.3 **Your partner’s date of birth**

2.4 **Your partner’s NHS/CHI/HCN/passport number** (please circle)

# Your treatment

3.1 **Do you consent to your eggs being used to create embryos outside the body for your treatment (eg, through IVF treatment)?**

In order to create embryos for your treatment you must provide your consent by ticking the yes box below. Please note that the sperm provider also has to give his consent for embryos to be created.

- [ ] Yes

# Storing embryos

4.1 **Do you consent to the embryos (created outside the body with your eggs) being stored?**

Please note that embryos can only be stored if the sperm provider has also given his consent.

- [ ] Yes  ➤ after signing the page declaration below, continue on the next page.
- [ ] No  ➤ now sign the page declarations on this page and the next page then go straight to section five.

### Page declaration

- **Your signature**
- **Date**

---

For clinic use only (optional)  
**Patient number**

**Version 5, 1 April 2015**
Embryo storage periods

You may wish to store any embryos left after treatment so they can be used in future treatment. To be stored, embryos are frozen or ‘vitrified’. When considering how long to store for, you may want to think about how far in the future you might want/be able to use your stored embryos and the costs of storing – ask your clinic if you are unsure. The law permits you to store for any period up to 10 years but in cases where you or your partner are prematurely infertile, or likely to become prematurely infertile, you may store for longer, up to 55 years.

Please note that any arrangements you need to make regarding the practicalities of storage with your clinic or funding body are separate from this consent. For example, your clinic may only continue to store your embryos for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

4.2 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?

Causes of premature infertility can include chemotherapy treatment and early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become prematurely infertile, you and your partner can change your consent to store your embryos for up to 55 years.

☐ No  go to 4.3.
☐ Yes  go straight to 4.4.

4.3 For how long do you consent to store your embryos?

You can consent to store your embryos for up to 10 years. Please note that the sperm provider also has to give his consent to storage.

☐ For 10 years
☐ For a specific period (up to a maximum of 10 years)  specify the number of years:

The consent period will start from the date of storage. Remember you can always change the time period you consent to by completing this form again and specifying the new total time period you would like your embryos to be stored for. For example, if you consented to five years’ storage on the original form and wish to consent for a further five years (10 years in total), you should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form you completed.  Now sign the page declaration below and go straight to section five.

4.4 Premature infertility

If you or your partner are prematurely infertile, or likely to become prematurely infertile, you can consent to store your embryos for up to 55 years. Although you can consent up to a maximum of 55 years on this form, after the first 10 years your medical practitioner will need to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years.

Continues on the next page
4 Storing embryos continued

When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met. The storage period can then be extended by further 10 year periods (up to a maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

For how long do you consent to store your embryos?
Please specify the number of years you consent to store your embryos for (up to a maximum of 55):

Clinic staff: please attach all relevant medical practitioners’ statements to this form.

5 Using eggs and embryos for training

5.1 Do you consent to your eggs being used for training purposes?

   Yes   No

5.2 Do you consent to embryos (already created outside the body with your eggs) being used for training purposes?

Please note that embryos can only be used if the sperm provider has also given his consent.

   Yes   No

6 In the event of your death or mental incapacity

As part of your consent, you also need to decide what you would like to happen to your eggs, or embryos created outside the body with your eggs, if you die or lose the ability to decide for yourself (become mentally incapacitated). Please note your embryos may only be used within the storage period you consented to above. If you do not give your consent in the below section, your eggs or embryos must be allowed to perish in the event of your death or mental incapacity and cannot be used for treatment.

6.1 Do you consent to your eggs being used for training purposes?

If you die   If you become mentally incapacitated

   Yes   No   Yes   No

6.2 Do you consent to embryos (already created outside the body with your eggs) being used for training purposes?

Please note that embryos can only be used if the sperm provider has also given his consent.

If you die   If you become mentally incapacitated

   Yes   No   Yes   No

Other uses for your eggs or embryos

If you wish your eggs or embryos to be used in someone else’s treatment if you die or become mentally incapacitated, please speak to your clinic for more information. Depending on your circumstances, you will need to complete one of the following: • ‘Your consent to donating your eggs’ (WD form), • ‘Your consent to donating embryos’ (ED form), or • ‘Women’s consent to the use and storage of eggs or embryos for surrogacy’ (WSG form).

Page declaration

Your signature

Date

D M Y

For clinic use only (optional)  Patient number
Declaration

Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to have counselling
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent at any point until the time of embryo transfer, use of eggs or embryos in training, or the eggs or embryos have been allowed to perish.

• I declare that the information I have given on this form is correct and complete.

• I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature

Date

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because she is unable to sign for herself due to physical illness, injury or disability), you must sign and date below. The must also be a witness confirming that the person consenting is present when you sign the form.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with her direction.

Representative’s name

Representative’s signature

Date

Relationship to the person consenting

Witness’s name

Witness’s signature

Date
Your consent to the use of your sperm in artificial insemination

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are a man and your partner is having artificial insemination. This may be intrauterine insemination (IUI) or gamete intrafallopian transfer (GIFT) using your sperm.

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw, your consent.
- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you. However, if you are consenting to being registered as the legal father of any child born as a result of treatment after your death (see section 5.3), you must sign the form yourself.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your sperm to be used in fertility treatment.

If you are planning to store any sperm that are left after your treatment, you are legally required to record what you would like to happen to your sperm if you were to die or lose the ability to decide for yourself (become mentally incapacitated). While this is perhaps not something you have considered, your clinic needs to know this so that they only allow your sperm to be used according to your wishes. You will need to complete an additional form if you want to store your sperm. If you are unsure of anything in relation to this, please ask your clinic.

Why are there questions about using my sperm for training purposes?

You may have some sperm left after treatment which you do not wish to use (eg, because you do not want future treatment or the sperm are not viable for treatment). On this form, you can consent to donate this sperm for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

What if I want to donate my sperm?

Unused sperm can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Your clinic can give you more information about this and provide you with the relevant consent form(s).

You could also think about donating viable unused sperm to another person for use in their treatment. Before doing this, there are lots of issues to consider. For more information, see www.hfea.gov.uk/egg-and-sperm-donors.html. If you decide to donate, you will need to complete a separate form: ‘Your consent to donating your sperm’ (MD form).

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.

For clinic use only (optional)

<table>
<thead>
<tr>
<th>HFEA centre reference</th>
<th>Patient number assigned by clinic</th>
<th>Other relevant forms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.1 Do you consent to your sperm being used in your partner’s treatment, without the creation of embryos outside the body, ie, using artificial insemination?

Examples include intrauterine insemination (IUI) or gamete intra-fallopian transfer, a technique which a small number of clinics use.

In order for your sperm to be used in your partner’s treatment you must provide your consent by ticking the yes box below.

☐ Yes

4.1 Do you consent to your sperm being used for training purposes?

☐ Yes  ☐ No
5 In the event of your death or mental incapacity

If you are planning to store any sperm that are left after your treatment, you also need to decide what you would like to happen to your sperm if you were to die or lose the ability to decide for yourself (become mentally incapacitated).

If you do not give your consent in the below section, your sperm must be allowed to perish in the event of your death or mental incapacity and cannot be used in treatment.

5.1 Do you consent to your sperm being used in your partner’s treatment, without the creation of embryos outside the body (ie, through artificial insemination such as IUI or GIFT)?

- If you die
  - [ ] Yes
  - [ ] No
- If you become mentally incapacitated
  - [ ] Yes
  - [ ] No

5.2 Do you consent to your sperm being used for training purposes?

- If you die
  - [ ] Yes
  - [ ] No
- If you become mentally incapacitated
  - [ ] Yes
  - [ ] No

Other uses for your sperm

If you wish your sperm to be used to create embryos for the treatment of your partner or for someone else’s treatment if you die or become mentally incapacitated, please speak to your clinic for more information. Depending on your circumstances, you will need to complete one of the following:

- ‘Your consent to donating your sperm’ (MD form)
- ‘Your consent to donating embryos’ (ED form), or
- ‘Men’s consent to treatment and storage form (IVF and ICSI)’ (MT form).

Consent to birth registration

Complete this part of section five if you plan to store any sperm that is left after treatment and you have consented to your sperm being used in your partner’s treatment after your death.


Continues on the next page
5 In the event of your death or mental incapacity

If you have given your consent to your sperm being used after your death, you may also wish to consent to being registered as the legal father of any child that is born as a result of your partner’s treatment.

5.3 Do you consent to being registered as the legal father of any child born as a result of your partner’s treatment after your death?

By ticking yes, you consent to the following:

• I consent to my name, place of birth and occupation being entered on the register of births as the legal father of any child born from my partner’s treatment.

This register is kept under the Births and Deaths Registration Act 1953, or the Births and Deaths Registration (Northern Ireland) Order 1976, or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

• I also consent to information about my or my partner’s treatment being disclosed to my partner and one of the following registrars:
  – the Registrar General for England and Wales
  – the Registrar General for Scotland
  – the Registrar for Northern Ireland.

Please note that being recorded in the register of births as the legal father of a child born from your partner’s treatment does not transfer any inheritance or other legal rights to the child.

☐ Yes  ☐ No

6 Declaration

Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to have counselling
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent at any point until the time of sperm transfer, use of the sperm in training, or until the sperm has been allowed to perish.

• I declare that the information I have given on this form is correct and complete.

• I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature

Date

Continues on the next page
If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because he is unable to sign himself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

However, if the person consenting consented to being registered as the legal father after his death (that is if he ticked yes to question 5.3), he must sign the form himself.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with his direction.

<table>
<thead>
<tr>
<th>Representative’s name</th>
<th>Representative’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to the person consenting</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness’s name</th>
<th>Witness’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

If signing at the direction of the person consenting (because he is unable to sign himself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

However, if the person consenting consented to being registered as the legal father after his death (that is if he ticked yes to question 5.3), he must sign the form himself.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with his direction.

<table>
<thead>
<tr>
<th>Representative’s name</th>
<th>Representative’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to the person consenting</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness’s name</th>
<th>Witness’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>
Your consent to the use of your eggs in GIFT

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are a woman and you are having gamete intra-fallopian transfer (GIFT) using your eggs.

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

• information about:
  – the different options set out in this form,
  – the implications of giving your consent,
  – the consequences of withdrawing this consent, and
  – how you can make changes to, or withdraw, your consent.

• an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your eggs to be used in fertility treatment.

If you are planning to store any eggs that are left after your treatment, you are legally required to record what you would like to happen to them if you were to die or lose the ability to decide for yourself (become mentally incapacitated). While this is perhaps not something you have considered, your clinic needs to know this so that they only allow your eggs to be used according to your wishes. You will need to complete an additional form if you want to store your eggs. If you are unsure of anything in relation to this, please ask your clinic.

Why are there questions about using my eggs for training purposes?

You may have some eggs left after treatment which you do not wish to use (eg, because you do not want future treatment or the eggs are not viable for treatment). On this form, you can consent to donate them for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

What if I want to donate my eggs?

Unused eggs can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Your clinic can give you more information about this and provide you with the relevant consent form(s).

You could also think about donating viable unused eggs to another person for use in their treatment. Before doing this, there are lots of issues to consider. For more information, see www.hfea.gov.uk/egg-and-sperm-donors.html. If you decide to donate, you will need to complete a separate form: ‘Your consent to donating your eggs’ (WD form).

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.

For clinic use only (optional)

HFEA centre reference

Patient number assigned by clinic

Other relevant forms
1 About you

1.1 Your first name(s)  

Place clinic sticker here

1.2 Your surname

1.3 Your date of birth  

1.4 Your NHS/CHI/HCN/passport number  

(please circle)

2 About your partner

2.1 Your partner’s first name(s)  

Place clinic sticker here

2.2 Your partner’s surname

2.3 Your partner’s date of birth  

2.4 Your partner’s NHS/CHI/HCN/ passport number  

(please circle)

3 Your treatment

3.1 Do you consent to your eggs being used for your treatment without the creation of embryos outside the body (i.e., gamete intra-fallopian transfer, a technique which a small number of clinics use)?

In order to use your eggs for your treatment you must provide your consent by ticking the yes box below.

☐ Yes

4 Using eggs for training

4.1 Do you consent to your eggs being used for training purposes?

☐ Yes  ☐ No

Page declaration

Your signature  

Date

✗

D  D  M  M  Y  Y

Version 4, 1 April 2015
In the event of your death or mental incapacity

If you are planning to store any eggs that are left after your treatment, you also need to decide what you would like to happen to these if you were to die or lose the ability to decide for yourself (become mentally incapacitated).

If you do not give your consent in the below section, your eggs must be allowed to perish in the event of your death or mental incapacity and cannot be used in treatment.

5.1 Do you consent to your eggs being used for training purposes?

If you die

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you become mentally incapacitated

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other uses for your eggs

If you wish your eggs to be used in someone else’s treatment if you die or become mentally incapacitated, please speak to your clinic for more information. Depending on your circumstances, you will need to complete either:

- ‘Your consent to donating your eggs’ (WD form), or
- ‘Women’s consent to the use and storage of eggs or embryos for surrogacy’ (WSG form).

6 Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section one of this form.
- I declare that:
  - before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to have counselling
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  - I understand that I can make changes to, or withdraw, my consent at any point until the time of egg transfer, use of the eggs in training, or until the eggs have been allowed to perish.
- I declare that the information I have given on this form is correct and complete.
- I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature

Date

Continues on the next page
### Declaration continued

**If signing at the direction of the person consenting**

If you have completed this form at the direction of the person consenting (because she is unable to sign for herself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

**Representative's declaration**

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with her direction.

