

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 the HFEA, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you want to store your eggs or sperm for your potential future treatment or for training purposes.

If you already have a partner with whom you may wish to have treatment, do not complete this form. You will need to complete a different form and you should ask your clinic about this.

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 in your presence and at your direction.

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 state in writing how long you consent to your eggs or sperm remaining in storage.

You will need to complete additional forms if you want to use your eggs or sperm for your treatment, someone else's treatment (donation or surrogacy) or research.

You are also legally required to record what you would like to happen to your eggs or 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, if you do not record your consent on this form, in the event that you die or become mentally incapacitated, your clinic would not be able to store your eggs or sperm according to your wishes. If you are unsure of anything in relation to this, please ask your clinic.

This form allows you to consent to your eggs or sperm being used for training purposes if you were to die or become mentally incapacitated. You may decide that you want your eggs or sperm to be used for another purpose in these circumstances, in which case you will need to complete additional forms. If you are unsure of anything in relation to this, please ask your clinic.

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 and what will happen if you do not renew your consent when prompted by your clinic,
 - the consequences of withdrawing this consent, and
 - how you can make changes to, or withdraw, your consent.
- ▶ A suitable opportunity to have proper counselling about the implications of treatment and storage.

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.**

What other uses are there for my eggs or sperm?

If you no longer wish to keep your eggs or sperm for your own treatment, you can withdraw your consent to storage, and they will be disposed of. Your clinic will provide you with the necessary form.

Your other options when withdrawing your consent to storage for your own treatment include giving your consent to:

- ▶ the donation of unused eggs or sperm for use in someone else's treatment. Before doing this, there are lots of issues to consider, which your clinic should discuss with you. This would involve further screening tests, counselling and further consent.
- ▶ your unused eggs or sperm being used for research purposes, with the aim of helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Research projects take place at HFEA licenced research facilities. Your clinic can give you more information about this.
- ▶ your stored unused eggs or sperm being used for training purposes to allow designated healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

Your clinic will provide you with further information regarding these options and it may be necessary to complete further consent forms.

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 provided and the consent that you are giving. 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

1 About you

1.1 Your first name(s)

Place sticker here

1.2 Your surname

1.3 Your date of birth

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

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2 Storing eggs or sperm

2.1 Do you consent to your eggs or sperm being stored?

You must consent to storage by ticking one of the boxes below.

My eggs

Yes

No

My sperm

Yes

No

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, eggs and sperm are frozen. You should think about how far in the future you might want or be able to use your stored eggs or sperm and the potential costs of storing – you should discuss this with your clinic.

The law permits you to store eggs or sperm for use in your treatment for any period up to a maximum of 55 years from the date that the eggs or sperm are first placed in storage. However, you will need to renew your consent every 10 years.

You can give your consent to storage on this form. You will be contacted by your clinic regarding an additional period of storage or renewal of your consent to storage at the appropriate time.

Because your clinic needs to contact you about your consent to storage, you should always inform your clinic if your contact details or if your circumstances change (e.g., if you have a partner with whom you may wish to have treatment). If your clinic is unable to contact you, then your eggs or sperm will be removed from storage and disposed of when they can no longer be lawfully stored.

You should be aware 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 eggs or sperm for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

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Page declaration

Your signature

Date

 D D M M Y Y

For clinic use only (optional)

Patient number

2 Storing eggs or sperm continued

Storage for the first time

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

For 10 years

For a shorter period - specify the number of years (not exceeding 10 years):

The consent period will start from the date your eggs or sperm are first placed in storage.

You can change your storage period or withdraw your consent to storage at any time by contacting your clinic.

Additional storage prior to renewal

Only complete this section if you have already:

- ▶ Given your initial consent to storage of your eggs or sperm for a period less than 10 years from the date that your eggs or sperm were first placed in storage.
- ▶ If you have renewed your consent but consented to a storage period of less than 10 years, and now wish to request an additional period of storage for up to another 10 years before a further renewal is required.

