

SECTION 4

**DI/DONOR
INSEMINATION
TREATMENT
FORM**

Version 2007

Issue 1 – Published 22/02/07

These guidance notes replace all previous versions

GUIDANCE NOTES ON COMPLETING HFEA FORMS I DI/DONOR INSEMINATION TREATMENT FORM

Version 2007/1

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HFEA centre reference number	This is the unique number issued to each physical clinic/centre by the HFEA upon receipt of an initial licence application. The centre number must be included on all forms returned to the HFEA. Centre numbers should be quoted in the format of three numerics – i.e. 000. The EDI application will automatically populate this field.
HFEA form number	Each Donor Insemination Treatment form has a single unique number to identify it, (top right hand corner starting with the letter I). If, after submitting a form, a correction needs to be made, it is essential that the unique form number of the form being corrected or updated be quoted on any new form in section 2. Original forms using duplicate form numbers will be rejected and returned to the centre. Paper forms supplied by the HFEA are unique, and it is the responsibility of the centre to ensure that where forms are generated from Electronic Patient Records systems, that form numbers are not repeated. The EDI application will automatically populate this field.
<div style="background-color: #f0f0f0; border: 1px solid #ccc; padding: 5px;"> <p>Donor Insemination Treatment Centre <input style="width: 50px;" type="text" value="9004"/> Form I <input style="width: 100px;" type="text"/></p> <p>1 This form <input style="width: 150px;" type="text" value="Is recording a new treatment"/> <input type="radio"/> <input style="width: 150px;" type="text" value="Replaces all details previously supplied"/> <input type="radio"/></p> <p>This form is notifying corrections to form I <input style="width: 100px;" type="text"/></p> </div>	
Section 1	<p><i>This form:-</i></p> <p>If this form is recording a treatment for the first time, then please tick ✓ – RECORDING A NEW TREATMENT</p> <p>If you wish to make changes or corrections to a previous form, then the number of the original form which is now being replaced must be supplied.</p> <p>Notifying Corrections</p> <p>To send a correction form the original form should be opened on EDI, and the 'EDIT' button along the bottom should be clicked. The EDI system will automatically populate the 'notifying correction to' form number.</p>
<div style="background-color: #f0f0f0; border: 1px solid #ccc; padding: 5px;"> <p>2 Form completed on <input style="width: 100px;" type="text"/></p> </div>	

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Section 2	<p>Form Completed On</p> <p>This is the date on which the form is being completed, or for corrections the date on which the new information is being supplied.</p>
<p>3 Patient number <input style="width: 150px;" type="text"/></p> <p>Patient surname <input style="width: 250px;" type="text"/></p>	
Section 3	<p>Patient Number</p> <p>The patient number (which may be the same as the donor number for egg donors) should remain constant throughout all treatments, and this number should always be quoted in the same format on any subsequent registration or treatment forms.</p> <p>Changes to Patient/Donor numbers should only be made through an appropriate Patient registration or Donor Information Form.</p> <p>Patient Surname</p> <p>To ensure that the correct patient ID has been supplied above, please enter the patients surname as specified on their Patient Registration form. If this information does not match, this form will be rejected.</p>
<p>4 Is this patient a surrogate? <input type="radio"/> Yes <input type="radio"/> No</p>	
Section 4	<p>Is this patient a surrogate?</p> <p>If this patient is to be a surrogate mother, please tick ✓ the Yes box.</p>
<p>ALL treatments reported on this form MUST apply to gametes from a single donor</p> <p>5 Centre <input style="width: 150px;" type="text"/> Sperm donor number <input style="width: 100px;" type="text"/></p> <p>Was this sperm imported into the UK? <input type="radio"/> No <input type="radio"/> Yes</p>	

