

HFEA Donor Information Form (Form v2012)

Completion Guidance Notes

HFEA Donor Information Form

These guidance notes are to help clinics complete the HFEA Donor Information form for submission via EDI and by registered mail. The comments noted below relate specifically to Version 4 of the form and not to any other form versions or any other HFEA form.

The HFEA will normally expect to receive only one Donor Information form for each donor (unless reporting changes or corrections). In the exceptional case of a donor making donations at more than one centre, each centre must complete a separate Donor Information form for that donor.

Please note that all sections within pages 1 & 2 must be completed by the centre using information provided by the donor. Pages 3 & 4 should be completed by the donor. Please check to ensure that the form number on pages 1 & 2 matches is written clearly on pages 3 & 4 along with the donor code when sending them to the HFEA.

The centre and form number details are required for all forms and are normally automatically completed by EDI or your integrated system.

These notes relate to the submission of donor information to the HFEA by clinic staff and *not intended for donors*. Clinics should discuss the HFEA donor information form with donors before completion and let them know what information will be held/disclosed by the HFEA and when it will be disclosed.

If completing a form for a gamete provider in a surrogacy arrangement also refer to the surrogacy register form guidance and please note that if the IP prefix is used on the donor code pages 3 & 4 will not be required by the HFEA.

Fields 1 - 3

1 This form is registering Is registering a new individual Replaces all details previously registered

For changes complete section 2 and any other relevant sections below.

2 This form replaces form:

3 Form completed:

- 1 This field informs the HFEA whether this is a new donor or whether this form is making a correction to a form previously submitted.
- 2 Section 2 should only be completed if this is a correction form, if it is, the number of the original form should appear here. When using EDI if you click the 'EDIT' button this field will automatically be populated.
- 3 This section is for the date on which the form was completed.

Fields 4 - 7

4 Donor number: Previous donor number (if changed):

5 This donor was also registered as patient/partner no.

6 Date gametes first used (or supplied for use) in treatment:

7 Any donations at other centres? Yes No If yes, last UK or overseas centre for donor (if known):

- 4 The **Donor number** (which may be the same as the patient number for egg donors) should remain constant throughout all treatments in which the donated gametes are used, and it should always be quoted in the same format on any subsequent registration or treatment forms.

If the donor is **imported** you must prefix the donor code with the 2 digit code for that country. Annex 2 of this document lists the prefix code for each country.

If the donor is a gamete provider and the intended parent in a **surrogacy arrangement** prefix the donor code with the letters IP.
- 5 **Previous donor number** - If you have to change the number of a donor that has already been registered, record the previous number in this field.
- 6 **Date gametes first supplied for use** - Please enter the date that the donor eggs or sperm were first available for use in treatment..
- 7 If the donor has donated at another centre please tick yes and select the relevant centre from the adjacent drop down list.

Field 8

8 Donor details:

Current forename(s)

Current surname

Forenames at birth (if different from current)

Surname at birth (if different from current)

DOB

Sex Male Female

Marital Status

Town or district of birth

Country of birth

NHS number for UK resident (if known)

OR Passport/ID card number

Country of issue

Donor address at date of form completion:

House name or number

Street Name

Town

County

Postcode

Country

8 The following donor's personal details should be recorded:

- Current names
- Names at birth (if different from current name)
- Date of birth (the donor's age should be between 18 and 35 for female donors and between 18 and 42 for male donors)
- Sex
- Marital status
- Place of birth
- NHS Number for UK residents (if known) OR Passport/ID Card number & Country of Issue for non UK residents
- The donor's house name or number and relevant street address details on the date of form completion.

Note: The name fields can only contain alpha characters, apostrophes and hyphens, or they will be rejected.

Field 9

9 Was the donor adopted? Yes No Was the donor conceived by donation Yes No

- 9 Tick the relevant box to state whether the donor was adopted or donor conceived or not.

Fields 10 - 12

10 Donors own ethnic group
11 Biological mother's ethnic group (if known)
12 Biological father's ethnic group (if known)

10 – 12

Please select the group which most closely reflects the donor's and the donor's parents ethnicity from the current list in Annex 1.

Field 13

13 Please list any physical illness or disability, history of mental illness or learning difficulties. Please also list any known medical conditions within the donor's biological family.

13 Medical Background

If the donor has any physical illness or disabilities, or has a history of mental illness or learning difficulties, please specify them within this section. Also, if there are any known relevant medical conditions within the donor's biological family background, then please provide further information within this section.

Field 14

14 How many families has the donor consented to being created?

14 Number of families consented to by the donor

Donors must sign a consent form stating how many families they agree to being created using their gametes, this can be up to a maximum of 10 families. Complete this section with the number of families the donor is willing to create. This field is mandatory.