<table>
<thead>
<tr>
<th>Representative's name</th>
<th>Representative's signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to the person consenting</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D M M Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness's name</th>
<th>Witness's signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>D M M Y</td>
</tr>
</tbody>
</table>
Your consent to the storage of your eggs or sperm

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you want to store your eggs or sperm.

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw, your consent.
- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your eggs or sperm to be stored. You must also state in writing how long you consent to your eggs or sperm remaining in storage. This form allows you to consent to storage. You will need to complete an additional form if you want to use your eggs or sperm for treatment.

As part of your consent, you also need to decide what you want to happen to your eggs or sperm if you die or lose the ability to decide for yourself (become mentally incapacitated). This form allows you to consent to your eggs or sperm being used for training purposes if this were to happen.

You may decide you want your eggs or sperm to be used for another purpose if you die or become mentally incapacitated, in which case you will need to complete an additional form. See section 3.1 for more information. If you are unsure of anything in relation to this, please ask your clinic.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
2 Storing eggs or sperm

2.1 Do you consent to your eggs or sperm being stored?
You must consent by ticking the yes box below for your sperm or eggs to be stored.

☐ Yes

Egg and sperm storage periods
You may wish to store your eggs or sperm so they can be used in future treatment. To be stored, sperm and eggs are frozen or ‘vitrified’. When considering how long to store for, you may want to think about how far in the future you might want/be able to use your stored eggs or sperm in treatment and the costs of storing – ask your clinic if you are unsure.

The law permits you to store for any period up to 10 years but in cases where you or your partner are prematurely infertile, or likely to become prematurely infertile, you may store for longer, up to 55 years. Please note that any arrangements you need to make regarding the practicalities of storage with your clinic or funding body are separate from this consent. For example, your clinic may only continue to store your eggs or sperm for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

2.2 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?
Causes of premature infertility can include chemotherapy treatment and early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become premature infertile, you and your partner can change your consent to store your sperm or eggs for up to 55 years.

☐ No  after signing the page declaration below, continue to 2.3.
☐ Yes  after signing the page declaration below, go straight to 2.4.

Page declaration

Your signature  Date

For clinic use only (optional)  Patient number
2.3 For how long do you consent to store your eggs or sperm?

You can consent to store your eggs or sperm for up to 10 years.

- For 10 years
- For a specific period (up to a maximum of 10 years) specify the number of years:

The consent period will start from the date of storage. Remember you can always change the time period you consent to by completing this form again and specifying the new total time period you would like your sperm or eggs to be stored for. For example, if you consented to five years’ storage on the original form and wish to consent for a further five years (10 years in total), you should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form you completed. **Now go to section three.**

2.4 Premature infertility

If you or your partner are prematurely infertile, or likely to become prematurely infertile, you can consent to store your sperm or eggs for up to 55 years. Although you can consent up to a maximum of 55 years on this form, your medical practitioner will need to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met. The storage period can then be extended by further 10 year periods (up to a maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

**For how long do you consent to store your eggs or sperm?**

Please specify the number of years you consent to store your eggs or sperm for (up to a maximum of 55): _______ years.

Clinic staff: please attach all relevant medical practitioners’ statements to this form.

3 In the event of your death or mental incapacity

As part of your consent, you also need to decide what you want to happen to your eggs or sperm if you die or lose the ability to decide for yourself (become mentally incapacitated).

This form enables you to consent to storing your eggs or sperm and allowing them to be used for training purposes if you die or become mentally incapacitated. You will need to complete an additional form if you want your eggs or sperm to be used by your partner or another person if you die or become mentally incapacitated. More information is in section 3.1 on the next page.

If you do not give your consent on any of the forms mentioned on the next page, your eggs or sperm will be allowed to perish in the event of your death or mental incapacity and will not be able to be used in treatment. ▶️▶️ Continues on the next page
3 In the event of your death or mental incapacity

3.1 Have you already stated how you want your eggs or sperm to be used in the event of your death or mental incapacity on another consent form?

☐ Yes ▶ go straight to section four.
☐ No ▶ your eggs or sperm can remain in storage in the event of your death or mental incapacity for the purposes outlined below:

- **In the treatment of a partner** ▶ If you wish your sperm to be used for this purpose, you will need to complete ‘Men’s consent to treatment and storage (IVF and ICSI)’ (MT form). Your sperm will only be able to used for the treatment of the person named on this form. You can make changes to the details you provide on this form at any time by completing a new MT form – contact your clinic to do this.

- **In the treatment of others** ▶ If you wish your eggs or sperm to be used for this purpose, if you are female (including if you wish your eggs to be used by your female partner), please complete ‘Your consent to donating your eggs’ (WD form). If you are a male, please complete ‘Your consent to donating your sperm’ (MD form).

- **For training purposes** ▶ This allows healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. You can consent to this on this form (see section 3.2 below).

3.2 Do you consent to your eggs and sperm being used for training purposes? (See above for more information).

If you die

☐ Yes □ No

If you become mentally incapacitated

☐ Yes □ No

4 Declaration

Please sign and date the declaration

**Your declaration**

- I declare that I am the person named in section one of this form.

- I declare that:
  - before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to have counselling
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  - I understand that I can make changes to, or withdraw, my consent to storage at any time until the eggs or sperm (or embryos created from them) have been used or allowed to perish.

- I declare that the information I have given on this form is correct and complete.

- I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

**Your signature**

[X]  

**Date**

DD MM YYYY

enniferContinues on the next page

For clinic use only (optional)  
Patient number

GS page 4 of 5

Version 4, 1 April 2015
**Declaration continued**

**If signing at the direction of the person consenting**

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date the declaration below. There must also be a witness confirming that the person consenting is present when you sign the form.

**Representative’s signature**

I declare that the person named in section one of this form is present at the time of signing this form and I am signing in accordance with their direction.

<table>
<thead>
<tr>
<th>Representative’s name</th>
<th>Representative’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Relationship to the person consenting**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness’s name</th>
<th>Witness’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Witness’s name**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

**Page declaration**

<table>
<thead>
<tr>
<th>Your signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$\times$</td>
<td></td>
</tr>
</tbody>
</table>

For clinic use only (optional)  Patient number

Version 4, 1 April 2015
Your consent to extending the storage of your eggs or sperm beyond 10 years

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you already have eggs or sperm in storage and wish to extend the storage period beyond 10 years. By law, you can only do this if you, your partner, or the person to whom your eggs or sperm have been allocated, are, or are likely to become, prematurely infertile. Your clinic will need to attach a medical practitioner’s statement confirming this to this form.

Please do not complete this form if you are:

- storing your eggs or sperm for the first time, or
- changing the period of time for which you consented to store your eggs or sperm within the 10 year standard storage period. Instead you should revise the storage period on the original form by completing another copy of that form.

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw, your consent.
- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent to store your eggs or sperm. You must also state in writing how long you consent to your eggs or sperm remaining in storage.

How long can I extend storage by?

Providing you, your partner, or the person to whom your eggs or sperm have been allocated, meet the medical criteria for premature infertility, you can consent to store your eggs or sperm for up to 55 years.

If you have your eggs or sperm in storage and wish to extend storage beyond 10 years, a medical practitioner will need to certify in writing that you, your partner, or the person to whom your eggs or sperm have been allocated, has met the medical criteria for premature infertility for storage to continue.

When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met. The storage period can then be extended by further 10 year periods (up to the maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
2.1 Egg and sperm storage periods

If you, your partner, or the person to whom your embryos have been allocated, has been diagnosed as prematurely infertile or likely to become prematurely infertile, you can extend your consent to allow for a total storage period of up to 55 years. Your clinic should attach a medical practitioner’s statement to this form to certify that you or your partner meets the medical criteria for premature infertility.

Your clinic should ensure that for every subsequent 10 year period that your eggs or sperm are stored, a medical practitioner certifies in writing that you, your partner, or the person to whom your eggs or sperm have been allocated, still meet the medical criteria for storage to continue.

Please note that any arrangements you need to make regarding the practicalities of storage with your clinic or funding body are separate from this consent. For example, your clinic may only continue to store your eggs or sperm for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

For how long do you consent to store your eggs or sperm?

Please specify the total number of years you consent to your eggs or sperm being stored for (up to a maximum of 55). For example, if your eggs or sperm have already been in storage for 10 years and you want to extend it by another 10, you should state 20 years below.

[ ] years

---

Section for clinic use only

Date gametes were placed in storage

Date gametes can remain in storage until

Please attach all relevant medical practitioners’ statements to this form.

---

Page declaration

Your signature

[ ]

Date

[ ]

For clinic use only (optional) Patient number
Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in this form and I was given an opportunity to have counselling
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent to storage at any time until the eggs or sperm (or embryos created from them) have been used or allowed to perish.

• I declare that the information I have given on this form is correct and complete.

• I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature

Date

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury, or disability), you must sign and date the declaration below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative’s declaration

I declare that the person named in section one is present at the time of signing this form and I am signing it in accordance with their direction.

Representative’s name

Representative’s signature

Date

Relationship to the person consenting

Witness’s name

Witness’s signature

Date
Your consent to extending the storage of your embryos beyond 10 years

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you already have embryos in storage (created outside the body (in vitro) using your sperm or eggs) and wish to extend your current storage period beyond 10 years. By law, you can only do this if you, your partner, or the person to whom your embryos have been allocated, are, or are likely to become, prematurely infertile. Your clinic will need to attach a medical practitioner’s statement confirming this to this form.

Please do not complete this form if you are:

- storing your embryos for the first time, or
- changing the period for which you consented to store them within the 10 year standard storage period. Instead you should revise the storage period on the original form by completing another copy of that form.

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  – the different options set out in this form
  – the implications of giving your consent
  – the consequences of withdrawing this consent, and
  – how you can make changes to, or withdraw, your consent.
- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?

By law, (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent to store your embryos. You must also state in writing how long you consent to your embryos remaining in storage.

How long can I extend storage by?

Providing you, your partner, or the person to whom your embryos have been allocated, meet the medical criteria for premature infertility, you can consent to store your embryos for up to 55 years.

If you have your embryos in storage and wish to extend storage beyond 10 years, a medical practitioner will need to certify in writing that you or your partner has met the medical criteria for premature infertility for storage to continue.

When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met. The storage period can then be extended by further 10 year periods (up to the maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.

For clinic use only (optional)

HFEA centre reference
Patient number (assigned to each patient registered at the clinic)
Other relevant forms
1 About you

1.1 Your first name(s)  

1.2 Your surname

1.3 Your date of birth

1.4 Your NHS/CHI/HCN/passport number (please circle)

1.5 Your sex  

Male  Female

2 About your partner

2.1 Your partner’s first name(s)  

2.2 Your partner’s surname

2.3 Your partner’s date of birth

2.4 Your partner’s NHS/CHI/HCN/passport number (please circle)

3 Storing embryos

3.1 Were the embryos created outside the body using your eggs or sperm?  

My eggs  My sperm

3.2 Embryo storage periods

If you, your partner, or the person to whom your embryos have been allocated, has been diagnosed as prematurely infertile or likely to become prematurely infertile, you can extend your consent to allow for a total storage period of up to 55 years. Your clinic should attach a medical practitioner’s statement to this form to certify that you or your partner meets the medical criteria for premature infertility.

Your clinic should ensure that for every subsequent 10 year period that your embryos are stored, a medical practitioner certifies in writing that you, your partner, or the person to whom your embryos have been allocated, still meet the medical criteria for storage to continue.

Page declaration

Your signature  Date

X

For clinic use only (optional)  Patient number

ES page 2 of 4  Version 4, 1 April 2015
3 **Storing embryos continued**

Please note that any arrangements you need to make regarding the practicalities of storage with your clinic or funding body are separate from this consent. For example, your clinic may only continue to store your embryos for the period you have specified in this form to if you, or your funding provider, continue to pay the storage fees.

**For how long do you consent to store your embryos?**

Please specify the total number of years you consent to your embryos being stored for (up to a maximum of 55). For example, if your embryos have already been in storage for 10 years and you want to extend it by another 10, you should state 20 years below.

- [ ] years

**Section for clinic use only**

Date embryos were placed in storage: [ ] [ ] [ ] [ ] [ ]

Date embryos can remain in storage until: [ ] [ ] [ ] [ ] [ ]

Please attach all relevant medical practitioners’ statements to this form.

4 **Declaration**

**Please sign and date the declaration**

**Your declaration**

- I declare that I am the person named in section one of this form.
- I declare that:
  - before I completed this form, I was given information about the different options set out in this form and I was given an opportunity to have counselling
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  - I understand that I can make changes to, or withdraw, my consent to storage at any time until the embryos (created outside the body with my sperm or eggs) have been used or allowed to perish.
- I declare that the information I have given on this form is correct and complete.
- I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

**Your signature**

[ ]

**Date**

[ ] [ ] [ ] [ ] [ ]

[ ] [ ] [ ] [ ] [ ]

>>> Continues on the next page
**Declaration continued**

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date the declaration below. There must also be a witness confirming that the person consenting is present when you sign the form.

**Representative’s signature**

I declare that the person named in section one of this form is present at the time of signing this form and I am signing in accordance with their direction.

<table>
<thead>
<tr>
<th>Representative’s name</th>
<th>Representative’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to the person consenting</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness’s name</th>
<th>Witness’s signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are a man donating sperm for the treatment of others or for training purposes (to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment).