You will be required to formally renew your consent to storage (on a renewal of consent form) no later than every 10 years after your eggs or sperm were first placed in storage. Your clinic will contact you about this at the appropriate time. If your clinic is unable to contact you, then your eggs or sperm will be removed from storage and disposed of when they can no longer be lawfully stored

2.3 Do you wish to consent to an additional period of storage of your eggs or sperm?

Yes No

If you have answered 'yes', indicate how long you wish your additional period of storage to last. Any period you specify below will be in addition to your existing storage period. The total number of years of storage should not exceed 10 years from date of first storage or most recent renewal.

Specify the number of years

3 Using eggs or sperm for training

During your treatment, you may have eggs or sperm that you do not want to use (for example, because the eggs or sperm are not needed, or are not suitable, for treatment). On this form, you can consent to your eggs or sperm being used and stored to allow designated healthcare staff to practice the techniques involved in fertility treatment.

Giving your consent to your eggs or sperm being used and stored for training purposes means that eggs or sperm which are not used, or are not suitable for use, in each fresh cycle of treatment can be either used immediately for training or stored for potential future use in training.

The decision to consent to your eggs or sperm being used for training purposes will not affect your treatment in any way.

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Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

3 Using eggs or sperm for training continued

3.1 Do you consent to your unused eggs or sperm being used for training purposes?

Yes No

Please indicate how long you consent to storage of your eggs or sperm for training purposes:

For 55 years from the date of first storage, or

For a shorter period - specify the number of years (not exceeding 55 years from date of first storage):

If you give your consent to storing your eggs or sperm for training purposes, your clinic may store your eggs or sperm for these purposes for up to 55 years from the date that your eggs or sperm are first placed in storage.

4 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).

On this form, you can consent to your eggs or sperm being used or stored after your death or loss of mental capacity for potential use by designated healthcare professionals to practice the techniques involved in fertility treatment.

If you want your eggs or sperm to be used by your partner or another person if you die or become mentally incapacitated, you will need to complete a different form.

If your personal circumstances change (for example if you have a new partner) and you want your eggs or sperm to be used in treatment with that new partner, you will need to complete an additional form.

4.1 **In the event of your death or loss of mental capacity, do you consent to your eggs or sperm being stored and used for training purposes (select all that apply)?**

If you die

If you become mentally incapacitated

Yes No Yes No

Please indicate how long you consent to storage of your eggs or sperm for training purposes after your death or loss of mental capacity:

For 55 years from the date of first storage, or

For a shorter period - specify the number of years (not exceeding 55 years from date of first storage):

Other uses for your eggs or sperm if you die or become mentally incapacitated

Your eggs or sperm can be kept in storage in the event of your death or mental incapacity for the purposes outlined below:

- ▶ **In the treatment of others by donation or surrogacy.** If you wish your eggs or sperm to be used for this purpose, you will need to provide written consent. Please discuss this with your clinic who will provide you with the appropriate forms.
- ▶ **For research purposes**, with the aim of helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Research projects take place at HFEA licenced research facilities. Your clinic can give you more information about this.

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.
 - I understand that I can make changes to, or withdraw, my consent to storage at any time until the eggs or sperm have been used or allowed to perish.
 - I understand that before the end of the consent period that I have indicated at section 2 above, I will be contacted by my clinic regarding additional consent to storage or renewal of my consent to storage, if applicable.
 - I understand that if I do not request an additional period of storage or renew my consent, my consent will be taken as withdrawn and my eggs or sperm will be removed from storage and disposed of.
- ▶ I understand that I must notify my clinic if my contact details change. I understand it is my responsibility to keep contact details up to date.
- ▶ 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 in line with the Data Protection Act 2018 and UK General Data Protection Regulation) 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	M	Y	Y
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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

D	D	M	M	Y	Y
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Witness's name

Witness's signature

Date

D	D	M	M	Y	Y
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