Field 15

15 Does the donor have their own biological children? Yes No If yes, how many: Girls Boys

15 Does the donor have children of their own?

Please provide details of the donor's own genetic children by selecting Yes or No as applicable. If this field is left blank, the form will be rejected. If yes, please enter the number of children in the relevant box.

Fields 16 - 19

16 Your current height (m) Current weight (kgs)
17 Eye colour
18 Natural hair colour
19 Skin colour

16 Current Height (m) and Weight (kgs)

Height and weight for the donor must be given in metric units. These fields are mandatory and must not be left blank.

17 Eye Colour

Please select from the drop down list, the options are:

- Blue, Brown, Green, Grey or Hazel

This field is mandatory and must not be left blank.

18 Hair Colour

Please select from the following:

- Black, Brown Dark, Brown Light, Blonde Light, Blonde Dark or Red

This field is mandatory and must not be left blank.

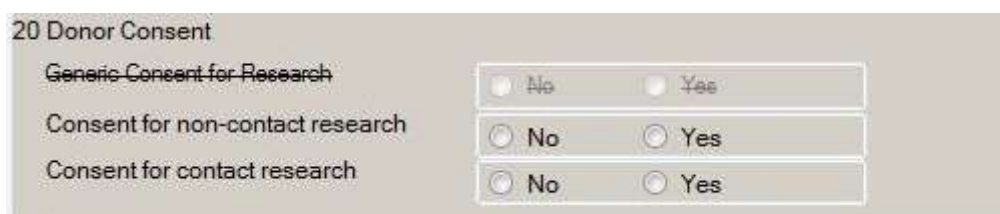
19 Skin Colour

Please select from the following:

- Light/Fair, Medium, Dark, Freckles or Olive

This field should be completed in reference to the donor's ethnic group and is mandatory and must not be left blank.

Field 20



20 Donor Consent	
Generic Consent for Research	<input type="radio"/> No <input type="radio"/> Yes
Consent for non-contact research	<input type="radio"/> No <input type="radio"/> Yes
Consent for contact research	<input type="radio"/> No <input type="radio"/> Yes

20 Donor Consent for the release of their identifiable to details to researchers

The donor consent section of the EDI form should transfer the consent given by the donor on the CD form – please note that the section of the CD form depends on which version you use.

Ignore the line for Generic Consent this no longer needs to be completed.

From 1 April 2015 the CD form changed the way consent for the release of information for research purposes was collected at centres.

Where a donor has completed CD form Version 6 / April 2015 you should use sections 4.1 and 4.2 from full CD form or 3.1 and 3.2 from CD part 2 (Research only) to complete the 'Consent for non-contact research' and 'Consent for contact research' fields according to the options the donor has ticked.

If the donor has completed the previous version of the CD form (with options below)

4 Medical or other research purposes *continued*

4.1. Do you consent to your identifying information that relates to your or your partner's treatment, your storage or donation being disclosed for the purpose of research?

This could involve contact or non-contact research (for information about these two types of research please read the descriptions in section 4.2).

No, neither contact nor non-contact research ►► Go straight to section 5

Yes, contact and non-contact research ►► Go straight to section 5

Yes, but just contact or non-contact research, not both ► Go to section 4.2 to choose which type of research

Ignore the line for Generic Consent this no longer needs to be completed.

If a donor selects 'No, neither contact and non-contact research' then you will need to enter No in both non-contact and contact research fields.

If a donor selects 'Yes, contact and non-contact research' then you will need to enter Yes in both non-contact and contact research fields.

If a donor selects 'Yes, but just contact or non-contact not both' then the following non-contact and contact research rows should be completed based on which types of research the donor has agreed to.

For example, if a donor consents to their data being used for non-contact research but not for contact then the forms should be completed as follows:

Generic Consent for research	
Consent for non-contact research	Y
Consent for contact research	N

Field 21

21 Comments

This section should be used to give any additional comments about the donor including any **screening tests carried out in addition to the mandatory tests**.

21 Comments

Pages 3 and 4

Pages 3 & 4 are for additional personal information about/from the donor.

- Religion or belief system
- Occupation
- Interests
- Skills
- Reason for donating
- A goodwill message
- A pen portrait

This information is of great value to donor-conceived people. Please encourage all donors to complete these pages. Pages 3 & 4 should be returned to the HFEA by registered mail and should show clearly the clinic and donor code so they can be easily matched to the correct donor on the HFEA register.

Even if a donor has not completed these pages the blank copies should be returned to the HFEA so we don't have to contact the clinic if we receive a request for information about the donor.