What do I need to know before filling in this form?

Before you fill in this form, you should have registered as a donor and completed the ‘Donor information form’.

You should also be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw your consent.
- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your sperm, or embryos created outside the body (in vitro) with your sperm, to be used or stored (for example, for in vitro fertilisation (IVF) treatment).

If you are storing your sperm or embryos, you must also state in writing how long you consent to them remaining in storage.

What if I want to donate my sperm for research?

Sperm can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. This form only allows you to consent to donate sperm for the treatment of others or for training purposes. Your clinic can give you more information about donating for research and provide you with the relevant consent form(s).

What happens to my sperm or embryos if I die?

By consenting to donate your sperm or embryos, you are also agreeing to them being used and stored if you were to die or lose the ability to decide for yourself (become mentally incapacitated). If you do not want your sperm or embryos to be used for the purposes outlined in this form if this were to happen, you can state this as a restriction (at section 2.4 of this form). You may also state here that you only want your sperm or embryos to be donated in the event of your death.

Please note that the clinic can only act on these wishes if they are informed about your death or mental incapacity. If you’re unsure of anything in relation to this, please ask your clinic.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
1 About you

1.1 Your first name(s)  

Place clinic sticker here

1.2 Your surname

1.3 Your date of birth  

1.4 Your NHS/CHI/HCN/passport number (please circle)

2 About your sperm donation

2.1 Do you consent to your sperm being used for the treatment of others, without the creation of embryos outside the body, ie, using artificial insemination?  
Examples of artificial insemination include intrauterine insemination (IUI) or gamete intrafallopian transfer (GIFT), a technique which a small number of clinics use.  

☐ Yes  ☐ No

2.2 Do you consent to your sperm being used to create embryos outside the body (eg, through IVF treatment) and for these embryos to be used for the treatment of others?  

☐ Yes  ☐ No

2.3 How many families may have children using your donated sperm?  
The maximum number is 10 families. This is to minimise the possibility of two children from the same donor having a relationship with each other without knowing they are genetically related. It is also based on the perceived interests of donor-conceived people and their parents in maintaining a relatively small number of siblings. Consenting to 10 families will help the greatest number of families and maximise the potential of your donation. You should think about how many families you are comfortable donating to and the long-term implications of donation.

☐ families may have children using my donated sperm.

Continues on the next page
2 About your sperm donation continued

2.4 Do you have any restrictions that you would like to apply to any of your answers to 2.1 or 2.2?
You may want to put restrictions on who your sperm or embryos are used by, eg, a specified named recipient.
☐ Yes ▶ specify your restrictions below then continue to section 2.5.

☐ No ▶ go to section 2.5.

2.5 Do you consent to your sperm being used for training purposes?
☐ Yes  ☐ No

2.6 Do you consent to your embryos (created outside the body with your sperm) being used for training purposes?
☐ Yes  ☐ No

3 Storing sperm and embryos

Please note that sperm donated for the treatment of others needs to be stored.

3.1 Do you consent to your sperm being stored?
☐ Yes  ☐ No

3.2 Do you consent to embryos (created outside the body with your sperm) being stored?
Only complete this section if you answered yes to section 2.2. Please note that embryos can only be stored if the egg provider has also given her consent.
☐ Yes  ☐ No

▶ If you have answered no to both 3.1 and 3.2, sign the page declaration on this page and the next page then go to section four.
▶ If you have answered yes to 3.1 or 3.2, or both, sign the page declaration below then continue on the next page.

Continues on the next page

Page declaration

Your signature

☐

Date

D MM YY

For clinic use only (optional) Donor number

MD page 3 of 5
Version 5, 1 April 2015
Storing sperm and embryos continued

Sperm and embryo storage periods
In this section you must state how long you consent to your sperm and/or embryos being stored for. You may want to think about how far in the future you want others to use your stored sperm and embryos – ask your clinic if you are unsure.

The law permits you to store for any period up to 10 years but in some cases where you, your partner, or the person to whom your sperm and embryos have been allocated, is prematurely infertile, or likely to become prematurely infertile, you may store for longer, up to 55 years. A medical practitioner will need to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met. The storage period can then be extended by further 10 year periods (up to a maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

Once your sperm or embryos have been allocated to someone else’s treatment, the patient (together with the clinic) will determine how long the sperm and embryos are stored for within the boundaries of what you have consented to in this form.

3.3 For how long do you consent to your sperm being stored?
Only complete this section if you answered yes to section 3.1.

- [ ] 10 years
- [ ] 55 years
- [ ] A specific period (up to a maximum of 55 years) Specify the number of years: ___ years

3.4 For how long do you consent to embryos (created with your sperm) being stored?
Only complete this section if you answered yes to section 3.2.

Please note that the egg provider also has to give her consent to storage.

- [ ] 10 years
- [ ] 55 years
- [ ] A specific period (up to a maximum of 55 years) Specify the number of years: ___ years

The consent period will start from the date of storage. Remember you can always change the time period you consent to by completing this form again and specifying the new total time period you would like your sperm and embryos to be stored for.

For example, if you consented to five years’ storage on the original form and wish to consent for a further five years (10 years in total), you would complete another copy of this form but tick the box for 10 years. This second form would supersede the first form you completed.
Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to have counselling
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent at any point until the sperm or embryos have been transferred, used in training, or have been allowed to perish.

• I declare that the information I have given on this form is correct and complete.

• I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature: ___________________________ Date: ________________

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because he is unable to sign for himself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with his direction.

Representative’s name: ___________________________

Representative’s signature: ___________________________

Relationship to the person consenting: ___________________________

Date: ________________

Witness’s name: ___________________________

Witness’s signature: ___________________________

Date: ________________
Your consent to donating your eggs

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if you are a woman donating eggs for the treatment of others or for training purposes (to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment).

What do I need to know before filling in this form?
Before you fill in this form, you should have registered as a donor and completed the ‘Donor information form’. If you have entered into an egg sharing agreement, you must also complete the ‘Women’s consent to treatment and storage form (IVF and ICSI)’ (WT form).

You should also be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw, your consent.

- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?
By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your eggs, or embryos created outside the body (in vitro) with your eggs, to be used or stored (for example, for in vitro fertilisation (IVF) treatment).

If you are storing your eggs or embryos, you must also state in writing how long you consent to them remaining in storage.

What if I want to donate my eggs for research?
Eggs can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. This form only allows you to consent to donate eggs for the treatment of others or for training purposes. Your clinic can give you more information about donating for research and provide you with the relevant consent form(s).

What happens to my eggs or embryos if I die?
By consenting to donate your eggs or embryos, you are also agreeing to them being used and stored if you were to die or lose the ability to decide for yourself (become mentally incapacitated). If you do not want your eggs or embryos to be used for the purposes outlined in this form if this were to happen, you can state this as a restriction (at section 2.4 of this form). You may also state here that you only want your eggs or embryos to be donated in the event of your death.

Please note that the clinic can only act on these wishes if they are informed about your death or mental incapacity. If you’re unsure of anything in relation to this, please ask your clinic.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given.
When you have completed the form you may request a copy of it from your clinic.

For clinic use only (optional)

HFEA centre reference

Other relevant forms

Date eggs were placed in storage

Date eggs can remain in storage until
## About you

1.1 **Your first name(s)**

Place clinic sticker here

### 1.2 Your surname


### 1.3 Your date of birth

[ ] [ ] [ ]

### 1.4 Your NHS/CHI/HCN/passport number (please circle)

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## About your egg donation

2.1 **Do you consent to your eggs being used for the treatment of others, without the creation of embryos outside the body (i.e., gamete intra-fallopian transfer, a technique which a small number of clinics use)?**

- [ ] Yes
- [ ] No

2.2 **Do you consent to your eggs being used to create embryos outside the body (e.g., through IVF treatment) and for these embryos to be used for the treatment of others?**

- [ ] Yes
- [ ] No

2.3 **How many families may have children using your donated eggs?**

The maximum number is 10 families. This is to minimise the possibility of two children from the same donor having a relationship with each other without knowing they are genetically related. It is also based on the perceived interests of donor-conceived people and their parents in maintaining a relatively small number of siblings. Consenting to 10 families will help the greatest number of families and maximise the potential of your donation. You should think about how many families you are comfortable donating to and the long-term implications of donation.

[ ] families may have children using my donated eggs.

>>> Continues on the next page
2 About your egg donation continued

2.4 Do you have any restrictions that you would like to apply to any of your answers to 2.1 or 2.2?
You may want to put restrictions on who your eggs or embryos are used by, eg, a specified named recipient.

☐ Yes ☐ No specify your restrictions below then continue to section 2.5.

☐ No ☐ go to section 2.5.

2.5 Do you consent to your eggs being used for training purposes?
☐ Yes ☐ No

2.6 Do you consent to your embryos (created outside the body with your eggs) being used for training purposes?
☐ Yes ☐ No

3 Storing eggs and embryos

3.1 Do you consent to your eggs being stored?
☐ Yes ☐ No

3.2 Do you consent to embryos (created outside the body with your eggs) being stored?

Only complete this section if you answered yes to section 2.2. Please note that embryos can only be stored if the sperm provider has also given his consent.

☐ Yes ☐ No

☐ If you have answered no to both 3.1 and 3.2, sign the page declaration on this page and the next page then go to section four.

☐ If you have answered yes to 3.1 or 3.2, or both, sign the page declaration below then continue on the next page.


Page declaration

Your signature Date

X

For clinic use only (optional) Donor number

WD page 3 of 5
Version 5, 1 April 2015
3 Storing eggs and embryos continued

Egg and embryo storage periods
In this section you must state how long you consent to your eggs and/or embryos being stored for. You may want to think about how far in the future you want others to use your stored eggs and embryos – ask your clinic if you are unsure.

The law permits you to store for any period up to 10 years but in some cases where you, your partner, or the person to whom your eggs and embryos have been allocated, is prematurely infertile, or likely to become prematurely infertile, you may store for longer, up to 55 years.

A medical practitioner will need to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met. The storage period can then be extended by further 10 year periods (up to a maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

Once your eggs or embryos have been allocated to someone else’s treatment, the patient (together with the clinic) will determine how long the eggs and embryos are stored for within the boundaries of what you have consented to in this form.

3.3 For how long do you consent to your eggs being stored?
Only complete this section if you answered yes to section 3.1.

☐ 10 years
☐ 55 years
☐ A specific period (up to a maximum of 55 years) specify the number of years:

☐ years.

3.4 For how long do you consent to embryos (created with your eggs) being stored?
Only complete this section if you answered yes to section 3.2. Please note that the sperm provider also has to give his consent to storage.

☐ 10 years
☐ 55 years
☐ A specific period (up to a maximum of 55 years) specify the number of years:

☐ years.

The consent period will start from the date of storage. Remember you can always change the time period you consent to by completing this form again and specifying the new total time period you would like your eggs and embryos to be stored for. For example, if you consented to five years’ storage on the original form and wish to consent for a further five years (10 years in total), you would complete another copy of this form but tick the box for 10 years. This second form would supersede the first form you completed.
Declaration

Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to have counselling
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent at any point until the eggs or embryos have been transferred, used in training, or have been allowed to perish.

• I declare that the information I have given on this form is correct and complete.

• I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature

Date

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because she is unable to sign for herself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with her direction.

Representative’s name

Representative’s signature

Relationship to the person consenting

Date

Witness’s name

Witness’s signature

Date
Your consent to donating embryos

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if you are donating embryos for the treatment of others or for training purposes (to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment).

What do I need to know before filling in this form?
Before you fill in this form, you should have registered as a donor and completed the ‘Donor information form’.

You should also be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

• information about:
  – the different options set out in this form
  – the implications of giving your consent
  – the consequences of withdrawing this consent, and
  – how you can make changes to, or withdraw, your consent.
• an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?
By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want embryos created outside the body (in vitro) with your sperm or eggs to be used or stored (for example, for in vitro fertilisation (IVF) treatment). Embryos can only be used if both the egg and sperm provider have given their consent.

What if I want to donate embryos for research?
Embryos can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments.

This form only allows you to consent to donate embryos for the treatment of others or for training purposes. Your clinic can give you more information about donating for research and provide you with the relevant consent form(s).

What happens to my embryos if I die?
By consenting to donate your embryos, you are also agreeing for them to be used and stored if you were to die or lose the ability to decide for yourself (become mentally incapacitated). If you do not want your embryos to be used for the purposes outlined in this form if this were to happen, you can state this as a restriction (at section 2.3 of this form). You may also state here that you only want your embryos to be donated in the event of your death.

Please note that the clinic can only act on these wishes if they are informed about your death or mental incapacity. If you’re unsure of anything in relation to this, please ask your clinic.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
2 About your embryo donation

If you are a man, before you consent to an embryo created with your sperm being donated to a woman for treatment, you need to make sure you have read and understood HFEA guidance on the legal status of embryo donors. This is contained in guidance note 11 of the HFEA’s Code of Practice, available at www.hfea.gov.uk/498.html, and there are frequently asked questions on this issue on the HFEA website at www.hfea.gov.uk/1972.html.

Please note that embryos can only be used if both the egg and sperm provider have given their consent.

