Mitochondrial donation: clinic staff guide to consent

These forms should only be used by clinics licensed to carry out mitochondrial donation*.

About this guide

The purpose of this guide is to help clinic staff assist patients, partners, and donors to accurately complete HFEA consent forms for mitochondrial donation (for either maternal spindle transfer (MST) or pronuclear transfer (PNT)). These forms have been developed with the specific information needs of these patients, partners, and donors in mind. However, they should be provided with all relevant information about their treatment or donation before they complete the consent forms.

Before treatment is offered you must obtain informed consent from the egg and sperm provider(s) and the mitochondrial donor. You must not use donors or provide treatment to patients who have not given specific consent to the use of their eggs, sperm and embryos in mitochondrial donation.

Only clinics licensed to perform mitochondrial donation should recruit mitochondrial donors (and store and use eggs/embryos which have undergone MST or PNT) and obtain consent from patients and donors. It is however possible for clinics who are not licensed to carry out mitochondrial donation to obtain consent from sperm donors for the use of their sperm for fertility treatment and for PNT, using the ‘Consent to donating your sperm (including for use in pronuclear transfer)’ form below. Sperm from men who have only consented on the ‘Your consent to donating your sperm form (MD)’ should not be used for PNT.

Before using this guide please read the introduction section of the ‘Consent forms: a guide for clinic staff’. The below guide provides information on how to use the following consent forms:

- Mitochondrial donation: women’s consent to treatment and storage form (WMT)** - for women having mitochondrial donation treatment to avoid passing on an inheritable mitochondrial disease to their children, using embryos created outside the body (in vitro) with their eggs. Only clinics that are licensed to carry out MST and/or PNT can obtain this consent.

- Mitochondrial donation: men’s consent to treatment and storage form (MMT) ** - for men whose partner is having mitochondrial donation treatment using embryos created outside the body (in vitro) with his sperm. Only clinics that are licensed to carry out MST and/or PNT can obtain this consent.

- Mitochondrial donation: Consent to donating your eggs (WDM)** - for women donating eggs and/or embryos created with their eggs for use in other women’s mitochondrial donation treatment so that they can avoid passing on inheritable mitochondrial diseases to their children. Only clinics that are licensed to carry out MST and/or PNT can obtain this consent.

- Consent to donating your sperm (including for use in pronuclear transfer) form (MD – including PNT) ** - for men donating sperm for fertility treatment who also wish to donate for PNT. These donors can be recruited by clinics with donor recruitment programmes as well as clinics licensed to carry out PNT.

*except in the case of clinics using the ‘MD-including PNT’ form who are supplying donor sperm to clinics licensed to carry out PNT.

** If your patient is transgender or has gender dysphoria and they do not wish to complete HFEA consent forms with male or female gender references, these forms have gender-neutral versions available.
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- Mitochondrial donation: consent to sperm donation (PNT only) form (MD - PNT only)** - for men donating sperm and/or embryos created with their sperm for PNT only. These men can consent to stage one and/or two of the PNT technique. Stage one involves creating embryos with the intended mother’s eggs (where he will be the genetic father). Stage two involves creating embryos with donor eggs. If he only donates sperm for stage two he will not be genetically related to the child. Only clinics that are licensed to carry out PNT can obtain this consent.

Mitochondrial donation: women’s consent to treatment and storage (WMT form)

Who should fill in this form?

Your patient should fill in this form if she is having mitochondrial donation treatment to avoid passing on an inheritable mitochondrial disease to her child, using embryos created outside the body (in vitro) with her eggs. This may be by in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI).

The IVF-based techniques used to achieve this are called maternal spindle transfer (MST) and pronuclear transfer (PNT). MST and PNT allow eggs or embryos to be created containing the patient’s nuclear genetic material (the genes which make us who we are) and donated mitochondria.

In MST, the nuclear genetic material will be removed from her eggs and transferred into donated eggs once their nuclear genetic material has been removed. The eggs containing her nuclear genetic material and the donor’s mitochondria will be fertilised with her partner’s (or a donor’s) sperm to create embryos.

In PNT, your patient’s eggs will be fertilised with her partner’s (or a donor’s) sperm to create embryos. The nuclear genetic material within each embryo (which contains her genetic material) will then be transferred into embryos created using donated eggs and sperm from the sperm provider, from which the nuclear genetic material has been removed.

In both MST and PNT, the resulting embryos containing your patient’s and her partner’s (or a sperm donor’s) genetic material and the donor mitochondria will be transferred to her womb and hopefully implant and develop into a baby. Your patient and the sperm provider, not the egg donor, will be the genetic parents of the child.

On this form your patient can consent to MST, PNT or both.

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient is required to give her written consent if she wants her eggs, or embryos created outside the body (in vitro) with her eggs, to be used or stored (which includes mitochondrial donation).

If she wants to store her eggs or embryos (either before or MST or PNT), she must consent to this and state in writing how long she consent to them remaining in storage.

Once your patient’s nuclear genetic material has been transferred into the donor eggs or embryos, she (and the sperm provider) will determine what happens to them, including how long they will be stored for.

Your patient is also legally required to record what she would like to happen to her eggs and embryos if she were to die or lose the ability to decide for herself (become mentally incapacitated). While this is perhaps not something she has considered, you need to know this so you only use her eggs and embryos according to her wishes if this were to happen. Her eggs and embryos can only be used in accordance with her consent so if her wishes are not recorded properly it can have serious consequences.

Section 3 – Your treatment

If your patient wishes for maternal spindle transfer (MST) to be used in her treatment she must provide consent for her eggs to undergo MST and embryos created from eggs following MST to be used in her treatment.
She can do this by ticking the yes box at 3.1. If your patient wishes for pronuclear transfer (PNT) to be used in her treatment she must consent to her eggs being used to create embryos outside of the body which will undergo PNT and be used in her treatment.