It is important that the donor knows that this information can be shared with patients considering treatment with the donor's gametes, parents of any children born as a result of treatment with their gametes and donor-conceived people themselves.

To this end the HFEA have also included a statement that the donor must tick to confirm that they understand who can see the information they provide.

You may wish to provide in these sections a goodwill message and description of yourself. This information is not compulsory but it is recommended you complete these sections as the information you provide can help parents tell children about their origins and answer some questions a donor-conceived person may have.

Non-identifying information in the following sections can, upon request, be shared with patients requiring treatment with donor gametes/embryos, parents of children conceived using your donated gametes/embryos and children conceived using your donated gametes/embryos, once they reach the age of 16. The full content of this form can be made available to donor-conceived people when they reach the age of 18.

I understand that by completing these sections I have consented to the information therein being shared with patients, parents and donor-conceived people, as outlined above. (Please tick to confirm)

Note: If the donor is a gamete provider and intended parent in a surrogacy arrangement and their code has been correctly prefixed with IP, then pages 3 & 4 are not required by the HFEA.

WHITE

- A White British
- B White Irish
- C Any other White background

MIXED

- D White & Black Caribbean
- E White & Black African
- F White & Asian
- G Any other mixed background

ASIAN OR ASIAN BRITISH

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background

BLACK OR BLACK BRITISH

- M Black Caribbean
- N Black African
- P Other Black background

OTHER ETHNIC GROUPS

R Chinese

S Any other ethnicity

Z Not stated

Annex 2

Country Prefix Codes for Imported Donors

COUNTRY	CODE
AFGHANISTAN	AF
ÅLAND ISLAND	AX
ALBANIA	AL
ALGERIA	DZ
AMERICAN SAMOA	AS
ANDORRA	AD
ANGOLA	AO
ANGUILLA	AI
ANTARCTICA	AQ
ANTIGUA AND BARBUDA	AG
ARGENTINA	AR
ARMENIA	AM
ARUBA	AW
AUSTRALIA	AU
AUSTRIA	AT
AZERBAIJAN	AZ
BAHAMAS	BS
BAHRAIN	BH
BANGLADESH	BD
BARBADOS	BB
BELARUS	BY

COUNTRY	CODE
BELGIUM	BE
BELIZE	BZ
BENIN	BJ
BERMUDA	BM
BHUTAN	BT
BOLIVIA	BO
BOSNIA AND HERZEGOVINA	BA
BOTSWANA	BW
BOUVET ISLAND	BV
BRAZIL	BR
BRITISH INDIAN OCEAN TERRITORY	IO
BRUNEI DARUSSALAM	BN
BULGARIA	BG
BURKINA FASO	BF
BURUNDI	BI
CAMBODIA	KH
CAMEROON	CM
CANADA	CA
CAPE VERDE	CV
CAYMAN ISLANDS	KY
CENTRAL AFRICAN REPUBLIC	CF
CHAD	TD
CHILE	CL
CHINA	CN
CHRISTMAS ISLAND	CX
COCOS (KEELING) ISLANDS	CC
COLOMBIA	CO
COMOROS	KM
CONGO	CG
CONGO, THE DEMOCRATIC REPUBLIC OF THE	CD
COOK ISLANDS	CK
COSTA RICA	CR
COTE D'IVOIRE	CI
CROATIA	HR
CUBA	CU
CYPRUS	CY
CZECH REPUBLIC	CZ
DENMARK	DK
DJIBOUTI	DJ
DOMINICA	DM
DOMINICAN REPUBLIC	DO
ECUADOR	EC
EGYPT	EG
EL SALVADOR	SV

COUNTRY	CODE
EQUATORIAL GUINEA	GQ
ERITREA	ER
ESTONIA	EE
ETHIOPIA	ET
FALKLAND ISLANDS (MALVINAS)	FK
FAROE ISLANDS	FO
FIJI	FJ
FINLAND	FI
FRANCE	FR
FRENCH GUIANA	GF
FRENCH POLYNESIA	PF
FRENCH SOUTHERN TERRITORIES	TF
GABON	GA
GAMBIA	GM
GEORGIA	GE
GERMANY	DE
GHANA	GH
GIBRALTAR	GI
GREECE	GR
GREENLAND	GL
GRENADA	GD
GUADELOUPE	GP
GUAM	GU
GUATEMALA	GT
GUINEA	GN
GUINEA-BISSAU	GW
GUYANA	GY
HAITI	HT
HEARD ISLAND AND MCDONALD ISLANDS	HM
HOLY SEE (VATICAN CITY STATE)	VA
HONDURAS	HN
HONG KONG	HK
HUNGARY	HU
ICELAND	IS
INDIA	IN
INDONESIA	ID
IRAN, ISLAMIC REPUBLIC OF	IR
IRAQ	IQ
IRELAND	IE
ISRAEL	IL
ITALY	IT
JAMAICA	JM
JAPAN	JP
JORDAN	JO