2.1 Do you consent to embryos (already created outside the body using your sperm or eggs) being used for the treatment of others?
☐ Yes  ☐ No

2.2 How many families may have children using your donated embryos?
The maximum number is 10 families. This is to minimise the possibility of two children from the same donor having a relationship with each other without knowing they are genetically related. It is also based on the perceived interests of donor-conceived people and their parents in maintaining a relatively small number of siblings. Consenting to 10 families will help the greatest number of families and maximise the potential of your donation. You should think about how many families you are comfortable donating to and the long-term implications of donation.

☐ families may have children using my donated embryos.
### 2 About your embryo donation continued

#### 2.3 Do you have any restrictions that you would like to apply to your answer in 2.1?

You may want to put restrictions on who your embryos are used by, e.g., a specified named recipient.

- [ ] Yes  ➞ specify your restrictions below then continue to section 2.4.

- [ ] No  ➞ go to section 2.4.

#### 2.4 Do you consent to embryos (already created outside the body with your sperm or eggs) being used for training purposes?

- [ ] Yes  
- [ ] No

### 3 Declaration

Please sign and date the declaration

**Your declaration**

- I declare that I am the person named in section one of this form.
- I declare that:
  - before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to have counselling
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  - I understand that I can make changes to, or withdraw, my consent at any point until the embryos have been transferred, used in training, or have been allowed to perish.
- I declare that the information I have given on this form is correct and complete.
- I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

**Your signature**

\[ X \]

**Date**  

\[ D \ D \ M \ M \ Y \ Y \]

Continues on the next page
If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

**Representative's declaration**

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with their direction.

**Representative’s name**

**Representative’s signature**

**Relationship to the person consenting**

**Date**

**Witness’s name**

**Witness’s signature**

**Date**
About this form
This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if you are a man commissioning a surrogacy arrangement and providing sperm or embryos (created outside the body with your sperm) to the surrogate.

What do I need to know before filling in this form?
Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw, your consent.
- an opportunity to have counselling about the implications of entering into a surrogacy arrangement.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

You are strongly advised to seek your own legal advice before entering into a surrogacy arrangement.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you. However, if you are consenting to being registered as the legal father of any child born as a result of treatment after your death (see section 6.6), you must sign the form yourself.

Why do I have to fill in this form?
By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your sperm, or embryos created outside the body with your sperm, to be used or stored (eg, for in vitro fertilisation (IVF) treatment). If you are storing your sperm or embryos, you must also state in writing how long you consent to them remaining in storage.

You are also legally required to record what you would like to happen to your sperm and embryos if you were to die or lose the ability to decide for yourself (become mentally incapacitated). While this is perhaps not something you have considered, your clinic needs to know this so that they only allow your sperm and embryos to be used according to your wishes. If you are unsure of anything in relation to this, please ask your clinic.

Why are there questions about using my sperm and embryos for training purposes?
You may have some sperm and embryos left which you do not wish to be used in future surrogacy treatment, or which are not viable for treatment. On this form, you can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

Unused sperm and embryos can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Your clinic can give you more information about this and provide you with the relevant consent form(s).

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
1 About you

1.1 Your first name(s)

1.2 Your surname

1.3 Your date of birth

1.4 Your NHS/CHI/HCN/passport number

2 About the surrogate (if known at the time of consent)

2.1 The surrogate’s first name(s)

2.2 The surrogate’s surname

2.3 The surrogate’s date of birth

2.4 The surrogate’s NHS/CHI/HCN/passport number

3 About the surrogacy arrangement

If you are providing sperm:

3.1 Do you consent to your sperm being transferred to the surrogate using artificial insemination (eg, intrauterine insemination (IUI) or gamete intra-fallopian transfer, a technique which a small number of clinics use)?

[ ] Yes  [ ] No

3.2 Do you consent to your sperm being used to create embryos outside the body and for these embryos to be transferred to the surrogate?

Please note that the egg provider also has to give her consent for embryos to be created and used.

[ ] Yes  [ ] No

Continues on the next page

Page declaration

Your signature

[ ]

Date

[ ]

For clinic use only (optional)  Patient number

Version 5, 1 April 2015
### About the surrogacy arrangement continued

If you are providing embryos:

3.3 **Do you consent to embryos (already created outside the body using your sperm) being transferred to the surrogate?**

Please note that the egg provider also has to give her consent for embryos to be used.

- [ ] Yes  
- [ ] No

### Storing sperm and embryos

4.1 **Do you consent to your sperm being stored?**

Only complete this section if you consented to your sperm being transferred to the surrogate ie, you answered yes to question 3.1 or 3.2.

- [ ] Yes  
- [ ] No

4.2 **Do you consent to the embryos (created outside the body with your sperm) being stored?**

Only complete this section if you consented to embryos being transferred to the surrogate ie, you answered yes to question 3.2 or 3.3.

Please note that embryos can only be stored if the egg provider has also given her consent.

- [ ] Yes  
- [ ] No

**Sperm and embryo storage periods**

Only continue reading and completing this section if you answered yes to either section 4.1 or 4.2.

You may wish to store any embryos left after your surrogate’s treatment so they can be used in future surrogacy treatment. To be stored, embryos are frozen or ‘vitrified’. When considering how long to store for, you may want to think about how far in the future you might want to use your stored sperm and embryos for surrogacy and the costs of storing – ask your clinic if you are unsure. The law permits you to store for any period up to 10 years but in cases where you or your partner are prematurely infertile, or likely to become prematurely infertile, you may store for longer (up to 55 years).

Please note that any arrangements you need to make regarding the practicalities of storage with your clinic or funding body are separate from this consent. For example, your clinic may only continue to store your sperm and embryos for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

- [ ] Yes  
- [ ] No

> Continues on the next page
4 Storing sperm and embryos continued

4.3 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?

Causes of premature infertility can include chemotherapy treatment and early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become prematurely infertile, you and your partner can change your consent to store your sperm and embryos for up to 55 years.

☐ Yes ► go straight to 4.6.
☐ No ► go to section 4.4

4.4 For how long do you consent to store your sperm?

Only complete this section if you answered yes to storing your sperm at 4.1.

You can consent to store your sperm for up to 10 years.

☐ For 10 years
☐ For a specific period (up to a maximum of 10 years) ► specify the number of years: __________ years

4.5 For how long do you consent to store your embryos?

Only complete this section if you answered yes to storing embryos at 4.2.

You can consent to store your embryos for up to 10 years. Please note that the egg provider also has to give her consent to storage.

☐ For 10 years
☐ For a specific period (up to a maximum of 10 years) ► specify the number of years: __________ years

The consent period will start from the date of storage. Remember you can always change the time period you consent to by completing this form again and specifying the new total time period you would like your sperm and embryos to be stored for. For example, if you consented to five years’ storage on the original form and wish to consent for a further five years (10 years in total), you should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form you completed.

► Now sign the page declaration below and go straight to section five.

4.6 Premature infertility

If you or your partner are prematurely infertile, or likely to become prematurely infertile, you can consent to store your sperm or embryos for up to 55 years. Although you can consent up to a maximum of 55 years on this form, after the first 10 years your medical practitioner will need to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met. The storage period can then be extended by further 10 year periods (up to a maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

►►►► Continues on the next page

Page declaration

Your signature Date

[Signature] [MM DD YYYY]
4 Storing sperm continued

For how long do you consent to store your sperm?
Only complete this question if you answered yes to storing your sperm at 4.1.
Please specify the number of years you consent to store your sperm for (up to a maximum of 55): __ years

For how long do you consent to store your embryos?
Only complete this question if you answered yes to storing your embryos at 4.2. Please note that the egg provider also has to give her consent to storage.
Please specify the number of years you consent to store your embryos for (up to a maximum of 55): __ years

Clinic staff: please attach all relevant medical practitioners’ statements to this form.

5 Using sperm and embryos for training

5.1 Do you consent to your sperm being used for training purposes?
☐ Yes ☐ No

5.2 Do you consent to embryos (already created outside the body with your sperm) being used for training purposes?
Please note that embryos can only be used if the egg provider has also given her consent.
☐ Yes ☐ No

6 In the event of your death or mental incapacity

As part of your consent, you also need to decide what you want to happen to your sperm or embryos (created outside the body with your sperm) if you die or lose the ability to decide for yourself (become mentally incapacitated). Please note that your sperm and embryos may only be used within the storage period you consented to above.

If you do not give your consent in the below section, your sperm or embryos must be allowed to perish in the event of your death or mental incapacity and cannot be used in treatment.

You also need to be aware that in the event of your death, it may not be possible for your partner to apply for a parental order. One of the conditions for applying for a parental order is that you must be in a couple (either married, civil partners or living together as partners).

Continues on the next page
6 In the event of your death or mental incapacity continued

About the use of your sperm
Only complete this part of section six if you are providing sperm.

6.1 Do you consent to your sperm being transferred to the surrogate using artificial insemination (eg, intrauterine insemination (IUI) or gamete intra-fallopian transfer, a technique which a small number of clinics use)?

If you die If you become mentally incapacitated
☐ Yes ☐ No ☐ Yes ☐ No

6.2 Do you consent to your sperm being used to create embryos outside the body (eg, through IVF), and for these embryos to be transferred to the surrogate?

Please note that the egg provider also has to give her consent for embryos to be created and used.

If you die If you become mentally incapacitated
☐ Yes ☐ No ☐ Yes ☐ No

6.3 Do you consent to your sperm being used for training purposes?

If you die If you become mentally incapacitated
☐ Yes ☐ No ☐ Yes ☐ No

About the use of embryos
Only complete this part of section six if you answered yes to question 3.2 or 3.3.

6.4 Do you consent to embryos (already created outside the body using your sperm) being transferred to the surrogate?

Please note that the egg provider also has to give her consent for embryos to be used.

If you die If you become mentally incapacitated
☐ Yes ☐ No ☐ Yes ☐ No

6.5 Do you consent to embryos (already created outside the body with your sperm) being used for training purposes?

Please note that embryos can only be used if the egg provider has also given her consent.

If you die If you become mentally incapacitated
☐ Yes ☐ No ☐ Yes ☐ No

Continues on the next page
Other uses for your sperm or embryos

If you wish to donate your sperm or embryos to others for use in their treatment, or for your partner’s treatment, if you die or become mentally incapacitated, please speak to your clinic for more information. Depending on your circumstances, you will need to complete one of the following:

• ‘Your consent to donating your sperm’ (MD) form, if you want to donate your sperm
• ‘Your consent to donating embryos’ (ED) form, if you want to donate embryos, or
• ‘Men’s consent to treatment and storage (IVF and ICSI)’ (MT) form, if you want your partner to use your embryos.

Consent to birth registration

Only complete this part of section six if you consented to your sperm, or embryos created outside the body with your sperm, being used in the surrogacy treatment after your death and you intend on being the legal parent of the child on birth.

If you have given your consent to your sperm or embryos (to be created outside the body with your sperm) being used after your death, you may also wish to consent to being registered as the legal father of any child that is born as a result of the surrogacy treatment.

Please note that the law concerning posthumous conception and surrogacy is complex and it may not be straightforward for your surviving partner to pursue a surrogacy arrangement after your death. We recommend you seek legal advice.

Do you consent to being registered as the legal father of any child born as a result of the surrogacy treatment after your death?

By ticking yes, you consent to the following:

• I consent to my name, place of birth and occupation being entered on the register of births as the legal father of any child born from the surrogate’s treatment.

This register is kept under the Births and Deaths Registration Act 1953, or the Births and Deaths Registration (Northern Ireland) Order 1976, or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

• I also consent to information about my or the surrogate’s treatment being disclosed to the surrogate and one of the following registrars:
  – the Registrar General for England and Wales
  – the Registrar General for Scotland
  – the Registrar for Northern Ireland.

Please note that being recorded in the register of births as the legal father of a child born from the surrogate’s treatment does not transfer any inheritance or other legal rights to the child.

☐ Yes ☐ No
Declaration

Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in this form and I was given an opportunity to have counselling
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent at any point until the sperm or embryos have been transferred, used in training, or have been allowed to perish.

• I declare that the information I have given on this form is correct and complete.

• I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature

Date

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because he is unable to sign himself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

However, if the person consenting consented to being registered as the legal father after his death (that is if he ticked yes to question 6.6), he must sign the form himself.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with his direction.

Representative’s name

Representative’s signature

Date

Relationship to the person consenting

Witness’s name

Witness’s signature

Date
Women’s consent to the use and storage of eggs or embryos for surrogacy

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are a woman commissioning a surrogacy arrangement and are providing eggs or embryos (created outside the body with your eggs) to the surrogate.

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw, your consent.
- an opportunity to have counselling about the implications of entering into a surrogacy arrangement.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

You are strongly advised to seek your own legal advice before entering into a surrogacy arrangement.

If you are providing eggs or embryos to be transferred to a surrogate and wish to be the nominated legal parent of the resulting child on birth, you also need to fill in the ‘Your consent to being the legal parent in surrogacy’ (SPP) form.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your eggs, or embryos created outside the body with your eggs, to be used or stored (eg, for in vitro fertilisation (IVF) treatment). If you are storing your eggs or embryos, you must also state in writing how long you consent to them remaining in storage.

You are also legally required to record what you would like to happen to your eggs and embryos if you were to die or lose the ability to decide for yourself (become mentally incapacitated). While this is perhaps not something you have considered, your clinic needs to know this so that they only allow your eggs and embryos to be used according to your wishes. If you’re unsure of anything in relation to this, please ask your clinic.

Why are there questions about using my eggs and embryos for training purposes?

You may have some eggs and embryos left which you do not wish to be used in future surrogacy treatment, or which are not viable for treatment. On this form, you can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

Unused eggs and embryos can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Your clinic can give you more information about this and provide you with the relevant consent form(s).