### 3. About your treatment

#### 3.1. Do you consent to your eggs undergoing MST and embryos created from eggs following MST being used in your treatment?

This process will involve:

- your eggs undergoing the MST process (this means that your nuclear genetic material will be removed from your eggs and transferred into ‘new’ eggs containing donor mitochondria but no donor nuclear genetic material. The eggs containing your mitochondria will be discarded.),
- the eggs, following the MST process (containing your nuclear genetic material and donor mitochondria), being used to create embryos outside of the body, and
- those embryos being used in your treatment (embryo transfer).

[ ] Yes  [ ] No

#### 3.2. Do you consent to your eggs being used to create embryos outside of the body which will undergo PNT and be used in your treatment?

This process will involve:

- your eggs being used to create embryos outside the body (those embryos will contain your and the sperm provider’s nuclear genetic material),
- those embryos (containing your nuclear genetic material) undergoing the PNT process (this means that genetic material will be removed from your embryos and transferred into ‘new’ embryos containing donor mitochondria but no donor nuclear genetic material. The embryonic material containing your mitochondria will be discarded.), and
- those embryos (containing your nuclear genetic material and donor mitochondria), to be used in your treatment (embryo transfer).

[ ] Yes  [ ] No

### Section 4 – Storing eggs and embryos

If your patient wishes to store any eggs and/or embryos before or after they have undergone MST or PNT she must tick the yes box at 4.1 and/or 4.3. If she does not wish to store her embryos, then she should tick the no box, follow the instructions to ensure all relevant page declarations are signed, and then continue to section five.

Her consent to store eggs or embryos prior to the MST or PNT process, is not needed on this form if she already completed the ‘Your consent to the storage of your eggs or sperm’ form (GS) or ‘Women’s consent to treatment and storage form (IVF and ICSI)’ form (WT form).

**How long can she store for?**

If she ticked yes at 4.1 and/or 4.3, she will need to state how long she consents to store her eggs or embryos at 4.2 and/or 4.4.

To keep the forms as straightforward as possible there is one question which covers storage periods for pre and post MST and PNT eggs and embryos. If there is any reason why your patient wishes these periods to be different, she can specify different periods in the comment box at 4.5 of this form.

Otherwise, consent for storage pre MST and PNT can be recorded separately on the GS or WT form.

The law permits patients to store for any period up to 10 years, but in cases where she or her partner is prematurely infertile, or likely to become prematurely infertile, she may consent to store for longer, up to 55 years. This allows people who have a medical condition (such as early menopause), or who have had
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Treatment that has rendered them completely infertile (such as chemotherapy), to be able to extend their storage.

You should know whether your patient satisfies the criteria for premature infertility and before giving them this form you should tell her whether this is the case. If she is eligible to consent to store for 55 years, this should be clearly explained and the provision of information about this option should be clearly documented.

4.1. **Do you consent to your eggs (containing your nuclear genetic material and donated mitochondria, or your nuclear genetic material and mitochondria) being stored?**

- [ ] Yes
- [ ] No

4.2. **For how long do you consent to these eggs being stored?** Only complete this section if you answered yes to section 4.1.

- [ ] 10 years
- [ ] 55 years
- [ ] A specific period (up to 55 years). Specify number of years: [ ]

4.3. **Do you consent to embryos (containing your nuclear genetic material and donated mitochondria, or your nuclear genetic material and mitochondria) being stored?** Please note that embryos can only be stored if the sperm provider (whose nuclear genetic material is being used) has also given his consent.

- [ ] Yes
- [ ] No

4.4. **For how long do you consent to these embryos being stored?** Only complete this section if you answered yes to section 4.3.

- [ ] 10 years
- [ ] 55 years
- [ ] A specific period (up to 55 years). Specify number of years: [ ]

**What do I need to do if my patient is storing for more than 10 years?**

Although she can consent to store for up to a maximum of 55 years on this form, before the expiry of the first 10 years you will need to arrange for a medical practitioner to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years.

If your patient has consented to store for longer than 20 years, you should repeat this process before every 10-year period ends (up to a maximum of 55 years). For example, if she has consented to store for 23 years, you would need to seek a medical practitioner’s statement twice over the 23-year period – one for 10-20 years and one to cover the additional three years.

Provided she has consented for the maximum of 55 years, she does not need to complete the consent form again, but you should attach the relevant medical practitioner’s statement to this form.

You should seek the written medical opinion whilst your patient is alive. However, if your patient dies before a medical opinion can be sought, based on evidence that she would have satisfied the premature infertility criteria when she was alive, you may seek the written medical opinion after death.

**Should we link how long a patient consents to store for with their funding or payment plans?**

You should not direct your patient to consent to store for less time to tie in with funding or payment plans. Any practical arrangements should be kept separate to consent. If your clinic has a separate contractual
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arrangement, you should draw the terms of the contract to the patient’s attention. You should explain the implications for patients if they fail to pay their storage fees or if funding ends eg, that storage may not continue for the period they have specified in this form.

When will the consent period start?
The consent period will start from the date the eggs or embryos are first placed in storage. The form should always state the total amount of time they are consenting to.

What if she wants to change her consent?
If your patient wishes to change the time period she consented to, she can do this by completing another copy of this form and specifying the new total time period. For example, if she first consented to five years’ storage and wishes to consent for a further five years (10 years in total), she should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form she completed. You should retain all completed copies of the consent forms.

However, if an eligible patient wishes to extend her storage period beyond 10 years (up to a maximum of 55 years), she should complete the relevant extension form (LGS or ES form).

What if she wants to specify different storage period?
Your patient may wish to specify different storage periods for eggs or embryos before or after they have undergone MST or PNT, or may wish to restrict her consent to only eggs or embryos at a certain stage (ie, pre or post MST or PNT). She can do this in the box at 4.5.