COUNTRY	CODE
KAZAKHSTAN	KZ
KENYA	KE
KIRIBATI	KI
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	KP
KOREA, REPUBLIC OF	KR
KUWAIT	KW
KYRGYZSTAN	KG
LAO PEOPLE'S DEMOCRATIC REPUBLIC	LA
LATVIA	LV
LEBANON	LB
LESOTHO	LS
LIBERIA	LR
LIBYAN ARAB JAMAHIRIYA	LY
LIECHTENSTEIN	LI
LITHUANIA	LT
LUXEMBOURG	LU
MACAO	MO
MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	MK
MADAGASCAR	MG
MALAWI	MW
MALAYSIA	MY
MALDIVES	MV
MALI	ML
MALTA	MT
MARSHALL ISLANDS	MH
MARTINIQUE	MQ
MAURITANIA	MR
MAURITIUS	MU
MAYOTTE	YT
MEXICO	MX
MICRONESIA, FEDERATED STATES OF	FM
MOLDOVA, REPUBLIC OF	MD
MONACO	MC
MONGOLIA	MN
MONTserrat	MS
MOROCCO	MA
MOZAMBIQUE	MZ
MYANMAR	MM
NAMIBIA	NA
NAURU	NR
NEPAL	NP
NETHERLANDS	NL
NETHERLANDS ANTILLES	AN
NEW CALEDONIA	NC

COUNTRY	CODE
NEW ZEALAND	NZ
NICARAGUA	NI
NIGER	NE
NIGERIA	NG
NIUE	NU
NORFOLK ISLAND	NF
NORTHERN MARIANA ISLANDS	MP
NORWAY	NO
OMAN	OM
PAKISTAN	PK
PALAU	PW
PALESTINIAN TERRITORY, OCCUPIED	PS
PANAMA	PA
PAPUA NEW GUINEA	PG
PARAGUAY	PY
PERU	PE
PHILIPPINES	PH
PITCAIRN	PN
POLAND	PL
PORTUGAL	PT
PUERTO RICO	PR
QATAR	QA
REUNION	RE
ROMANIA	RO
RUSSIAN FEDERATION	RU
RWANDA	RW
SAINT HELENA	SH
SAINT KITTS AND NEVIS	KN
SAINT LUCIA	LC
SAINT PIERRE AND MIQUELON	PM
SAINT VINCENT AND THE GRENADINES	VC
SAMOA	WS
SAN MARINO	SM
SAO TOME AND PRINCIPE	ST
SAUDI ARABIA	SA
SENEGAL	SN
SERBIA AND MONTENEGRO	CS
SEYCHELLES	SC
SIERRA LEONE	SL
SINGAPORE	SG
SLOVAKIA	SK
SLOVENIA	SI
SOLOMON ISLANDS	SB
SOMALIA	SO

COUNTRY	CODE
SOUTH AFRICA	ZA
SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	GS
SPAIN	ES
SRI LANKA	LK
SUDAN	SD
SURINAME	SR
SVALBARD AND JAN MAYEN	SJ
SWAZILAND	SZ
SWEDEN	SE
SWITZERLAND	CH
SYRIAN ARAB REPUBLIC	SY
TAIWAN, PROVINCE OF CHINA	TW
TAJIKISTAN	TJ
TANZANIA, UNITED REPUBLIC OF	TZ
THAILAND	TH
TIMOR-LESTE	TL
TOGO	TG
TOKELAU	TK
TONGA	TO
TRINIDAD AND TOBAGO	TT
TUNISIA	TN
TURKEY	TR
TURKMENISTAN	TM
TURKS AND CAICOS ISLANDS	TC
TUVALU	TV
UGANDA	UG
UKRAINE	UA
UNITED ARAB EMIRATES	AE
UNITED KINGDOM	GB
UNITED STATES	US
UNITED STATES MINOR OUTLYING ISLANDS	UM
URUGUAY	UY
UZBEKISTAN	UZ
VANUATU	VU
VENEZUELA	VE
VIETNAM	VN
VIRGIN ISLANDS, BRITISH	VG
VIRGIN ISLANDS, U.S.	VI
WALLIS AND FUTUNA	WF
WESTERN SAHARA	EH
YEMEN	YE
ZAMBIA	ZM
ZIMBABWE	ZW