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
1. About you

1.1 Your first name(s)

1.2 Your surname

1.3 Your date of birth

1.4 Your NHS/CHI/HCN/passport number (please circle)

2. About the surrogate (if known at the time of consent)

2.1 The surrogate’s first name(s)

2.2 The surrogate’s surname

2.3 The surrogate’s date of birth

2.4 The surrogate’s NHS/CHI/HCN/passport number (please circle)

3. About the surrogacy arrangement

If you are providing eggs:

3.1 Do you consent to your eggs being transferred to the surrogate (i.e., gamete intra-fallopian transfer, a technique which a small number of clinics use)?

☐ Yes  ☐ No

3.2 Do you consent to your eggs being used to create embryos outside the body (e.g., through IVF treatment) and for these embryos to be transferred to the surrogate?

Please note that the sperm provider also has to give his consent for embryos to be created and used.

☐ Yes  ☐ No

If you are providing embryos:

3.3 Do you consent to embryos (already created outside the body using your eggs) being transferred to the surrogate?

Please note that the sperm provider also has to give his consent for embryos to be used.

☐ Yes  ☐ No

Page declaration

Your signature  Date

X  D M Y

For clinic use only (optional)  Patient number  WSG page 2 of 7
4 Storing eggs and embryos

4.1 Do you consent to your eggs being stored?
Only complete this section if you consented to your eggs being used ie, you answered yes to question 3.1 or 3.2.

☐ Yes  ☐ No

4.2 Do you consent to the embryos (created outside the body with your eggs) being stored?
Only complete this section if you consented to embryos being transferred to the surrogate ie, you answered yes to question 3.2 or 3.3.

Please note that embryos can only be stored if the sperm provider has also given his consent.

☐ Yes  ☐ No

Egg and embryo storage periods
Only continue reading and completing this section if you answered yes to either section 4.1 or 4.2.

You may wish to store any embryos left after your surrogate’s treatment so they can be used in future surrogacy treatment. To be stored, embryos are frozen or ‘vitrified’. When considering how long to store for, you may want to think about how far in the future you might want to use your stored eggs and embryos for surrogacy and the costs of storing – ask your clinic if you are unsure. The law permits you to store for any period up to 10 years but in cases where you or your partner are prematurely infertile, or likely to become prematurely infertile, you may store for longer (up to 55 years).

Please note that any arrangements you need to make regarding the practicalities of storage with your clinic or funding body are separate from this consent. For example, your clinic may only continue to store your eggs or embryos for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

4.3 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?

Causes of premature infertility can include chemotherapy treatment or early menopause.
Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become prematurely infertile, you and your partner can change your consent to store your eggs and embryos for up to 55 years.

☐ Yes  ✔ now sign the page declaration below and go straight to section 4.6.

☐ No  ➤ after signing the page declaration below, continue to section 4.4.
4.4 **For how long do you consent to store your eggs?**

*Only complete this section if you answered yes to storing your eggs at 4.1.*

You can consent to store your eggs for up to 10 years.

- [ ] For 10 years
- [ ] For a specific period (up to a maximum of 10 years) ▶ specify the number of years: __________ years

4.5 **For how long do you consent to store your embryos?**

*Only complete this section if you answered yes to storing embryos at 4.2.*

You can consent to store your embryos for up to 10 years. Please note that the sperm provider also has to give his consent to storage.

- [ ] For 10 years
- [ ] For a specific period (up to a maximum of 10 years) ▶ specify the number of years: __________ years

The consent period will start from the date of storage. Remember you can always change the time period you consent to by completing this form again and specifying the new total time period you would like your embryos to be stored for. For example, if you consented to five years’ storage on the original form and wish to consent for a further five years (10 years in total), you should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form you completed.

▶▶ Now sign the page declaration below and go straight to section five.

4.6 **Premature infertility**

If you or your partner are prematurely infertile, or likely to become prematurely infertile, you can consent to store your eggs or embryos for up to 55 years. Although you can consent up to a maximum of 55 years on this form, after the first 10 years your medical practitioner will need to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met. The storage period can then be extended by further 10 year periods (up to a maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

**For how long do you consent to store your eggs?**

*Only complete this question if you answered yes to storing your eggs at 4.1.*

Please specify the number of years you consent to store your eggs for (up to a maximum of 55): __________ years

▶▶▶ Continues on the next page

---

**Page declaration**

**Your signature**

[ ]

**Date**

[ ]

---

For clinic use only (optional) **Patient number**

WSG page 4 of 7

Version 5, 1 April 2015
4 Storing eggs and embryos continued

For how long do you consent to store your embryos?

Only complete this question if you answered yes to storing your embryos at 4.2.
Please specify the number of years you consent to store your embryos for (up to a maximum of 55). Please note that the sperm provider also has to give his consent to storage.

☐ years

Clinic staff: please attach all relevant medical practitioners’ statements to this form.

5 Using eggs and embryos for training

5.1 Do you consent to your eggs being used for training purposes?
☐ Yes ☐ No

5.2 Do you consent to embryos (already created outside the body with your eggs) being used for training purposes?
Please note that embryos can only be used if the sperm provider has also given his consent.

☐ Yes ☐ No

6 In the event of your death or mental incapacity

As part of your consent, you also need to decide what you want to happen to your eggs or embryos (created outside the body with your eggs) if you die or lose the ability to decide for yourself (become mentally incapacitated). Please note that your eggs and embryos may only be used within the storage period you consented to above.

If you do not give your consent in the below section, your eggs or embryos must be allowed to perish in the event of your death or mental incapacity and cannot be used in treatment.

You also need to be aware that in the event of your death, it may not be possible for your partner to apply for a parental order. One of the conditions for applying for a parental order is that you must be in a couple (either married, civil partners or living together as partners).

About the use of your eggs

Only complete this part of section six if you are providing eggs.

6.1 Do you consent to your eggs being transferred to the surrogate (ie, through gamete intra-fallopian transfer, a technique which a small number of clinics use)?

If you die

If you become mentally incapacitated

☐ Yes ☐ No

☐ Yes ☐ No

Continues on the next page

Page declaration

Your signature

☐ Date

For clinic use only (optional) Patient number

Version 5, 1 April 2015
6.2 Do you consent to your eggs being used to create embryos outside the body (e.g., through IVF), and for these embryos to be transferred to the surrogate?

Please note that the sperm provider also has to give his consent for embryos to be created and used.

If you die  If you become mentally incapacitated
☐ Yes  ☐ No  ☐ Yes  ☐ No

6.3 Do you consent to your eggs being used for training purposes?

If you die  If you become mentally incapacitated
☐ Yes  ☐ No  ☐ Yes  ☐ No

About the use of embryos

Only complete this part of section six if you answered yes to question 3.2 or 3.3.

6.4 Do you consent to embryos (already created outside the body using your eggs) being transferred to the surrogate?

Please note that the sperm provider also has to give his consent for embryos to be used.

If you die  If you become mentally incapacitated
☐ Yes  ☐ No  ☐ Yes  ☐ No

6.5 Do you consent to embryos (already created outside the body with your eggs) being used for training purposes?

Please note that embryos can only be used if the sperm provider has also given his consent.

If you die  If you become mentally incapacitated
☐ Yes  ☐ No  ☐ Yes  ☐ No

Other uses for your eggs or embryos

If you wish to donate your eggs or embryos to others for use in their treatment, or for your partner’s treatment, if you die or become mentally incapacitated, please speak to your clinic for more information. Depending on your circumstances, you will need to complete either:

- ‘Your consent to donating your eggs’ (WD) form, if you want to donate your eggs, or
- ‘Your consent to donating embryos’ (ED), if you want to donate your embryos.
# Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section one of this form.
- I declare that:
  - before I completed this form, I was given information about the different options set out in this form and I was given an opportunity to have counselling
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  - I understand that I can make changes to, or withdraw, my consent at any point until the eggs or embryos have been transferred, used in training, or have been allowed to perish.
- I declare that the information I have given on this form is correct and complete.
- I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature

[ ]

Date

[ ]

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because she is unable to sign herself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with her direction.

Representative’s name

[ ]

Representative’s signature

[ ]

Relationship to the person consenting

[ ]

Date

[ ]

Witness’s name

[ ]

Witness’s signature

[ ]

Date

[ ]
Your consent to being the legal parent in surrogacy

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are a man or a woman commissioning a surrogacy arrangement and you wish to be nominated as the other legal parent of the child, together with your surrogate. You may be:

• an intended father who is not the biological father – for example an intended father using donor sperm (or embryos created outside the body (in vitro) using donor sperm) or the male partner of the biological father, or

• an intended female parent.

Who should not fill in this form?

You should not complete this form if:

• the surrogate is married or in a civil partnership and her spouse or civil partner consents to the treatment (the surrogate’s spouse or civil partner will be the other legal parent)

• you are the biological father (since in common law you will automatically be the legal parent if the surrogate is not married or in a civil partnership and no-one else has been nominated as a parent).

What do I need to know before filling in this form?

Before filling in this form you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

• information about:
  – the different options set out in this form
  – the implications of giving your consent
  – the consequences of withdrawing this consent, and

  – how you can make changes to, or withdraw, your consent.

• an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

You are strongly advised to seek your own legal advice before entering into a surrogacy arrangement.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you. However, if you are consenting to being registered as the legal parent of any child born as a result of treatment after your death (see section 4.1), you must sign the form yourself.

Why do I have to fill in this form?

The surrogate will be the legal mother of any child born from the surrogacy treatment when the child is born.

By law (the Human Fertilisation and Embryology Act 2008), someone other than the biological father can be nominated as the second legal parent of any child born from the treatment – as long as both the nominated parent and the surrogate give notices consenting to this in writing before sperm, egg or embryo transfer.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
You may also wish to decide whether, in the event of your death, you would like to be registered as the legal parent of any child born from surrogacy treatment (with embryos created before your death and provided to the surrogate after your death).

Please note that the law concerning posthumous conception and surrogacy is complex and if you are registered as the legal parent after your death, it may not be straightforward for your surviving partner to pursue a surrogacy arrangement.

Continues on the next page
4 In the event of your death continued

4.1 Do you consent to embryos created before your death being transferred to your surrogate after your death, and to being registered as the legal parent of any child born from your surrogate's treatment after your death (i.e., posthumous birth registration)?

By ticking yes, you consent to the following:

• I consent to my name, place of birth and occupation being entered on the register of births as the legal parent of any child born from the surrogate's treatment.

The register is kept under the Birth and Deaths Registration Act 1953, or the Births and Deaths Registration (Northern Ireland) Order 1976, or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

• I also consent to my information (relating to the surrogate's treatment) being disclosed to one of the following registrars:
  – the Registrar General for England and Wales
  – the Registrar General for Scotland
  – the Registrar for Northern Ireland.

Please note that being recorded in the register of births as the legal parent of a child born from the surrogate's treatment does not transfer any inheritance or other legal rights to the child.

☐ Yes  ☐ No

5 Declaration

Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form I was given information about the different options set out in this form and I was given an opportunity to have counselling
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent at any time until the eggs, sperm, or embryos have been transferred.

• I declare that the information I have given on this form is correct and complete.

• I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my partner's treatment, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990 (as amended)), or for record storage and archiving purposes.

Your signature

Date

Continues on the next page
If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

However, if the person consenting consented to being registered as the legal parent after their death (that is if they ticked yes to question 4.1), they must sign the form for themselves.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with their direction as a record of their consent.

Representative’s name

Representative’s signature

Date

Witness’s name

Witness’s signature

Date
About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if you are a surrogate and:

• you wish to **nominate one of the intended parents** commissioning the surrogacy arrangement (other than the biological father) to be the legal parent of any child born as a result of this treatment upon birth, and

• you are **not married or in a civil partnership** (or your spouse or civil partner does not consent to your treatment).

Who should not fill in this form?
You should not complete this form if you are:

• married or in a civil partnership and your spouse or civil partner consents to your treatment (your spouse or civil partner will be the other legal parent), or

• not married or in a civil partnership and wish the intended biological father to be the legal father (he will automatically be the legal father if no-one else has been nominated as a legal parent).

What do I need to know before filling in this form?
Before filling in this form you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

• information about:
  – the different options set out in this form
  – the implications of giving your consent
  – the consequences of withdrawing this consent, and
  – how you can make changes to, or withdraw, your consent.

• an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

You are strongly advised to seek your own legal advice before entering into a surrogacy arrangement.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?
The surrogate will be the legal mother of any child born from the surrogacy treatment when they are born. By law (the Human Fertilisation and Embryology Act 2008), someone other than the biological father can be nominated as the second legal parent – as long as both the nominated parent and the surrogate give notices consenting to this in writing before sperm, egg or embryo transfer.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
1 About you (the surrogate)

1.1 Your first name(s)

Place clinic sticker here

1.2 Your surname

1.3 Your date of birth

1.4 Your NHS/CHI/HCN/passport number
   (please circle)

2 About the nominated intended parent

2.1 The nominated parent’s first name(s)

Place clinic sticker here

2.2 The nominated parent’s surname

2.3 The nominated parent’s date of birth

2.4 The nominated parent’s NHS/CHI/HCN/passport number
   (please circle)

3 Your consent

3.1 Your consent to the nominated intended parent being the legal parent

Please tick the box next to the statement below to confirm your consent.

☐ I consent to the person named in section two being the legal parent of any child born from my treatment.

