

Record of information provided before obtaining consent – female

For clinic use only



We recommend you use this form to record the information you have provided to women giving consent. There is also a version of this form for men. It is designed to help you demonstrate that you have met the requirements of the Human Fertilisation and Embryology Act (1990 (as amended) and 2008) before asking people to give consent. A completed copy of this form should be retained in the relevant medical records.

What information should be recorded?

First record the personal details of the person giving consent. You should then tick the relevant consent forms that this person will need to complete and add notes about any verbal information that was given before obtaining their consent. If information was provided in any other way (eg, at an information evening or through information leaflets) then it is a good idea to note this too.

Personal details

First name(s)

Surname

Date of birth

Other patient identifiers (optional)

Name of consent form	Tick ✓	What relevant information was provided in relation to each consent and how?
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Treatment:

WT

Women's consent to treatment and storage form (IVF and ICSI)

WGI

Your consent to the use of your eggs in GIFT

Date information was provided

By whom _____

▶▶▶▶ Continues on the next page

Name of consent form	Tick ✓	What relevant information was provided in relation to each consent and how?
Storage:		
GS Your consent to the storage of your eggs or sperm		
LGS Your consent to extending the storage of your eggs or sperm beyond 10 years		
ES Your consent to extending the storage of your embryos beyond 10 years		Date information was provided <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom _____
Donation:		
WD Your consent to donating your eggs		
ED Your consent to donating embryos		Date information was provided <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom _____
Disclosure of information:		
CD Your consent to disclosing identifying information (State if only 'part one – general purposes' or 'part two – research purposes' was provided instead of the full version).		Date information was provided <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom _____

▶▶▶▶ Continues on the next page

Name of consent form	Tick ✓	What relevant information was provided in relation to each consent and how?
Parenthood:		
PP Your consent to being the legal parent		
WP Your consent to your partner being the legal parent		Date information was provided <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom _____
Surrogacy:		
WSG Women's consent to the use and storage of eggs or embryos for surrogacy		
SPP Your consent to being the legal parent in surrogacy		
SWP Your consent (as a surrogate) nominating an intended parent to be the legal parent		
SWC Surrogacy – withdrawing your consent		Date information was provided <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom _____

▶▶▶▶ Continues on the next page

Name of consent form	Tick ✓	What relevant information was provided in relation to each consent and how?
Withdrawal:		
WC Withdrawing your consent		
LC Stating your spouse or civil partner's lack of consent		
		Date information was provided <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom _____

Record of the offer of counselling

Has counselling been offered? Yes No

Date(s) counselling was offered	Who offered counselling?

Additional information (eg, the type of counselling and the person's response to the offer)