4.5. Please note in the box below if you would like to specify different storage period for eggs or embryos before or after they have undergone MST or PNT, or if you want to restrict your consent to only eggs or embryos at a certain stage (ie, pre or post MST or PNT). Your consent to store eggs or embryos prior to the MST or PNT process is not needed on this form if you have already completed the GS or WT form.

Section 5 – Using eggs and embryos for training

If your patient has eggs and/or embryos left after treatment which she does not wish to use, she can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. She can do this by ticking yes to 5.1 and/or 5.2. If she wishes to donate her eggs or embryos for research purposes, she should sign a separate clinic-specific form.

5. Using eggs and embryos in training

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

5.2. Do you consent to embryos (already created outside the body containing your nuclear genetic material) surplus to your treatment being used for training purposes? Please note that embryos can only be used if the sperm provider (whose nuclear genetic material is being used) has also given his consent.
☐ Yes ☐ No
Section 6 – In the event of your death or mental incapacity

Your patient is legally required to record what she would like to happen to her eggs and embryos (containing her nuclear genetic material) if she were to die or lose the ability to decide for herself (become mentally incapacitated). If she does not give her consent, her eggs or embryos must be allowed to perish if this were to happen and cannot be used in treatment.

If she ticks yes to 6.1 and 6.2, her eggs or embryos can only be used within the storage period she consented to on this form (or the GS/WT form, if applicable). Her embryos can only be used if the sperm provider (whose genetic material is being used) has also given his consent.

### 6. In the event of your death or mental incapacity

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

If you die

- [ ] Yes
- [ ] No

If you become mentally incapacitated

- [ ] Yes
- [ ] No

**6.2. Do you consent to embryos (already created outside the body containing your nuclear genetic material) being used for training purposes?**

Please note that embryos can only be used if the sperm provider (whose nuclear genetic material is being used) has also given his consent.

If you die

- [ ] Yes
- [ ] No

If you become mentally incapacitated

- [ ] Yes
- [ ] No

Other uses for her eggs or embryos

If your patient is storing eggs or embryos following MST or PNT she may wish for them to be used in someone else’s treatment if she dies or become mentally incapacitated.

If she did want this to happen, there are a number of considerations, including whether she is eligible, the screening tests that will be required and the lifelong implications of donation.

Depending on her circumstances, she 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).
Mitochondrial donation: men’s consent to treatment and storage (MMT form)

Who should fill in this form?

Your patient should fill out this form if he is a man and his partner is having mitochondrial donation treatment using embryos created outside the body (in vitro) with his sperm. This may be by in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI).

The IVF-based techniques used to achieve this are called maternal spindle transfer (MST) and pronuclear transfer (PNT). MST and PNT allow eggs or embryos to be created for containing his and his partner’s nuclear genetic material (the genes which make us who we are) and donated mitochondria.

In MST, the nuclear genetic material will be removed from his partner’s eggs and transferred into donated eggs with mitochondria which have had the donor’s nuclear genetic material removed. His sperm will then be used with these eggs to create embryos containing his and his partner’s nuclear genetic material and donated mitochondria.

In PNT, his sperm may be used for two stages:

- Stage one – his sperm will be used to create embryos with his partner’s eggs. The nuclear genetic material will be removed and transferred into embryos created in stage two. Once the nuclear genetic material has been removed the embryonic material created in stage one will be discarded.

- Stage two – either his sperm or donor sperm (for example, if he is genetically related to the egg donor) will be used to create embryos with donated eggs. The nuclear genetic material will be removed, discarded, and replaced with the nuclear genetic material removed from the embryos created in stage one, above.

In both MST and PNT, the embryos containing he and his partner’s genetic material and the donor’s mitochondria will be transferred to his partner’s womb and hopefully implant and develop into a baby. He and his partner, not the donor, will be the genetic parents of the child.

On this form he can consent to MST, PNT (either both stages, or stage one only) or both.

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient is required to give his written consent if he wants his sperm, and embryos created using his sperm, to be used or stored. If his sperm or embryos created following MST or PNT are going to be stored, he must consent to this and state in writing how long he consents to them remaining in storage.

In MST once eggs containing his partner’s nuclear genetic material have been fertilised with his sperm to create embryos, he (and his partner) will determine what happens to them, including how long they will be stored for.

In PNT embryos will be created from donated eggs and his (or donor) sperm. The nuclear genetic material will be removed from those embryos and replaced with the nuclear genetic material from embryos created with his sperm and his partner’s eggs. Once PNT takes place he (and his partner) will determine what happens to them, including how long they will be stored for. The embryos that have had their nuclear genetic material removed will be discarded.

Your patient is also legally required to record what he would like to happen to his sperm and embryos if he were to die or lose the ability to decide for himself (become mentally incapacitated). While this is perhaps not something he has considered, you need to know this so you only use his sperm and embryos to according to his wishes.
Section 3 – Your treatment

If your patient’s partner is having MST, he must provide consent for his sperm to be used to create embryos outside of the body with eggs that have undergone MST for use in his partner’s treatment. He can do this by ticking the yes box at 3.1.

3. About your treatment

3.1. Do you consent to your sperm being used to create embryos outside of the body with eggs that have undergone MST for use in your partner’s treatment?

This process will involve:

- eggs undergoing the MST process (this means that your partner’s nuclear genetic material will be removed from her eggs and transferred into ‘new’ eggs containing donor mitochondria),
- your sperm being used to create embryos (containing your and your partner’s nuclear genetic material and donor mitochondria) with the eggs that have undergone MST, and
- those embryos being used for your partner’s treatment (embryo transfer).

☐ Yes  ☐ No

If your patient is providing consent for his sperm to be used in pronuclear transfer, he can provide his consent for two stages of the technique:

Stage one – he needs to provide consent if his sperm will be used to create embryos with his partner’s eggs (i.e., if he wishes to be the genetic father). The nuclear genetic material will be removed and transferred into embryos created in stage two. Once the nuclear genetic material has been removed the embryonic material created in stage one will be discarded. He can do this by ticking the yes box at 3.2.