Page declaration

Your signature

Date

For clinic use only (optional) Patient number

SWP page 2 of 3
Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section one of this form.
- I declare that:
  - before I completed this form, I was given information about the options set out in this form and I was given an opportunity to have counselling
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  - I understand that I can make changes to, or withdraw, my consent at any time until the eggs, sperm or embryos have been transferred.
- I declare that the information I have given on this form is correct and complete.
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990 (as amended)), or for record storage and archiving purposes.

Your signature          Date
✗

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consent ing (because she is unable to sign for herself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative's declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with her direction as a record of her consent.

Representative’s name          Representative’s signature

Relationship to the person consenting          Date

Witness’s name          Witness’s signature

Date
About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if you are commissioning a surrogacy arrangement, a surrogate, or the partner of a surrogate, and you wish to withdraw your consent to:

- **the use or storage** of your eggs, sperm or embryos, or
- **being the nominated legal parent** of any child born as a result of the surrogacy treatment, or
- **the intended parent** commissioning the surrogacy being the nominated legal parent of any child born as a result of your treatment.

If you are not in a surrogacy arrangement and you wish to withdraw your consent, please instead complete the ‘Withdrawing your consent’ (WC) form.

Who should not fill in this form?
If you are a surrogate you cannot withdraw your consent to being the legal parent of any child born as a result of the surrogacy treatment. You will be the legal mother when the child is born.

You also cannot withdraw your consent to the biological father being the legal parent of any child born as a result of the surrogacy treatment (since in common law he will automatically be the legal parent if you are not married or in a civil partnership and no-one else has been nominated as a parent).

If you are the biological father commissioning the surrogacy arrangement, you cannot withdraw your consent to being the legal parent of the resulting child, unless someone else (such as your partner) has been nominated as the other legal parent.

What do I need to know before filling in this form?
Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes information about:

- the different options set out in this form
- the implications of withdrawing your consent,
- when you can withdraw consent.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?
If you wish to withdraw your consent to anything you previously consented to, by law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to do this in writing.

When can I withdraw my consent?
If your consent relates to the use of sperm, eggs or embryos for surrogacy then it can be varied or withdrawn using this form at any time until the point of sperm, egg or embryo transfer.

Consent to parenthood can also be varied and withdrawn with this form up to the point of transfer. Consent to the use of sperm, eggs and embryos for research and training can be varied and withdrawn with this form until they have been used for these purposes.

When filling in this form, make sure you sign each page declaration and relevant section declarations. This is to confirm you have read the information and fully agree with the consent and information you have given. When you have completed this form you may request a copy of it from your clinic.
### About you

1. **Your first name(s)**

   

2. **Your surname**

   

3. **Your date of birth**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Your NHS/CHI/HCN/passport number**

   (please circle)

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### About the surrogate, the intended parent, or your partner

(ie, the person your withdrawal of consent relates to)

1. **First name(s)**

   

2. **Surname**

   

3. **Date of birth**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **NHS/CHI/HCN/passport number**

   (please circle)

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Your withdrawal of consent

3.1 **Why are you completing this form?**

**I am the surrogate**

- I am a surrogate and I am withdrawing my consent to the use(s) or storage of my eggs or embryos (created outside the body with my eggs) in the surrogacy treatment. 
  - Sign the page declaration below then complete section four.

- I am a surrogate and I am withdrawing my consent to the nominated intended parent commissioning the surrogacy arrangement being the legal parent of any child born as a result of my treatment. 
  - Sign the page declarations on this page and the next page then complete section six.

- I am a surrogate and I am withdrawing my consent to my partner being the legal parent of any child born as a result of my treatment. 
  - Sign the page declarations on this page and the next page then complete section six.

   >>> Continues on the next page

### Page declaration

**Your signature**

| X |

**Date**

| D | M | Y |

---

For clinic use only (optional)

**Patient number**

---

Version 3, 1 April 2015
3 Your withdrawal of consent continued

I am the intended parent

☐ I am commissioning a surrogacy arrangement and I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos (created outside the body with my eggs or sperm) in the surrogacy treatment. ▶ Complete section four.

☐ I am commissioning a surrogacy arrangement and I am withdrawing my consent to being the nominated legal parent of any child born from the surrogacy treatment. ▶ Sign the page declaration below then complete section five.

I am the partner of the surrogate

☐ I am the surrogate’s partner and I am withdrawing my consent to being the legal parent of any child born from the surrogacy treatment. ▶ Sign the page declaration below then complete section five.

4 Withdrawing consent to use or storage

Only complete this section if you are withdrawing your consent to the use(s) or storage of your eggs, sperm or embryos in surrogacy treatment.

4.1 Are you withdrawing your consent to the use(s) of your eggs, sperm or embryos in surrogacy treatment?

☐ No ▶ now sign the page declaration below then go straight to section 4.2.

☐ Yes ▶ specify below which use or uses you are withdrawing your consent to (remember to sign the page declaration before continuing to the next page):

For your eggs

☐ My treatment as the surrogate
☐ The treatment of the surrogate (named in section two)
☐ Research purposes
☐ Training purposes

For your sperm

☐ The treatment of the surrogate (named in section two)
☐ Research purposes
☐ Training purposes

For embryos (created outside the body with your eggs or sperm)

☐ My treatment as the surrogate
☐ The treatment of the surrogate (named in section two)
☐ Research purposes
☐ Training purposes

Continues on the next page
4 Withdrawing consent to use or storage continued

Withdrawing your consent to the storage of your eggs, sperm or embryos

When withdrawing your consent to storage, you automatically consent to allowing your eggs, sperm or embryos to perish.

If you withdraw your consent to the storage of embryos and the embryos were to be used for the surrogacy treatment, the intended parents commissioning the surrogacy or the surrogate will be notified of your withdrawal.

Please note that the embryos may remain in storage for up to 12 months after your withdrawal if other interested parties do not agree to the embryos being allowed to perish. The embryos cannot be used during this 12 month period. At the end of the 12 months the embryos will be allowed to perish.

4.2 Are you withdrawing your consent to the storage of your eggs, sperm or embryos?

☐ No ► go to section 4.3.

☐ Yes ► specify below what you are withdrawing your consent to then continue to 4.3:

☐ The storage of my eggs

☐ The storage of my sperm

☐ The storage of embryos (created outside the body with my eggs or sperm)

4.3 Declaring your withdrawal

Sign and date your withdrawal.

Your signature Date

✗

D M Y

5 Withdrawing consent to being the legal parent

You can only complete this section if:

• you are the surrogate’s partner (where you are not married or in a civil partnership and are not the biological father), or

• you are commissioning a surrogacy arrangement and you are the intended father (where you are not the biological father, unless someone else has been nominated), or

• you are commissioning a surrogacy arrangement and you are the intended female parent.

5.1 Withdrawing your consent

Please note that the surrogate will be informed of your withdrawal.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

☐ I withdraw my consent to being the legal parent of any child born from the treatment of the surrogate (named in section two).

Continues on the next page
### 5 Withdrawing consent to being the legal parent

#### 5.2 Declaring your withdrawal

Sign and date your withdrawal.

<table>
<thead>
<tr>
<th>Your signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### 6 Withdrawing consent to your partner, or the nominated intended parent, being the legal parent

Only complete this section if you are a surrogate withdrawing consent to:

- your partner being the legal parent (if you are not married or in a civil partnership and you are using sperm or embryos created from a donor or a man other than your partner), or
- the intended father being the legal parent (where he is not the biological father, unless someone else has been nominated), or
- the intended female parent being the legal parent.

#### 6.1 Withdrawing your consent

Please note that your partner or the nominated intended parent commissioning the surrogacy arrangement will be informed of your withdrawal.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

- [ ] I withdraw my consent to my partner or the nominated intended parent commissioning the surrogacy arrangement (named in section two) being the legal parent of any child born from my treatment.

#### 6.2 Declaring your withdrawal

Sign and date your withdrawal.

<table>
<thead>
<tr>
<th>Your signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in this form,
  – the implications of withdrawing consent have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent at any point until the time of egg, sperm or embryo transfer, their use in research or training, or until the eggs, sperm or embryos have been allowed to perish.

• I declare that the information I have given on this form is correct and complete.

• I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, donation or storage, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990 (as amended)), or for record storage and archiving purposes.

Your signature

[ ]

Date

[ ]

If signing at the direction of the person withdrawing consent

If you have completed this form at the direction of the person withdrawing consent (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person withdrawing consent is present when you sign the form.

Representative’s declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with their direction.

Representative’s name

[ ]

Representative’s signature

[ ]

Relationship to the person consenting

[ ]

Date

[ ]

Witness’s name

[ ]

Witness’s signature

[ ]

Date

[ ]
About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if you wish to withdraw your consent to:

• the use or storage of your eggs, sperm or embryos, or

• being the legal parent of any child born as a result of your partner’s treatment – you can only do this if donor sperm or embryos are being used in your partner’s treatment and you are not married to, or in a civil partnership with, her, or

• your partner being the legal parent of any child born as a result of your treatment – you can only do this if donor sperm or embryos are being used in your treatment and you are not married to, or in a civil partnership with, your partner.

If you are withdrawing your consent in a surrogacy arrangement, please instead complete the ‘Surrogacy – withdrawing your consent’ (SWC) form.

What do I need to know before filling in this form?
Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions: This includes information about:

• the different options set out in this form

• the implications of withdrawing your consent, and

• when you can withdraw consent.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

Why do I have to fill in this form?
If you want to withdraw your consent to anything you previously consented to, by law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to do this in writing.

When can I withdraw my consent?
If your consent relates to the use of sperm, eggs or embryos for treatment or donation then it can be varied or withdrawn using this form at any time until the point of sperm, egg or embryo transfer.

Consent to parenthood can also be varied and withdrawn with this form up to the point of transfer. Consent to the use of sperm, eggs and embryos for research and training can be varied and withdrawn with this form until they have been used for these purposes.

When filling in this form, make sure you sign each page declaration and relevant section declarations. This is to confirm you have read the information and fully agree with the consent and information you have given. When you have completed this form you may request a copy of it from your clinic.
1 About you
1.1 Your first name(s)  
[ ] Place clinic sticker here

1.2 Your surname

1.3 Your date of birth  
[ ] Day  [ ] Month  [ ] Year

1.4 Your NHS/CHI/HCN/passport number  
(please circle)

2 About your partner

Only complete this section if you are withdrawing consent in relation to treatment with a past or current partner.

2.1 Your partner’s first name(s)  
[ ] Place clinic sticker here

2.2 Your partner’s surname

2.3 Your partner’s date of birth  
[ ] Day  [ ] Month  [ ] Year

2.4 Your partner’s NHS/CHI/HCN/passport number  
(please circle)

3 Your withdrawal of consent
3.1 Why are you completing this form?

☐ I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos (created outside the body with my eggs or sperm) in my treatment or my partner’s treatment. ▶ Sign the page declaration below then complete section four.

☐ I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos (created outside the body with my eggs or sperm) in the treatment of others (donation). ▶ Sign the page declaration below then complete section four.

☐ I am withdrawing my consent to being the legal parent of any child born from the treatment of my partner. ▶ Sign the page declarations on this page and the next page then complete section five.

☐ I am withdrawing my consent to my partner being the legal parent of any child born from my treatment. ▶ Sign the page declarations on this page and the next page then complete section six.

Page declaration

Your signature

[ ] Date  [ ] Day  [ ] Month  [ ] Year

For clinic use only (optional)  
Patient number

Version 6, 1 April 2015
4. Withdrawing consent to use or storage

Only complete this section if you are withdrawing your consent to the use(s) or storage of your eggs, sperm or embryos.

4.1 Are you withdrawing your consent to the use(s) of your eggs, sperm or embryos?

☐ No  ➤ now sign the page declaration below and go straight to section 4.2.

☐ Yes  ➤ specify which use(s) you are withdrawing your consent to below (remember to sign the page declaration before continuing to the next page):

For your eggs
- ☐ My treatment
- ☐ The treatment of others (donation)
- ☐ Research purposes
- ☐ Training purposes

For your sperm
- ☐ The treatment of my partner (named in section two)
- ☐ The treatment of others (donation)
- ☐ Research purposes
- ☐ Training purposes

For embryos (created outside the body with your eggs or sperm)
- ☐ The treatment of myself or my partner (named in section two)
- ☐ The treatment of others (donation)
- ☐ Research purposes
- ☐ Training purposes

Withdrawing your consent to the storage of your eggs, sperm or embryos

When withdrawing your consent to storage, you automatically consent to allowing your eggs, sperm or embryos to perish.

If you withdraw your consent to the storage of embryos, and the embryos were to be used for your partner’s or someone else’s treatment, they will be notified of your withdrawal.

Please note that the embryos may remain in storage for up to 12 months after your withdrawal if other interested parties do not agree to the embryos being allowed to perish. The embryos cannot be used during this 12 month period. At the end of the 12 months the embryos will be allowed to perish.

Continues on the next page

Page declaration

Your signature Date

☐ Date

For clinic use only (optional)  Patient number  WC page 3 of 6
4.2 Are you withdrawing your consent to the storage of your eggs, sperm or embryos?

- No → go straight to section 4.3.
- Yes → specify below what you are withdrawing your consent to then continue to section 4.3.

  - The storage of my eggs
  - The storage of my sperm
  - The storage of embryos (created outside the body with my eggs or sperm)

4.3 Declaring your withdrawal

Sign and date your withdrawal.

