

## Consent Form (version 4, 8 February 2023) (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 8 February 2023 (version 4) 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 agree to take part in the above study	Initials	Initials
7	At the end of the study, I agree that my anonymised material and data can be kept for future research	YES/NO	YES/NO

### Consent for Egg or Embryo Storage for Research Purposes

8	<p>Please read the following information: (note, a gamete is an egg or a sperm)</p> <ul style="list-style-type: none"> <li>By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your gametes or embryos created with your gametes to be stored for use in research purposes.</li> <li>If you are storing your gametes or embryos, you must state in writing how long you consent to them being stored for research purposes.</li> <li>The law permits you to store gametes for any period up to a maximum of 55 years from the date they are first placed in storage.</li> <li>Embryos can only be stored for research purposes if both gamete providers give their consent to storage and use in the project.</li> </ul>		
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	<ul style="list-style-type: none"> <li>The maximum period for storage of embryos for research purposes is 10 years from the date you sign the consent to storage form.</li> <li>If consent is given to the storage of embryos for research purposes by different persons on different days, the reference to the day on which consent was given is to be taken as a reference to the last of those days.</li> <li>If the time periods for storage for research purposes given by each gamete provider are different, the embryos can only remain in storage for the lesser of the time periods.</li> </ul>		
9	I consent for my gametes to be stored for research purposes for 55 years (or if a shorter time, please write the amount of time here <input type="text"/> )	Initials	initials
10	We consent for our embryos to be stored for research purposes for 10 years (or if a shorter time, please write the amount of time here <input type="text"/> )	Initials	Initials

\_\_\_\_\_  
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

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