PNT - stage one

3.2. Do you consent to your sperm being used to create embryos outside of the body with your partner’s eggs (e.g., through IVF or ICSI, then PNT) for use in your partner’s treatment?

This process will involve:

- your sperm being used to create embryos with your partner’s eggs,
- the embryos undergoing the PNT process (this means that your and your partner’s nuclear genetic material will be removed and transferred into the embryos created in stage two. Once your nuclear genetic material has been removed from the embryos, the embryonic material will be discarded), and
- the embryos (containing your and your partner’s nuclear genetic material and donor mitochondria) to be used in your partner’s treatment (embryo transfer).

☐ Yes  ☐ No

Stage two – he needs to provide consent if his sperm will be used to create embryos with donated eggs. The nuclear genetic material will be removed, discarded, and replaced with the nuclear genetic material removed from the embryos created in stage one, above. If his sperm is being used for this stage of the technique, he can do this by ticking the yes box at 3.3. In some cases donor sperm will be used for this stage of the technique i.e., if the patient is a close genetic relative of the egg donor.
If your patient wishes to store his sperm and/or embryos before or after they have undergone MST or PNT he must tick the yes box at 4.1 and/or 4.3. If he does not wish to store his sperm or embryos, then he should tick the no box, follow the instructions to ensure all relevant page declarations are signed, and then continue to section five.

**Section 4 – Storing sperm and embryos**

If your patient wishes to store his sperm and/or embryos before or after they have undergone MST or PNT he must tick the yes box at 4.1 and/or 4.3. If he does not wish to store his sperm or embryos, then he should tick the no box, follow the instructions to ensure all relevant page declarations are signed, and then continue to section five.

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

- [ ] Yes
- [ ] No

**4.2.** For how long do you consent to your sperm being stored? Only complete this section if you answered yes to section 4.1.

- [ ] 10 years
- [ ] 55 years
- [ ] A specific period (up to 55 years). Specify number of years

**4.3.** Do you consent to embryos (containing your and your partner’s or donor’s nuclear genetic material and your partner’s or donor’s mitochondria) being stored?

- [ ] Yes
- [ ] No

**4.4.** For how long do you consent to your embryos being stored? Only complete this section if you answered yes to section 4.3.

- [ ] 10 years
- [ ] 55 years
- [ ] A specific period (up to 55 years). Specify number of years

**How long can he store for?**

If he ticked yes at 4.1 and/or 4.3, he will need to state how long he consents to store his sperm or embryos at 4.2 and/or 4.4. His consent to store sperm, or embryos prior to the PNT process, is not needed on this form if he already completed the ‘Your consent to the storage of your eggs or sperm’ form (GS) or ‘Men’s consent to treatment and storage form (IVF and ICSI)’ from (MT).

The law permits patients to store for any period up to 10 years, but in cases where he or his partner is prematurely infertile, or likely to become prematurely infertile, he may consent to store for longer, up to 55 years. This allows people who have a medical condition (such as early menopause), or who have had treatment that has rendered them completely infertile (such as chemotherapy), to be able to extend their storage.
You should know whether your patient satisfies the criteria for premature infertility and before giving them this form you should tell him whether this is the case. If he is eligible to consent to store for 55 years, this should be clearly explained and the provision of information about this option should be clearly documented.

What do I need to do if my patient is storing for more than 10 years?

Although he can consent to store for up to a maximum of 55 years on this form, before the expiry of the first 10 years you will need to arrange for a medical practitioner to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. If your patient has consented to store for longer than 20 years, you should repeat this process before every 10-year period ends (up to a maximum of 55 years).

For example, if he has consented to store for 23 years, you would need to seek a medical practitioner’s statement twice over the 23-year period — one for 10-20 years and one to cover the additional three years.

Provided he has consented for the maximum of 55 years, he does not need to complete the consent form again, but you should attach the relevant medical practitioner’s statement to this form.

You should seek the written medical opinion whilst your patient is alive. However, if your patient dies before a medical opinion can be sought, based on evidence that he would have satisfied the premature infertility criteria when he was alive, you may seek the written medical opinion after death.

Should we link how long a patient consents to store for with their funding or payment plans?

You should not direct your patient to consent to store for less time to tie in with funding or payment plans. Any practical arrangements should be kept separate to consent. If your clinic has a separate contractual arrangement, you should draw the terms of the contract to the patient’s attention. You should explain the implications for patients if they fail to pay their storage fees or if funding ends eg, that storage may not continue for the period they have specified in this form.

When will the consent period start?

The consent period will start from the date the sperm or embryos are first placed in storage. The form should always state the total amount of time he is consenting to.

What if he wants to change his consent?

If your patient wishes to change the time period he consented to, he can do this by completing another copy of this form and specifying the new total time period. For example, if he consented to five years’ storage and wishes to consent for a further five years (10 years in total), he should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form he completed. You should retain all copies of completed consent forms.

However, if he wishes to extend his storage period beyond 10 years (up to a maximum of 55 years), he should complete the relevant extension form (LGS or ES form).

What if he wants to specify different storage period?

He may wish to specify different storage periods for embryos before or after they have undergone PNT, or wants to restrict his consent to only embryos at a certain stage (ie, pre or post PNT). He can do this in the box at 4.5.
4.5. Please note in the box below if you would like to specify different storage period for embryos before or after they have undergone PNT, or if you want to restrict your consent to only embryos at a certain stage (ie, pre or post PNT). Your consent to store sperm, or embryos prior to the PNT process, is not needed on this form if you have already completed the GS or MT form.