Your signature  Date

✗

D  M  Y

4.3 Withdrawing consent to being the legal parent

You can only complete this section if:

- you are the partner of a woman receiving treatment
- donor sperm or embryos (created outside the body with donor sperm) are being used in your partner’s treatment, and
- you are not married or in a civil partnership.

5.1 Withdrawing your consent

Please note that your partner will be informed of your withdrawal.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

- I withdraw my consent to being the legal parent of any child born from the treatment of my partner (named in section two).

5.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature  Date

✗

D  M  Y
6  Withdrawing consent to your partner being the legal parent

You can only complete this section if:

- you are a woman receiving treatment
- you are not married to, or in a civil partnership with, your partner, and
- donor sperm or embryos created outside the body with donor sperm are being used in your treatment.

6.1  Withdrawing your consent

Please note that your partner will be informed of your withdrawal.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

☐ I withdraw my consent to my partner (named in section two) being the legal parent of any child born from my treatment.

6.2  Declaring your withdrawal

Sign and date your withdrawal.

Your signature  Date

✗

D D M Y

7  Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section one of this form.
- I declare that:
  - before I completed this form, I was given information about the different options set out in this form
  - the implications of withdrawing consent have been fully explained to me, and
  - I understand that I can make changes to, or withdraw, my consent at any point until the time of egg, sperm, or embryo transfer, their use in research or training, or until the eggs, sperm or embryos have been allowed to perish.
- I declare that the information I have given on this form is correct and complete.
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, donation or storage, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990, (as amended)), or for record storage and archiving purposes.

Your signature  Date

✗

D D M Y
If signing at the direction of the person withdrawing consent
If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative’s declaration
I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with their direction.

Representative’s name

Representative’s signature

Relationship to the person consenting

Date

Witness’s name

Witness’s signature

Date
About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are a woman having fertility treatment with donor sperm or embryos and you do not want your spouse or civil partner to be treated as the legal parent of any child born from your treatment because they do not consent to your treatment (a lack of consent). This may be because they do not agree with you having treatment or you are separated so they are unaware that you are having treatment.

This form is intended to provide evidence of the facts at the time of conception, to help determine whether your spouse or civil partner is treated as the other legal parent of any child you conceive (of which he or she is not a biological parent).

If you do not wish your spouse or civil partner to be the legal parent of any child born as a result of your treatment, you are strongly advised to seek your own legal advice.

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions.

This includes information about:

• the appropriate evidence that is required to demonstrate your spouse or civil partner’s lack of consent to your treatment
• the implications of your spouse or civil partner’s lack of consent to your treatment, and
• the fact that you should demonstrate your spouse or civil partner’s lack of consent to your treatment before each egg, sperm or embryo transfer.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you.

Why should I fill in this form?

By law your spouse or civil partner will automatically be the legal parent of any child born from your fertility treatment (even though they may not be the biological parent), unless it can be shown that they did not consent to your treatment.

Where legal parenthood is disputed you will need to provide appropriate evidence to demonstrate that your spouse or civil partner did not consent to your treatment.

Whilst any dispute is for the family court and/or births registrar to determine, this form allows you to provide the facts about why your spouse or civil partner does not consent at the time of treatment.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the information given. When you have completed the form you may request a copy of it from your clinic.
1 About you

1.1 Your first name(s)

1.2 Your surname

1.3 Your date of birth

1.4 Your NHS/CHI/HCN/passport number (please circle)

2 About your spouse or civil partner

2.1 Your partner’s first name(s)

2.2 Your partner’s surname

2.3 Your partner’s date of birth

2.4 Your partner’s NHS/CHI/HCN/passport number (please circle)

3 Stating your spouse or civil partner’s lack of consent

3.1 Please state your spouse or civil partner’s lack of consent by ticking the box next to the statement below.

☐ I cannot demonstrate that my partner consents to my treatment (there is a lack of consent) and therefore they should not be treated as the legal parent of any child born from my treatment.

Please provide appropriate evidence on the next page to demonstrate the facts around why your spouse or civil partner does not consent to your treatment eg, if you and your spouse/civil partner are separated and he or she is not aware of your treatment.

If you cannot demonstrate this, your spouse or civil partner will be the legal parent of any child born as a result of your treatment.

You are strongly advised to seek your own legal advice.

Continues on the next page

Page declaration

Your signature Date

For clinic use only (optional) Patient number LC page 2 of 5

Version 3, 1 April 2015
Declaring your spouse or civil partner’s lack of consent

Sign and date below.

Your signature  Date

✗
Declaration

Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the appropriate evidence that is required to demonstrate my spouse or civil partner’s lack of consent to my treatment
  – the implications of my spouse or civil partner’s lack of consent to my treatment have been fully explained to me, and
  – I understand that I should demonstrate my spouse or civil partner’s lack of consent to my treatment before each egg, sperm, or embryo transfer.

• I declare that the information I have given on this form is true and complete.

• I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, donation or storage, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990 (as amended)), or for record storage and archiving purposes.

Your signature

Date

If signing at the direction of the person stating lack of consent

If you have completed this form at the direction of the person stating lack of consent (because she is unable to sign herself due to physical illness, injury or disability) you must sign and date below.

There must also be a witness confirming that the person stating lack of consent is present when you sign the form.

Representative’s declaration

• I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with her direction.

• I declare that the person named in section one has declared before me and the witness that:
  – before she completed this form, she was given information about the appropriate evidence that is required to demonstrate her spouse or civil partner’s lack of consent to her treatment
  – the implications of her spouse or civil partner’s lack of consent to her treatment have been fully explained to her, and

Continues on the next page
– she understands that she should demonstrate her spouse or civil partner’s lack of consent to her treatment before each egg, sperm, or embryo transfer.

• I declare that the person named in section one has declared before me and the witness that the information she has given on this form is true and complete.

• I declare that the person named in section one has declared before me and the witness that she consents to the clinic (or any subsequent HFEA-licensed clinic that may become involved in her treatment, donation or storage, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990, as amended), or for record storage and archiving purposes.

Representative’s name

Representative’s signature

X

Relationship to the person consenting

Date

Witness’s name

Witness’s signature

X

Date
About this form
This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if your partner is receiving treatment using donor sperm, or embryos created outside the body (in vitro) using donor sperm, and you wish to be the legal parent of any child born from your partner’s treatment.

What do I need to know before filling in this form?
Before you fill in this form you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

• information about:
  – the different options set out in this form
  – the implications of giving your consent
  – the consequences of withdrawing this consent, and
  – how you can make changes to, or withdraw, your consent.
• an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability you may direct someone else to complete and sign it for you. However, if you are consenting to being registered as the legal parent of any child born as a result of treatment after your death (see section 4.1), you must sign the form yourself.

Why do I have to fill in this form?
If you are not married or in a civil partnership: by law (the Human Fertilisation and Embryology Act 2008), you can be the legal parent of any child born from your partner’s treatment – as long as both you and your partner give your written consent to this by completing this form. You must do this before sperm, egg or embryo transfer.

If you are married or in a civil partnership: you will automatically be the legal parent of any child born from your partner’s treatment and you should complete this form to confirm that you do not object.

In both cases, you must consent in writing if you would like to be registered as the legal parent of any child born from you partner’s treatment if you were to die.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.
1 About you

1.1 Your first name(s)  

1.2 Your surname  

1.3 Your date of birth  

1.4 Your NHS/CHI/HCN/passport number (please circle)  

1.5 Your sex  

Male  
Female

2 About your partner

2.1 Your partner’s first name(s)  

2.2 Your partner’s surname  

2.3 Your partner’s date of birth  

2.4 Your partner’s NHS/CHI/HCN/passport number (please circle)  

3 Your consent

3.1 Your consent to being the legal parent  

Please tick the box next to the statement below to confirm your consent.

☐ I consent to being the legal parent of any child born from my partner’s treatment (named in section two).

4 In the event of your death

This section allows you to say whether, in the event of your death, you would like to be registered as the legal parent of any child born from treatment (with embryos created before your death and provided to your partner after your death).

Continues on the next page

Page declaration

Your signature  

Date  

For clinic use only (optional)  

Patient number  

Version 4, 1 April 2015

PP page 2 of 4
4.1 Do you consent to embryos created before your death being transferred to your partner after your death, and to being registered as the legal parent of any child born from your partner’s treatment after your death (i.e., posthumous birth registration)?

By ticking yes, you consent to the following:

- I consent to my name, place of birth and occupation being entered on the register of births as the legal parent of any child born from my partner’s treatment. The register is kept under the Birth and Deaths Registration Act 1953, or the Births and Deaths Registration (Northern Ireland) Order 1976, or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.
- I also consent to my information (relating to my partner’s treatment) being disclosed to one of the following registrars:
  – the Registrar General for England and Wales
  – the Registrar General for Scotland
  – the Registrar for Northern Ireland.

Please note that being recorded in the register of births as the legal parent of a child born from your partner’s treatment does not transfer any inheritance or other legal rights to the child.

☐ Yes  ☐ No

5 Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section one of this form.
- I declare that:
  – before I completed this form I was given information about the different options set out in this form and I was given an opportunity to have counselling
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  – I understand that I can make changes to, or withdraw, my consent at any time until the eggs, sperm, or embryos have been transferred.
- I declare that the information I have given on this form is correct and complete.
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my partner’s treatment, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990 (as amended)), or for record storage and archiving purposes.

Your signature

Date

Continues on the next page
Declaration continued

If signing at the direction of the person consenting
If you have completed this form at the direction of the person consenting (because they are unable to sign themselves due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form. However, if the person consenting consented to being registered as the legal parent after their death (that is if they ticked yes to question 4.1), they must sign the form for themselves.

Representative’s declaration
I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with their direction as a record of their consent.

Representative’s name

Representative’s signature

Relationship to the person consenting

Date

Witness’s name

Witness’s signature

Date

For clinic use only (optional)
About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are a woman and:

- you are receiving treatment using donor sperm, or embryos created outside the body (in vitro), with donor sperm
- you wish your partner to become the legal parent of any child born as a result of this treatment, and
- you are not married to, or in a civil partnership with, your partner.

What do I need to know before filling in this form?

Before you fill in this form you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
  - the different options set out in this form
  - the implications of giving your consent
  - the consequences of withdrawing this consent, and
  - how you can make changes to, or withdraw your consent.
- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 2008), your partner can be the legal parent of any child born from your treatment – as long as both you and your partner give your written consent to this by completing this form. You must do this before sperm, egg or embryo transfer.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.

1 About you

1.1 Your first name(s)

1.2 Your surname

1.3 Your date of birth

1.4 Your NHS/CHI/passport number (please circle)

Place clinic sticker here

For clinic use only (optional)

HFEA centre reference

Patient number assigned by clinic

Other relevant forms

Version 4, 1 April 2015
### About your partner

2.1 Your partner’s first name(s)  

2.2 Your partner’s surname  

2.3 Your partner’s date of birth  

2.4 Your partner’s NHS/CHI/HCN/passport number (please circle)  

### Your consent

3.1 Your consent to your partner being the legal parent  

Please tick the box next to the statement below to confirm your consent.  

- I consent to my partner (named in section two) being the legal parent of any child born from my treatment.

### Declaration

Please sign and date the declaration

Your declaration  

- I declare that I am the person named in section one of this form.  
- I declare that:  
  - before I completed this form I was given information about the options set out in this form and I was given an opportunity to have counselling  
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and  
  - I understand that I can make changes to, or withdraw, my consent at any time until the eggs, sperm, or embryos have been transferred.  
- I declare that the information I have given on this form is correct and complete.  
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990 (as amended)), or for record storage and archiving purposes.

Your signature Date  

Continues on the next page
If signing at the direction of the person consenting
If you have completed this form at the direction of the person consenting (because she is unable to sign for herself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative’s declaration
I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with her direction as a record of her consent.

Representative's name

Representative's signature

Relationship to the person consenting

Date

Witness’s name

Witness’s signature

Date
Your consent to disclosing identifying information

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if:
• you or your partner are receiving fertility treatment
• you are donating eggs, sperm or embryos, or
• you are storing eggs, sperm or embryos for your or your partner’s future treatment.

If you are a donor, any consent given in this form will not affect your legal rights and responsibilities. Your information will only be disclosed to the parties you agree to on this form.

What do I need to know before filling in this form?
Before you fill in this form, your clinic should make sure that you receive all the relevant information you need to make fully informed decisions. They should make sure you understand:
• the implications of giving and placing restrictions on your consent
• the reasons why identifying information needs to be disclosed
• what identifying information may be disclosed and how it would be shared, and
• how you can make changes to, or withdraw, your consent.

If you are unsure of anything in relation to this, please ask your clinic.

If you are being treated together with a partner, both you and your partner must fill in a copy of this form. Before completing it, please discuss with your partner what information you agree to be disclosed as there may be implications if you do not consent to the same level of disclosure.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?
Your clinic holds identifying information about you such as your name, address and date of birth as well as information about your treatment or care. By law, your clinic must submit some of this information to the HFEA to be stored on a secure fertility treatment database called the HFEA Register.

Sometimes your clinic may want to share some of this identifying information with other parties. For example:
• to discuss your medical history with your GP to plan the most appropriate treatment
• to discuss your treatment with another healthcare professional outside your clinic (eg, gynaecologists or oncologists at another hospital) in order to give you the best possible medical care
• to share information for clerical or financial reasons (eg, with administrative staff or auditors reviewing your clinic’s finances).

Sometimes your clinic or the HFEA may also want to share some of this identifying information for medical research investigating, for example, how fertility treatment can be made safer or more effective.

