

# Mitochondrial donor registration form

Please write clearly in black ink using block capitals.

Centre number

## 1. What is this form for?

I am registering a new donor  Replaces all details previously registered

Centre name

Date

Mitochondrial donor number

Previous donor number (if changed)

This donor was also registered as patient/partner number (if applicable)

Has this donor made any mitochondrial donations at other centres? Yes  No

If yes, what was the last UK or overseas centre for donation?

## 2. Donor details

Current first name(s)

Current surname

First name(s) at birth (if different)

Surname at birth (if different)

Date of birth

NHS number (UK residents only)

Town of birth

Country of birth

Passport/ID card number

Country of issue

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### 3. Consent

Please state whether the mitochondrial donor has consented to disclose their identifying information for research purposes. They will have indicated whether they consent on the HFEA form 'Your consent to disclosing identifying information' (CD form).

**Non-contact research?** Yes  No

**Contact research** Yes  No

The following sections should only contain **non-identifying** information about the mitochondrial donor.

Sections four and five should be completed by the centre. Sections six and seven should be completed by the mitochondrial donor.

Information recorded in sections four, five and six can be disclosed to mitochondria donor-conceived people once they reach the age of 16 and may, upon request, also be provided to patients receiving treatment with donated mitochondria or parents of children conceived from mitochondrial donation.

Information recorded in section seven will only be available to mitochondria donor-conceived people once they reach the age of 16.

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### 4. Screening tests

Please confirm that the donor is negative for the relevant infectious diseases which it is mandatory to test for (outlined in licence condition T52) and pathogenic mitochondrial DNA mutations (T126)

Please list below any additional screening tests performed:

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### 5. Maternal medical history details

This section is to provide information to any mitochondrial donor-conceived person on the personal and maternal medical history of their mitochondrial donor. This information will be provided to any child born as a consequence of the mitochondrial donation so you should include all information the mitochondrial donor-conceived child may want to know.

Please outline medical history

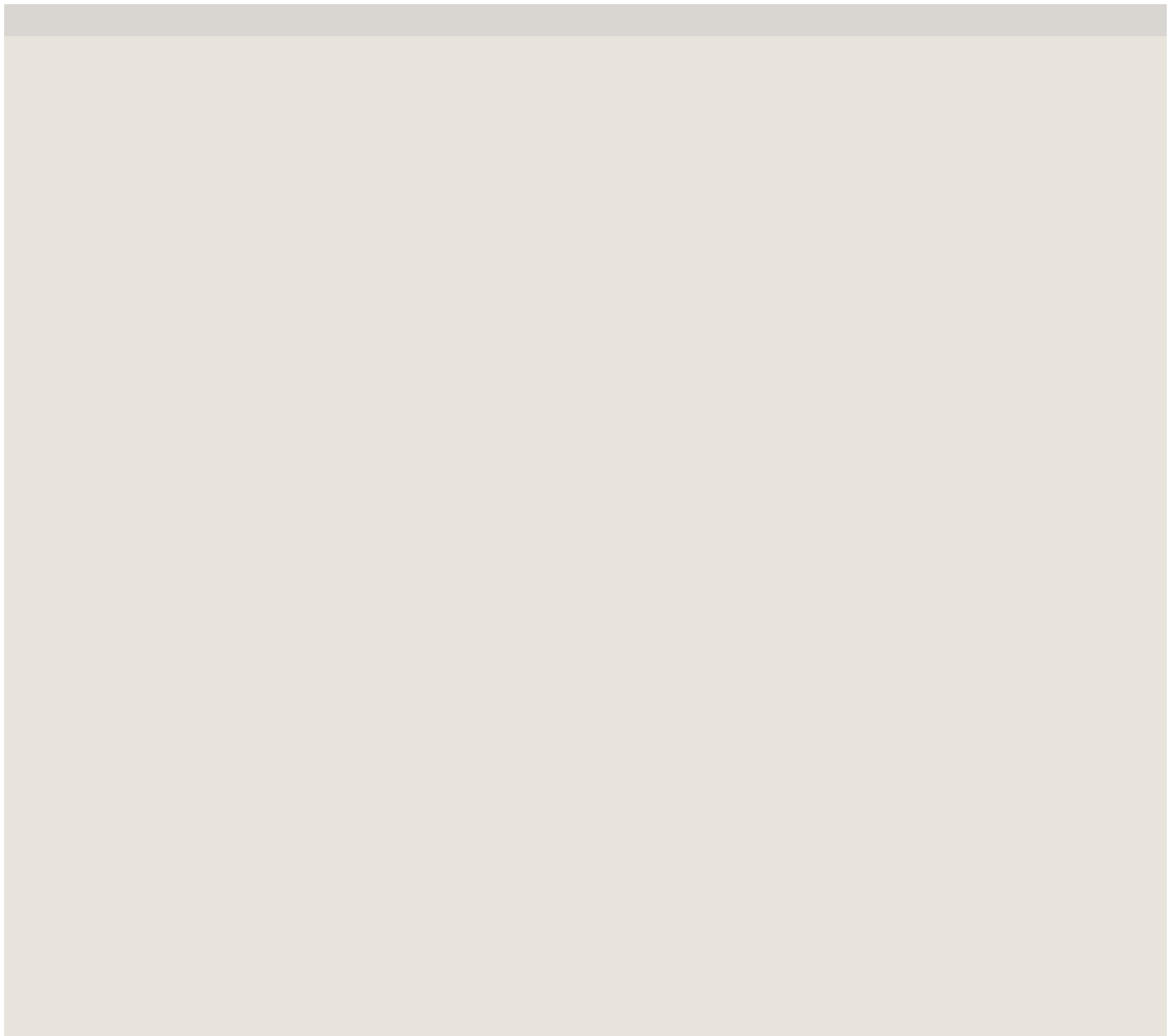
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## 6. Personal description of donor

**This page is to be completed by the mitochondrial donor.**

You may wish to provide a non-identifying description of yourself. This could cover your reasons for being a mitochondrial donor and a personal description of yourself covering your interests, hobbies and skills, religion, etc. This information can be made available to prospective patients and parents of children conceived from your mitochondrial donation as well as to the children themselves when they reach the age of 16.

This information is not compulsory but it is recommended you provide this information as it can help answer some questions a person conceived from your donation might have.



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## 7. Additional information

**This page is to be completed by the mitochondrial donor.**

This section is to provide you with an opportunity to provide any additional information. Please ensure that information provided is non-identifying. The additional information provided below will only be available to any child born as a result of mitochondrial donation when they reach the age of 16.

This information is not compulsory.