Section 5 – Using sperm and embryos in training

If your patient has sperm and/or embryos left after treatment which he does not wish to use, he can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. He can do this by ticking yes to 5.1 and/or 5.2. If he wishes to donate his sperm or embryos for research purposes, he should sign a separate clinic-specific form.

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<thead>
<tr>
<th>5. Using sperm and embryos in training</th>
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<tbody>
<tr>
<td>5.1. Do you consent to sperm surplus to your treatment being used for training purposes?</td>
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<tr>
<td>Yes ☐ No ☐</td>
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<tr>
<td>5.2. Do you consent to embryos (already created outside the body which contain your nuclear genetic material) surplus to your treatment being used for training purposes? Please note that embryos can only be used if the female provider of the genetic material has also given her consent.</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Section 6 – In the event of your death or mental incapacity

Your patient is legally required to record what he would like to happen to his sperm and embryos if he were to die or lose the ability to decide for himself (become mentally incapacitated). If he does not give his consent, his sperm or embryos must be allowed to perish if this were to happen and cannot be used in treatment.

If he ticks yes to 6.1 and 6.2, his sperm or embryos can only be used within the storage period he consented to on this form. His embryos can only be used if the egg provider (whose genetic material is being used) has also given her consent.

If he would like his partner to use his sperm or embryos in the event of his death or mental incapacity, his partner should be named on this form. You should remind your patient that if he marries/divorces/meets a new partner after he has completed this consent form, he must contact the clinic to complete a new consent form that reflects his current wishes.
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 which contain your nuclear genetic material) being used for your partner’s treatment? Please note that embryos can only be used if the female provider of the genetic material has also given her consent.

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

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

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

6.4. Do you consent to embryos (already created outside the body which contain your nuclear genetic material) being used for training purposes? Please note that embryos can only be used if the female provider of the genetic material has also given her consent.

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

Other uses for your sperm or embryos

If your patient is storing sperm or embryos following MST or PNT (containing his genetic material and donor mitochondria) he may wish for them to be used in someone else’s treatment if he dies or becomes mentally incapacitated. If he wishes to do this there are a number of considerations. This includes whether he is eligible, what screening tests are required and the lifelong implications of donation. Depending on his situation, he will also need to complete one of the following consent forms:

- ‘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

If he has given consent to his sperm or embryos (which contain his nuclear genetic material) being used after his death, he may also wish to consent to being registered as the legal father of any child that is born as a result of his partner’s treatment. This will mean that his name, place of birth and occupation can be entered on the register of births as the legal father. He can do this by ticking yes at 6.5. For more information about this, the patient should seek his own legal advice.

Mitochondrial donation: Consent to donating your eggs (WDM form)

Who should fill in this form?

Your patient should fill in this form if she is a woman donating eggs and/or embryos created with her eggs for use in other women’s mitochondrial donation treatment so that women can avoid passing on an inheritable mitochondrial disease to their children.

The IVF-based techniques used to achieve this are called maternal spindle transfer (MST) and pronuclear transfer (PNT).

In MST, your patient’s nuclear genetic material (the genes which make us who we are) will be removed from her eggs and replaced with the nuclear genetic material from the intended mother’s egg. The nuclear genetic material removed from her eggs will be discarded.
Following MST, the eggs containing her mitochondria will be fertilised with the intended father’s (or a donor’s) sperm to create embryos which will be used in the intended mother’s treatment. This means that the intended mother, not your patient, will be the genetic parent of any child that is born.

In PNT, her eggs will be fertilised with the intended father’s (or a donor’s) sperm to create embryos. The nuclear genetic material within these embryos will then be removed and discarded. It will be replaced with the nuclear genetic material removed from embryos created using the intended mother’s eggs and father’s (or donor’s) sperm. This means that they, not her, will be the genetic parents of the child.

On this form she can consent to MST, PNT or both.

**Purpose of this form**

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), a donor needs to give her written consent if she wants her eggs, or embryos created outside the body (in vitro) with her eggs, to be used or stored.

If eggs or embryos, containing her nuclear genetic material, are going to be stored she must consent to this and state in writing how long she consents to them remaining in storage. Once her nuclear genetic material has been removed and replaced with that of the intended mother and sperm provider, they will determine what happens to them, including how long they will be stored for.

By consenting to mitochondrial donation, she is also agreeing to her eggs or embryos (before her nuclear genetic material is removed) being used and stored if she were to die or lose the ability to decide for herself (become mentally incapacitated). If she does not want her eggs or embryos to be used for the purposes outlined in this form if this were to happen, she can state this as a restriction (at section 2.3).

**Section 2 – About your mitochondrial donation**

The donor must provide her consent for her eggs to undergo MST and for embryos created from eggs following MST being used for the treatment of others. She can do this by ticking the yes box at section 2.1.

### 2. About your mitochondrial donation

#### 2.1. Do you consent to your eggs undergoing MST and for embryos created from eggs following MST being used for the treatment of others?

This process will involve:

- your eggs undergoing the MST process (this means that your nuclear genetic material will be removed from your eggs and replaced with the intended mother’s nuclear genetic material. Your nuclear genetic material will be discarded),
- the eggs, following MST (containing your mitochondria and the intended mother’s nuclear genetic material) being used to create embryos outside of the body, and
- those embryos being used in the intended mother’s treatment (embryo transfer).

[ ] Yes   [ ] No

The donor must also provide her consent for her eggs to be used to create embryos which will undergo PNT and be used in the treatment of others. She can do this by ticking the yes box at section 2.2.
2.2. Do you consent to your eggs being used to create embryos outside of the body which will undergo PNT and be used in the treatment of others?

This process will involve:

- your eggs being used to create embryos outside of the body (those embryos will contain your and the sperm provider's nuclear genetic material);
- the embryos undergoing the PNT process (this means that your nuclear genetic material will be removed from the embryo, discarded, and replaced with the intended mother's and sperm provider's nuclear genetic material), and
- those embryos (containing your mitochondria and the intended mother's and sperm provider's nuclear genetic material) being used in the intended mother's treatment (embryo transfer).