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Section 5	<p>All treatments reported on this form MUST apply to gametes from a single donor.</p> <p>Centre</p> <p>Please record the donor's centre number. This is the centre number where the donor was registered.</p> <p>If you use a donor from another clinic it is advisable to obtain confirmation from that clinic that a green Donor Information form has already been sent to the HFEA, before sending in treatment forms. If this has not happened, the treatment form will be returned for correction.</p> <p>Sperm Donor Number</p> <p>Please record the donor number for the person supplying sperm to be used in the treatment. The donor's clinic reference number is the unique number allocated to the donor by the centre that obtained the gametes for donation.</p> <p>Was this sperm imported into the UK?</p> <p>Please tick ✓ the appropriate box.</p>
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6 Treatment type IUI <input type="checkbox"/> IVI <input type="checkbox"/> ICI <input type="checkbox"/> GIFT (donor sperm) <input type="checkbox"/>
Please note that GIFT using donated eggs must be recorded within IVF Treatment & Embryo Creation/Use
If this treatment involves GIFT, please supply the number of the patient's own eggs which are being mixed and replaced <input style="width: 40px; height: 20px;" type="text"/>

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Section 6	<p>Treatment Type</p> <p>Please tick ✓ the appropriate box.</p> <p>Fresh treatment cycles using the partners own sperm should not be submitted to the HFEA in detail. They are instead to be reported separately on an annual return.</p> <p>If this treatment involves GIFT using the patients own eggs, please supply the number of eggs which are being mixed and replaced.</p> <p>Please note that GIFT using donor eggs should be recorded on a different form type – an IVF Treatment & Embryo Creation/Use Form (T). If GIFT is being used with the donors own eggs, then only one insemination date can be recorded on this form in section 9 below.</p>
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7 NHS funded treatment cycle?	<input type="radio"/> No <input type="radio"/> Yes
If yes, give name of commissioning organisation paying for the treatment:	<input style="width: 100%;" type="text"/>

Section 7	<p>NHS Funded Treatment Cycle?</p> <p>Please tick ✓ the appropriate box.</p> <p>If this is an NHS Funded Treatment Cycle, name of commissioning organisation paying for treatment.</p> <p>If the treatment cycle is to be fully or part funded by the NHS, please record the organisation paying. This might be the Primary Care Trust or equivalent, for example.</p>
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8 Cycle	<input type="checkbox"/> Stimulated <input type="checkbox"/> Unstimulated (natural cycle)
Start date of stimulation or last menstrual period (natural cycle)	<input style="width: 100%;" type="text"/>

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Section 8	<p>Cycle</p> <p>Please tick ✓ the appropriate box from the following choices:-</p> <ul style="list-style-type: none"> • Stimulated • Unstimulated (for a natural cycle where no fertility drugs have been administered) <p>Start date of stimulation of date of last menstrual cycle (for natural cycle)</p> <p>Where no drugs have been administered (i.e. a natural cycle), please supply the date of the patient's last menstrual cycle.</p> <p>Where stimulatory drugs have been given, please supply the date of the first drug administration (i.e. start of the administration cycle).</p>
<p>9 <input type="checkbox"/> treatment date (if more than one insemination per cycle, give all dates)</p> <div style="display: flex; justify-content: flex-end; gap: 10px;"> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> </div>	
Section 9	<p>Donor Insemination treatment date</p> <p>There are spaces to record up to 3 inseminations during this treatment cycle. Please record the date on which the treatment took place. At least one date must be completed for each treatment cycle that took place, otherwise the form will be rejected. Multiple dates entered within a section/treatment cycle should be in chronological order.</p>

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SAMPLE FORM - DO NOT COPY OR USE

HFEA EDI (Training Centre 9004) - [New Donor Gamete Treatment (DI) (New entry)]

File Forms Reports Utilities Window Help

Donor Insemination Treatment Centre Form I

1 This form Is recording a new treatment Replaces all details previously supplied

This form is notifying corrections to form I

2 Form completed on

3 Patient number

Patient surname

4 Is this patient a surrogate? Yes No

ALL treatments reported on this form MUST apply to gametes from a single donor

5 Centre Sperm donor number

Was this sperm imported into the UK? No Yes

If this treatment involves the use of imported sperm, what was the associated Special Direction number?

6 Treatment type IUI IVI ICI GIFT (donor sperm)

Please note that GIFT using donated eggs must be recorded within IVF Treatment & Embryo Creation/Use

If this treatment involves GIFT, please supply the number of the patient's own eggs which are being mixed and replaced

7 NHS funded treatment cycle? No Yes

If yes, give name of commissioning organisation paying for the treatment:

8 Cycle Stimulated Unstimulated (natural cycle)

Start date of stimulation or last menstrual period (natural cycle)

9 DI treatment date (if more than one insemination per cycle, give all dates)