

# 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](http://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.**

**For clinic use only (optional)**

**HFEA centre reference**

**Patient number** assigned to each patient registered at the clinic

**Date gametes were placed in storage**

**Date gametes can remain in storage until**

**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 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     My sperm

### 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, early menopause and certain treatments for gender dysphoria. 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 Storing eggs or sperm *continued*

### 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:

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

## Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

### 3 In the event of your death or mental incapacity *continued*

#### 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) (or the gender-neutral version if applicable). Your sperm will only be able to be 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 to be used for this purpose (including if you wish your eggs to be used by your female partner), please complete 'Your consent to donating your eggs' (WD form) (or the gender-neutral version, if applicable). If you wish your sperm to be used for this purpose, please complete 'Your consent to donating your sperm' (MD form) (or the gender-neutral version, if applicable).
- **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

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▶▶▶ Continues on the next page

For clinic use only (optional)

Patient number

GS page 4 of 5  
Version 5, 3 April 2017

**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.

**Representative's name**

**Relationship to the person consenting**

**Witness's name**

**Representative's signature**

**Date**
     
**Witness's signature**

**Date**
     
**Page declaration****Your signature**

**Date**
     

For clinic use only (optional)

Patient number