☐ Yes ☐ No

She can place restrictions on the donation of her eggs or embryos at section 2.3. For example, she may want to put restrictions on who her eggs, or in PNT, embryos created with her eggs, can be used by (eg, a specified named recipient). Another example may be that she does not wish for her eggs or embryos to be used in the event of her death or mental incapacity.

2.3. Do you have any restrictions you would like to apply to questions 2.1 and 2.2 above?

You may want to put restrictions on who your eggs, or in PNT, embryos created with your eggs, can be used by (eg, a specified named recipient). Another example may be that you do not wish for your eggs or embryos to be used in the event of your death or mental incapacity. If so, please state on the next page. Please note that you can only place restrictions on eggs or embryos that still contain your nuclear genetic material (ie, before they have undergone the MST or PNT process).

☐ Yes - specify your restrictions in the box below then continue to section 3.

☐ No - go to section 3.

Section 3 - Using eggs and embryos in training

If the donor has eggs and embryos (containing her nuclear genetic material) left after donating for the treatment of others, she can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. She can do this by ticking yes at section 3.1 and/or 3.2. If she wishes to donate her eggs or embryos for research purposes, she should sign a separate clinic-specific form.
3. **Using eggs and embryos in training**

3.1. Do you consent to your eggs (containing your nuclear genetic material) being used for training purposes?

☐ Yes  ☐ No

PNT only

3.2. Do you consent to your embryos (containing your nuclear genetic material) already created outside the body with your eggs being used for training purposes?

☐ Yes  ☐ No

Section 4 – Storing eggs and embryos

To donate eggs for the treatment of others, she must consent to her eggs and/or embryos being stored. She can do this by ticking yes at section 4.1 and/or 4.3.

4.1. Do you consent to your eggs (containing your nuclear genetic material) being stored?

☐ Yes  ☐ No

4.2. For how long do you consent to eggs (containing your nuclear genetic material) being stored? Only complete this section if you answered yes to section 4.1. Please talk to your clinic if you’re unsure of how long to store for.

☐ 10 years  ☐ 55 years

☐ A specific period (up to 55 years). Specify number of years

PNT only

4.3. Do you consent to embryos (containing your nuclear genetic material) being stored?

☐ Yes  ☐ No

4.4. For how long do you consent to embryos (containing your nuclear genetic material) being stored? Only complete this section if you answered yes to question 4.3. Please talk to your clinic if you’re unsure of how long to store for.

☐ 10 years  ☐ 55 years

☐ A specific period (up to 55 years). Specify number of years

Egg and embryo storage periods

The law permits donors to store for any period up to 10 years but in cases where the donor, their partner, or the person to whom their eggs and embryos have been allocated, is prematurely infertile, or likely to become prematurely infertile, she may store for longer, up to 55 years. Although it is unlikely that a donor would be prematurely infertile, it is possible that the person to whom the donor’s eggs or embryos have been allocated could meet the medical criteria for premature infertility.

Once you have allocated her eggs or embryos to another patient, you, together with the patient, may determine how long the eggs and embryos are stored for within the boundaries of what the donor has consented to in this form.

If the donor only consents to 10 years, then regardless of whether the person who is having treatment is prematurely infertile, the storage of the eggs and embryos cannot extend beyond 10 years.
Consent to donating your sperm (including for use in pronuclear transfer) (MD, including PNT form)

Who should fill in this form?

A man should fill in this form if he is donating sperm for fertility treatment and who also wishes to donate for PNT. These donors can also be recruited by clinics with sperm donor recruitment programmes as well as centres licensed to carry out PNT.

PNT allows women who have mitochondrial gene abnormalities to create embryos containing their nuclear genetic material (the genes which make us who we are) and donated mitochondria.

There are two stages to the technique. A woman may need to use donor sperm for both stages of the technique (eg, if she does not have a partner who can provide sperm for her treatment), or may only need donor sperm for the second stage of PNT (eg, if the intended father is genetically related to the egg donor providing the normal mitochondrial).

- **Stage one** - his sperm will be used to create embryos with the intended mother's eggs. Both his and the intended mother's nuclear genetic material will be removed and transferred into embryos created in stage two below. Once he and the intended mother's nuclear genetic material is removed, the embryonic material created in stage one will be discarded.

- **Stage two** – his sperm will also be used to create embryos with donor eggs. The nuclear genetic material will be removed, discarded, and replaced with the nuclear genetic material from the intended mother and his sperm from the embryos created in stage one, above. These new embryos will be used in the treatment of others (embryo transfer).

If his sperm is used for both stages of the PNT process you will be genetically related to the child in the same way as if his sperm is used for IVF.

Purpose of this form

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

If he is storing his sperm or embryos, he must also state in writing how long he consents to them remaining in storage.

Section 2 – About your sperm donation

The donor must provide his consent for his sperm to be used for the treatment of others and for embryos created with his sperm to be used for the treatment of others. He can do this by ticking the yes box at sections 2.1 and 2.2. If he wants his sperm to be used in PNT, he must provide specific consent for this. He can do this by ticking the yes box at section 2.3.
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, i.e., using artificial insemination?

Examples of artificial insemination include intrauterine insemination (IUI) or gamete intra-fallopian 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 (e.g., through IVF treatment) and for those embryos to be used for the treatment of others?

- [ ] Yes  
- [ ] No

2.3. Do you consent to your sperm being used to create embryos outside the body (e.g., through IVF treatment), for those embryos to undergo the PNT process (both stages one and two outlined above) and for resulting embryos (containing your nuclear genetic material) to be used for the treatment of others?

- [ ] Yes  
- [ ] No

The donor must also provide his consent to the number of families who can have children using his donated sperm. The maximum number is 10 families.

2.4. **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.

