

Your consent to extending the storage of your eggs or sperm beyond 10 years



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.

Who should fill in this form?

Fill in this form if you already have eggs or sperm in storage and wish to extend the storage period beyond 10 years. By law, you can only do this if you, your partner, or the person to whom your eggs or sperm have been allocated, are, or are likely to become, prematurely infertile. Your clinic will need to attach a medical practitioner's statement confirming this to this form.

Please **do not** complete this form if you are:

- storing your eggs or sperm for the first time, **or**
- changing the period of time for which you consented to store your eggs or sperm within the 10 year standard storage period. Instead you should revise the storage period on the original form by completing another copy of that form.

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 to store your eggs or sperm. You must also state in writing how long you consent to your eggs or sperm remaining in storage.

How long can I extend storage by?

Providing you, your partner, or the person to whom your eggs or sperm have been allocated, meet the medical criteria for premature infertility, you can consent to store your eggs or sperm for up to 55 years.

If you have your eggs or sperm in storage and wish to extend storage beyond 10 years, a medical practitioner will need to certify in writing that you, your partner, or the person to whom your eggs or sperm have been allocated, has met the medical criteria for premature infertility for storage to continue.

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 the 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.

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)

Other relevant forms

Version 4, 1 April 2015

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

Date

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 declaration

I declare that the person named in section one 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

Witness's name

Witness's signature

Date