

Partner Registration



PLEASE WRITE CLEARLY IN
BLACK INK USING BLOCK CAPITALS

Centre:

Form R:

1. What this form is for

Is recording a new partner : Replaces all details previously registered:

Is notifying corrections to form P: (if applicable)

Form completion date:

Date partner first registered at this clinic:

A Donor Information Form must also be submitted for Sperm Donors.

2. Partner details

Partner number: Donor number (if applicable):

Previous partner number (if changed):

Partner first name(s): Partner surname:

First name(s) at birth: (if different from above):

Surname at birth: (if different from above):

Date of birth: Gender:

Place of birth: Country of birth:

NHS Number for UK resident (if known):

OR

Passport/ID Card Number: Country of issue:

Is the partner disabled? Yes No

Partner ethnic group:

Please see guidance notes for current list of ethnicity codes

3. Cause of infertility

Cause of male infertility (more than one may apply)*

None - female infertility

Azoospermia

Oligozoospermia

Avoidance of genetic disorder

Other infertility reason

4. Partner information

This person is the current partner for female patient number:

Patient's current surname:

5. Previous registration

Last UK clinic for a new patient/donor treated elsewhere (if known):

6. Consent for researchers

Generic consent for research

Yes

No

Consent for non-contact research

Yes

No

Consent for contact research

Yes

No