He can place restrictions on the donation of his sperm or embryos at section 2.4. For example, he may wish for his sperm or embryos to be used by a specified named recipient, or he may wish to restrict use to when he is alive or if he were to become mentally incapacitated. Where donors have stated this as a restriction, you will need to establish that the donor is still alive/mentally capable before each treatment cycle which uses his sperm or embryos.
2.5. Do you have any restrictions that you would like to apply to any of your answers to 2.1, 2.2, and 2.3 above? 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 3.

☐ No - go to section 3.

Section 3 – Using sperm and embryos in training

If the donor has sperm and embryos left after donating for the treatment of others, he can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. He can do this by ticking yes at 3.1. and/or 3.2. If he wishes to donate his sperm or embryos for research purposes, he should sign a separate clinic-specific form.

3. Using sperm and embryos in training

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Section 4 – Storing sperm and embryos

To donate sperm for the treatment of others, he must consent to his sperm and/or embryos being stored. He can do this by ticking yes at 4.1 and/or 4.2.
4. **Storing sperm and embryos**

Sperm donated for the treatment of others needs to be stored.

4.1. Do you consent to your sperm being stored?

☐ Yes  ☐ No

4.2. 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 or 2.3. 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 4.1 and 4.2, sign the page declaration on this page and then go to section five.

If you have answered yes to 4.1 or 4.2, or both, then sign the page declaration on this page and continue to the next page.

### Sperm and embryo storage periods

The law permits donors to store for any period up to 10 years but in cases where the donor, their partner, or the person to whom their sperm and embryos have been allocated, is prematurely infertile, or likely to become prematurely infertile, he may store for longer, up to 55 years. Although it is unlikely that a donor would be prematurely infertile, it is possible that the person to whom the donor’s sperm or embryos have been allocated could meet the medical criteria for premature infertility.

Once you have allocated his sperm or embryos to another patient, you, together with the patient, may determine how long the sperm and embryos are stored for within the boundaries of what the donor has consented to in this form. If the donor only consents to 10 years, then regardless of whether the person who is having treatment is prematurely infertile, the storage of the sperm and embryos cannot extend beyond 10 years.

4.3. For how long do you consent to your sperm being stored? Only complete this section if you answered yes to 4.1.

☐ 10 years  ☐ 55 years

☐ A specific period (up to 55 years). Specify number of years

4.4. For how long do you consent to embryos (created with your sperm) being stored? Only complete this section if you answered yes to section 4.2. Please note that the egg provider also has to give her consent to storage.

☐ 10 years  ☐ 55 years

☐ A specific period (up to 55 years). Specify number of years

### When will the consent period start?

The consent period will start from the date the sperm or embryos are first placed in storage. The form should always state the total amount of time he is consenting to.
What if the donor wants to change his consent?

If the donor wishes to change the time period he consented to, he can do this by completing another copy of this form and specifying the new total time period. For example, if he consented to five years’ storage and wishes to consent for a further five years (10 years in total), he should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form he completed. You should retain all copies of completed consent forms. However, if the donor wishes to extend his storage period beyond 10 years (up to a maximum of 55 years), he should complete the relevant extension form (LGS or ES).

Mitochondrial donation: consent to sperm donation (PNT only) (MD – PNT only form)

Who should fill in this form?

A man should fill in this form if he is donating sperm and/or embryos created with his sperm for the treatment of others – specifically for use in mitochondrial donation treatment so that women can avoid passing on inheritable mitochondrial disease to their children. He only needs to complete this form if his sperm will be used for pronuclear transfer (PNT). If his sperm is to be used for maternal spindle transfer he does not need to complete this form, he should complete the standard sperm donation form (the MD form).

What is the PNT technique?

PNT is a technique of mitochondrial donation. It allows embryos to be created for women who have mitochondrial gene abnormalities containing their nuclear genetic material (the genes which make us who we are) and donated mitochondria.

There are two stages to the technique. A woman may need to use donor sperm for both stages of the technique (eg, if she does not have a partner who can provide sperm for her treatment), or may only need donor sperm for the second stage of PNT (eg, if the intended father is genetically related to the egg donor providing the mitochondria).

On this form he can consent to donate his sperm for both stages of the technique or for the second stage only:

**Stage one** – his sperm will be used to create embryos with the intended mother’s eggs. Both his and the intended mother’s nuclear genetic material will be removed and transferred into embryos created in stage two below. Once his and the intended mother’s nuclear genetic material is removed the embryonic material created in stage one will be discarded. If he donates sperm for this stage he will be genetically related to the child. He will not have any financial or legal obligations to the child. His identifying information will be passed on to any child born as a result of his donation upon request after they have reached 18 years old. For more information, see www.hfea.gov.uk/egg-and-sperm-donors.html.

**Stage two** – his sperm will be used to create embryos with donor eggs. The genetic material will be removed, discarded, and replaced with the nuclear genetic material from the intended mother and sperm provider from the embryos created in stage one, above. If he only donates sperm for this stage he will not be genetically related to the child. No information that could identify him will be released to any child born following the mitochondrial donation treatment.

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), a donor needs to give his written consent if he wants his sperm, or embryos created outside the body (in vitro) with his sperm, to be used or stored.

If his sperm or embryos containing his nuclear genetic material are going to be stored, he must consent to this and state in writing how long he consents to them remaining in storage. If he donates sperm for stage
two of PNT only, once his nuclear genetic material has been removed and replaced with that of the intended parents, they will determine what happens to them, including how long they will be stored for.

He can make changes to or withdraw his consent to embryos created with his sperm in stage one at any point until the embryos have been transferred, used in training, or have been allowed to perish. For embryos created in stage two with his sperm, he can withdraw his consent at any point up until the nuclear genetic material has been removed from the embryos.