Your clinic and the HFEA are not allowed to share identifying information with these parties unless you provide your written consent for this (apart from in a medical emergency). This form allows you to provide your consent to sharing your information for any or all of the reasons outlined above.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given.

When you have completed this form you may request a copy of it from your clinic.
1 About you

1.1 Your first name(s)

1.2 Your surname

1.3 Your date of birth

1.4 Your NHS/CHI/HCN/passport number (please circle)

2 About your partner

Only complete this section if you are receiving treatment with your partner.

2.1 Your partner’s first name(s)

2.2 Your partner’s surname

2.3 Your partner’s date of birth

2.4 Your partner’s NHS/CHI/HCN/passport number (please circle)

3 Disclosing your identifying information to support your care/treatment

3.1 Do you consent to identifying information about you being disclosed to the following groups of people? Tick the options you consent to.

☐ Your GP. Your clinic may want to discuss your medical history with your GP to plan the most appropriate treatment.

☐ Other healthcare professionals. Your clinic may want to discuss your treatment with another healthcare professional (eg, gynaecologists or oncologists at another hospital) to give you the best possible care.

☐ Auditors or administrative staff outside of your clinic. Your clinic may want to share information for clerical or financial reasons (eg, with administrative staff or auditors reviewing the clinic’s finances).

☐ Not to anyone (other than in a medical emergency).

Page declaration

Your signature

Place clinic sticker here

Date

Place clinic sticker here

For clinic use only (optional) Patient number

CD page 2 of 5

Version 7, 1 April 2015
Disclosing your identifying information to support advances in medical research

Large health databases held by organisations such as the HFEA can be a valuable resource for researchers to support advances in medical research. Using a limited amount of your identifying information (for example your name and date of birth), they are able to link databases together and perform research which would be otherwise impossible to do. All research is carefully reviewed by your clinic or the HFEA before being approved.

Recent examples of research projects include:

- Health outcomes for IVF babies: exploring whether the general health of children born as a result of fertility treatment differs from that of naturally conceived children.
- Ethnicity and treatment success: exploring whether there is a link between patient ethnicity and treatment success.
- Cancer risk in children born after IVF/ICSI: this project showed no increase in the overall risk of cancer among British children born after assisted conception during the 17-year study period.

For more examples of recently approved projects go to the HFEA’s website: www.hfea.gov.uk/5968.html.

Children born as a result of treatment

By consenting to your identifying information being disclosed for research purposes, you are also consenting to identifying information about any child(ren) born as a result of your treatment being disclosed. Legally, you are responsible for deciding whether identifying information about your child(ren) is disclosed until they reach the age of 16 or an age when they are deemed legally competent to give consent themselves. If you want identifying information about any children born as a result of treatment to be handled differently, you should contact your clinic to notify them after your child(ren) is/are born.

It is your right to change the consent you give here at any time.

Types of research

There are two types of valuable research you can consent to on this form – non-contact and contact.

Non-contact research

If you choose to give consent for non-contact research only, you will never be contacted about research. Data which is routinely collected during the course of your treatment could be used by researchers. It will only be seen by the research team, or those who link the datasets, and is subject to strict security and confidentiality controls. You will never be identified in any publications about the research.

4.1 Do you consent to non-contact research?

☐ Yes  ☐ No

Continues on the next page
Disclosing your identifying information to support advances in medical research continued

Contact research
If you consent to contact research, staff at your centre may in future contact you if they think you might be suitable to take part in a research study. Giving this consent does not mean that you have already agreed to take part in any study – it means you agree to be contacted in the future to discuss the possibility of this. If your centre does contact you about a study you will be under no obligation to take part in research. You can grant or refuse consent to any study at any time without it affecting the care you receive and without giving a reason.

Do you consent to contact research?

☐ Yes ☐ No

Declaration
Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in sections three and four of this form, and
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me.

• I understand that I can make changes to, or withdraw, my consent at any time but that it will not be possible to withdraw my information from research where my information has already been included within analysis.

• I declare that, in relation to section four, I have read and understood the information provided and have had the opportunity to ask questions and seek further clarification. I understand that the choices I have made about participating in research will not affect the care and treatment I receive. I have given or withheld my permission freely.

• I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature

Date

Continues on the next page
If signing to witness consent
If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date the declaration below. There must also be a witness confirming that the person consenting is present when you sign the form.

**Representative’s signature**
I declare that the person named in section one of this form is present at the time of signing this form and I am signing in accordance with their direction.

<table>
<thead>
<tr>
<th>Representative’s name</th>
<th>Representative’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to the person consenting</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 1 1 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness’s name</th>
<th>Witness’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1 1 1</td>
</tr>
</tbody>
</table>
About this form

Who should fill in this form?
This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?
Fill in this form if:
• you or your partner are receiving fertility treatment
• you are donating eggs, sperm or embryos, or
• you are storing eggs, sperm or embryos for your or your partner’s future treatment.

If you are a donor, any consent given in this form will not affect your legal rights and responsibilities. Your information will only be disclosed to the parties you agree to on this form.

What do I need to know before filling in this form?
Before you fill in this form, your clinic should make sure that you receive all the relevant information you need to make fully informed decisions. They should make sure you understand:
• the implications of giving and placing restrictions on your consent
• the reasons why identifying information needs to be disclosed
• what identifying information may be disclosed and how it would be shared, and
• how you can make changes to, or withdraw, your consent.

If you are unsure of anything in relation this, please ask your clinic.

If you are being treated together with a partner, both you and your partner must fill in a copy of this form. Before completing it, please discuss with your partner what information you agree to be disclosed as there may be implications if you do not consent to the same level of disclosure.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?
Your clinic holds identifying information about you such as your name, address and date of birth as well as information about your treatment or care. By law, your clinic must submit some of this information to the HFEA to be stored on a secure fertility treatment database called the HFEA Register.

Sometimes your clinic may want to share some of this identifying information with other parties. For example:
• to discuss your medical history with your GP to plan the most appropriate treatment
• to discuss your treatment with another healthcare professional outside your clinic (e.g., gynaecologists or oncologists at another hospital) in order to give you the best possible medical care
• to share information for clerical or financial reasons (e.g., with administrative staff or auditors reviewing your clinic’s finances).

Your clinic is not allowed to share identifying information with these parties unless you provide your written consent for this (apart from in a medical emergency). This form allows you to provide your consent to sharing your information for any or all of the reasons outlined above.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given.

When you have completed this form you may request a copy of it from your clinic.

---

For clinic use only (optional)

<table>
<thead>
<tr>
<th>HFEA centre reference</th>
<th>Patient number assigned by clinic</th>
<th>Other relevant forms</th>
</tr>
</thead>
</table>
1 About you

1.1 Your first name(s)  

1.2 Your surname  

1.3 Your date of birth  

1.4 Your NHS/CHI/HCN/passport number (please circle)  

2 About your partner

Only complete this section if you are receiving treatment with your partner.

2.1 Your partner’s first name(s)  

2.2 Your partner’s surname  

2.3 Your partner’s date of birth  

2.4 Your partner’s NHS/CHI/HCN/passport number (please circle)  

3 Disclosing your identifying information to support your care/treatment

Do you consent to identifying information about you being disclosed to the following groups of people? Tick the options you consent to.

☐ Your GP. Your clinic may want to discuss your medical history with your GP to plan the most appropriate treatment.

☐ Other healthcare professionals. Your clinic may want to discuss your treatment with another healthcare professional (eg, gynaecologists or oncologists at another hospital) to give you the best possible care.

☐ Auditors or administrative staff outside of your clinic. Your clinic may want to share information for clerical or financial reasons (eg, with administrative staff or auditors reviewing the clinic’s finances).

☐ Not to anyone (other than in a medical emergency).

Page declaration

Your signature  

Date  

For clinic use only (optional)  

Patient number  

Version 6, 1 April 2015
Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section one of this form.
- I declare that:
  - before I completed this form, I was given information about the different options set out in section three of this form, and
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me.
- I understand that I can make changes to, or withdraw, my consent at any time.
- I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature

\[ X \]

Date

\[ \underline{D} \underline{M} \underline{Y} \]

If signing to witness consent

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date the declaration below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative’s signature

I declare that the person named in section one of this form is present at the time of signing this form and I am signing in accordance with their direction.

Representative’s name

Witness’s name

익

Date

\[ \underline{D} \underline{M} \underline{Y} \]

익

Date

\[ \underline{D} \underline{M} \underline{Y} \]
About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK’s independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if:
• you or your partner are receiving fertility treatment
• you are donating eggs, sperm or embryos, or
• you are storing eggs, sperm or embryos for your or your partner’s future treatment.

If you are a donor, any consent given in this form will not affect your legal rights and responsibilities. Your information will only be disclosed to the parties you agree to on this form.

What do I need to know before filling in this form?

Before you fill in this form, your clinic should make sure that you receive all the relevant information you need to make fully informed decisions. They should make sure you understand:
• the implications of giving and placing restrictions on your consent
• the reasons why identifying information needs to be disclosed
• what identifying information may be disclosed and how it would be shared, and
• how you can make changes to, or withdraw, your consent.

If you are unsure of anything in relation to this, please ask your clinic.

If you are being treated together with a partner, both you and your partner must fill in a copy of this form. Before completing it, please discuss with your partner what information you agree to be disclosed as there may be implications if you do not consent to the same level of disclosure.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?

Your clinic holds identifying information about you such as your name, address and date of birth as well as information about your treatment or care. By law, your clinic must submit some of this information to the HFEA to be stored on a secure fertility treatment database called the HFEA Register.

Sometimes your clinic, or the HFEA, may want to share some of this identifying information for medical or other research purposes, for example, to investigate how fertility treatment can be made safer or more effective.

Your clinic and the HFEA are not allowed to share identifying information for research purposes unless you provide your written consent for this. This form allows you to provide your consent to sharing your information for this reason.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed this form you may request a copy of it from your clinic.
1 About you

1.1 Your first name(s) Place clinic sticker here

1.2 Your surname

1.3 Your date of birth

1.4 Your NHS/CHI/HCN/passport number (please circle)

2 About your partner

Only complete this section if you are receiving treatment with your partner.

2.1 Your partner’s first name(s) Place clinic sticker here

2.2 Your partner’s surname

2.3 Your partner’s date of birth

2.4 Your partner’s NHS/CHI/HCN/passport number (please circle)

3 Disclosing your identifying information to support advances in medical research

Large health databases held by organisations such as the HFEA can be a valuable resource for researchers to support advances in medical research. Using a limited amount of your identifying information (for example your name and date of birth), they are able to link databases together and perform research which would be otherwise impossible to do. All research is carefully reviewed by your clinic or the HFEA before being approved.

Recent examples of research projects include:

• Health outcomes for IVF babies: exploring whether the general health of children born as a result of fertility treatment differs from that of naturally conceived children.
• Ethnicity and treatment success: exploring whether there is a link between patient ethnicity and treatment success.

Continues on the next page
Disclosing your identifying information to support advances in medical research continued

• Cancer risk in children born after IVF/ICSI: this project showed no increase in the overall risk of cancer among British children born after assisted conception during the 17-year study period.

For more examples of recently approved projects go to the HFEA’s website: www.hfea.gov.uk/5968.html.

Children born as a result of treatment
By consenting to your identifying information being disclosed for research purposes, you are also consenting to identifying information about any child(ren) born as a result of your treatment being disclosed. Legally, you are responsible for deciding whether identifying information about your child(ren) is disclosed until they reach the age of 16 or an age when they are deemed legally competent to give consent themselves. If you want identifying information about any children born as a result of treatment to be handled differently, you should contact your clinic to notify them after your child(ren) is/are born.

It is your right to change the consent you give here at any time.

Types of research
There are two types of valuable research you can consent to on this form – non-contact and contact.

Non-contact research
If you choose to give consent for non-contact research only, you will never be contacted about research. Data which is routinely collected during the course of your treatment could be used by researchers. It will only be seen by the research team, or those who link the datasets, and is subject to strict security and confidentiality controls. You will never be identified in any publications about the research.

Do you consent to non-contact research?
☐ Yes  ☐ No

Contact research
If you consent to contact research, staff at your centre may in future contact you if they think you might be suitable to take part in a research study. Giving this consent does not mean that you have already agreed to take part in any study – it means you agree to be contacted in the future to discuss the possibility of this. If your centre does contact you about a study you will be under no obligation to take part in research. You can grant or refuse consent to any study at any time without it affecting the care you receive and without giving a reason.

Do you consent to contact research?
☐ Yes  ☐ No
Declaration

Please sign and date the declaration

Your declaration

• I declare that I am the person named in section one of this form.

• I declare that:
  – before I completed this form, I was given information about the different options set out in section three of this form, and
  – the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me.

• I understand that I can make changes to, or withdraw, my consent at any time but that it will not be possible to withdraw my information from research where my information has already been included within analysis.

• I declare that, in relation to section three, I have read and understood the information provided and have had the opportunity to ask questions and seek further clarification. I understand that the choices I have made about participating in research will not affect the care and treatment I receive. I have given or withheld my permission freely.

• I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature 

Date

If signing to witness consent

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date the declaration below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative’s signature

I declare that the person named in section one of this form is present at the time of signing this form and I am signing in accordance with their direction.

Representative’s name

Representative’s signature

Date

Relationship to the person consenting

Witness’s name

Witness’s signature

Date

For clinic use only (optional) 

Patient number