

**Consent Form (version 3, 8 September 2022)
(PROVIDING FROZEN EGGS OR EMBRYOS ORIGINALLY FROZEN FOR
USE IN TREATMENT)
Indicators of Oocyte and Embryo Development**

HFEA Centre Number: 0013
IRAS Study Number: 65414
Name of Researcher: Prof Geraldine Hartshorne

		Patient	Partner
1	I confirm that I have read and understand the Information sheet dated 6 January 2022 (version 2) for the above study. I have had the opportunity to ask questions and have had these answered satisfactorily. I have been offered the opportunity for counselling.	Initials	Initials
2	I understand that my participation is voluntary and that I am free to withdraw (by written confirmation to the principal investigator) at any time until any samples are used, without giving any reason, without my medical care or legal rights being affected.	Initials	Initials
3	I understand that responsible individuals authorised by the Centre for Reproductive Medicine may look at my medical notes. I give permission for them to collect medical history data where it is relevant to my taking part in this study.	Initials	Initials
4	I understand that the research project may include genetic and other tests. I understand that I will not receive any information about the results of these tests for embryos that I donate to research.	Initials	Initials
5	I wish to donate our frozen embryos or my frozen eggs to the above study	Initials	Initials
6	I consent to their continued frozen storage for the purposes of research		
7	I agree to take part in the above study	Initials	Initials
8	At the end of the study, I agree that my anonymised material and data can be kept for future research	YES/NO	YES/NO

Name of Female Patient

Date

Signature

Name of Male Patient

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature



University Hospitals
Coventry and Warwickshire
NHS Trust



1 for patient, 1 to be kept with hospital notes, 1 for researcher