Section 2 – About your sperm donation

A donor can consent to the first stage of PNT where his sperm is used to create embryos (eg, through IVF or ICSI, then PNT) and those embryos are used for the treatment of others. He can consent to this by ticking yes at 2.1. He does not need to consent to this if he is only providing consent for stage two of PNT.

2. About your sperm donation

PNT - stage one

2.1. Do you consent to your sperm being used to create embryos outside of the body (eg, through IVF or ICSI, then PNT) and for those embryos to be used for the treatment of others? Do not complete this section if you are only providing sperm for stage two of PNT.

This process will involve:

- your sperm being used to create embryos with the intended mother’s eggs outside the body,
- the embryos undergoing the PNT process (this means that both your and the intended mother’s nuclear genetic material will be removed and inserted into the embryos created in stage two). Once the nuclear genetic material has been removed from the embryos, the embryonic material will be discarded), and
- the embryos (containing your and the intended mother’s nuclear genetic material and donor mitochondria) to be used in the treatment of others (embryo transfer).

☐ Yes  ☐ No

A donor can consent to stage two of PNT, where his sperm is being used to create embryos with donor eggs and for those embryos to undergo the PNT process. He can do this by ticking the yes box at 2.2.

PNT - stage two

2.2. Do you consent to your sperm being used to create embryos outside of the body with donor eggs and for those embryos to undergo the PNT process?

This process will involve:

- your sperm being used to create embryos with donated eggs outside the body, and
- the embryos undergoing the PNT process (this means your and the egg donor’s nuclear genetic material will be removed and discarded).

☐ Yes  ☐ No

The donor must also provide his consent to the number of families who can have children using his donated sperm. The maximum number is 10 families. He does not need to complete this section if he is only providing sperm for stage two of PNT as the 10 family limit doesn’t apply.
2.3. How many families may have children using your donated sperm? Do not complete this section if you are only providing sperm for stage two of PNT.

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.

He can place restrictions on the donation of his sperm or embryos at section 2.4. He can only place restrictions on embryos that still contain his nuclear genetic material (ie, before they have undergone the PNT process).

He may wish for his sperm or embryos to be used by a specified named recipient, or he may wish to restrict use to when he is alive or if he were to become mentally incapacitated. Where donors have stated this as a restriction, you will need to establish that the donor is still alive/mentally capable before each treatment cycle which uses his sperm or embryos.

2.4. Do you have any restrictions that you would like to apply to questions 2.1 and 2.2 above?

You may want to put restrictions on who can use embryos created with your sperm (eg, a specified named recipient). Another example may be that you do not wish for your embryos to be used in the event of your death or mental capacity. If so, please state it here. Please note that you can only place restrictions on embryos that still contain your nuclear genetic material (ie, before they have undergone the PNT process).

☐ Yes - specify your restrictions below then continue to section 3.

☐ No - go to section 3.

Section 3 – Using sperm and embryos in training

If the donor has sperm and embryos left after donating for the treatment of others, he can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. He can do this by ticking yes at 3.1. and/or 3.2. If he wishes to donate his sperm or embryos for research purposes, he should sign a separate clinic-specific form.
3. Using sperm and embryos in training

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

☐ Yes  ☐ No

3.2. Do you consent to your embryos (already created outside the body with your nuclear genetic material) being used for training purposes? Please note that embryos can only be used if the female provider of the nuclear genetic material has also given her consent.

☐ Yes  ☐ No

Section 4 – Storing sperm and embryos

To donate sperm for the treatment of others, he must consent to his sperm and/or embryos being stored. He can do this by ticking yes at 4.1 and/or 4.2.

4. Storing sperm and embryos

Sperm donated for the treatment of others needs to be stored.

4.1. Do you consent to your sperm being stored?

☐ Yes  ☐ No

4.2. Do you consent to embryos (containing your nuclear genetic material) being stored? Please note that embryos can only be stored if the female provider of the nuclear genetic material has also given her consent.

☐ Yes  ☐ No

If you have answered no to both 4.1 and 4.2, sign the page declaration on this page then go to section five. If you have answered yes to 4.1 or 4.2, or both, then continue below.

Sperm and embryo storage periods

The law permits donors to store for any period up to 10 years but in cases where the donor, their partner, or the person to whom their sperm and embryos have been allocated, is prematurely infertile, or likely to become prematurely infertile, he may store for longer, up to 55 years. Although it is unlikely that a donor would be prematurely infertile, it is possible that the person to whom the donor’s sperm or embryos have been allocated could meet the medical criteria for premature infertility.

Once you have allocated his sperm or embryos to another patient, you, together with the patient, may determine how long the sperm and embryos are stored for within the boundaries of what the donor has consented to in this form. If the donor only consents to 10 years, then regardless of whether the person who is having treatment is prematurely infertile, the storage of the sperm and embryos cannot extend beyond 10 years.
4.3. For how long do you consent to your sperm, being stored? Only complete this section if you answered yes to section 4.1. Please talk to your clinic if you’re unsure of how long to store for.

- [ ] 10 years
- [ ] 55 years
- [ ] A specific period (up to 55 years). Specify number of years

4.4. For how long do you consent to embryos being stored? Only complete this section if you answered yes to question 4.2. Please talk to your clinic if you’re unsure of how long to store for.

- [ ] 10 years
- [ ] 55 years
- [ ] A specific period (up to 55 years). Specify number of years

When will the consent period start?

The consent period will start from the date the sperm or embryos are first placed in storage. The form should always state the total amount of time he is consenting to.

What if the donor wants to change his consent?

If the donor wishes to change the time period he consented to, he can do this by completing another copy of this form and specifying the new total time period. For example, if he consented to five years’ storage and wishes to consent for a further five years (10 years in total), he should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form he completed. You should retain all copies of completed consent forms. However, if the donor wishes to extend his storage period beyond 10 years (up to a maximum of 55 years), he should complete the relevant extension form (LGS or ES).