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,
- 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	rel	evan	t to	rme
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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	Egg and sperm storage periods				
	If you, your partner, or the person to whom your embryos have been allocated, has been diagnosed as prematurely infertile or likely to become prematurely infertile, you can extend your consent to allow for a total storage period of up to 55 years. Your clinic should attach a medical practitioner's statement to this form to certify that you or your partner meets the medical criteria for premature infertility.				
	Your clinic should ensure that for every subsequent 10 year period that your eggs or sperm are stored, a medical practitioner certifies in writing that you, your partner, or the person to whom your eggs or sperm have been allocated, still meet the medical criteria for storage to continue.				
	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.				
	For how long do you consent to store your eggs or sperm?				
	Please specify the total number of years you consent to your eggs or sperm being stored for (up to a maximum of 55). For example, if your eggs or sperm have already been in storage for 10 years and you want to extend it by another 10, you should state 20 years below. years				
	Section for clinic use only				
	Date gametes were placed in storage				
	Date gametes can remain in storage until				
	Please attach all relevant medical practitioners' statements to this form.				
	Page declaration				
	Your signature Date				
	X DD MM Y Y				

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			
X				
If signing at the direction of the person cons If you have completed this form at the direction unable to sign for themselves due to physical illedate the declaration below. There must also be ing is present when you sign the form.	of the person consenting (because they are ness, injury, or disability), you must sign and			
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			
	X			
Relationship to the person consenting	Date			
Witness's name	Witness's signature			
	X			
	Date D M M Y Y			