



**PATIENT & PARTNER
REGISTRATION FORMS**

Version 2015

Issue 6 – Published 01/04/2015

These guidance notes replace all previous versions

GUIDANCE NOTES ON COMPLETING HFEA FORMS R (PATIENT) AND (P) PARTNER REGISTRATION

Version 2015/6

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Patient Registration Form –Type R

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 four numerics – i.e. 0000. The EDI application will automatically populate this field.
HFEA form number	Each Patient Registration form has a single unique number to identify it, (top right hand corner starting with the letter R). 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. Numbers 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.

Female Patient Registration Centre Form R

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

This form is notifying corrections to form R

Section 1	<p>This form:-</p> <p>If the person is a new Patient who has never been registered at this centre before, then please tick ✓ – REGISTERING A NEW PATIENT</p> <p>If you wish to make changes or corrections to a previous patient registration form, then the number of the original form which is now being replaced must be supplied.</p>
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2 Date patient first registered at this clinic

Section 2	<p>Date patient first registered at this clinic</p> <p>This field is mandatory.</p> <p>A Patient Registration form should always be completed and submitted BEFORE an intention to treatment is reported. Please do not send treatment forms to the HFEA unless you have sent a registration form for the patient and their partner (if they have one). Failure to do so will result in the treatment form being returned.</p>
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A Donor Information Form must also be submitted if the patient is an Egg Donor.

3 Female Patient Number	<input type="text"/>	Donor Number (if applicable)	<input type="text"/>
Previous Patient Number (if changed)	<input type="text"/>		
Current forename(s)	<input type="text"/>		
Current surname	<input type="text"/>		
Surname at birth (if different from current)	<input type="text"/>		
Date of birth	<input type="text"/>		
Town or district of birth	<input type="text"/>		
Country of birth	<input type="text"/>		
NHS Number for UK resident (if known)	<input type="text"/>		
OR Passport/ID card number	<input type="text"/>		
Country of issue	<input type="text"/>		

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Section 3

Female Patient Number

This field is mandatory. The Patient number should remain constant throughout all treatments and it should always be quoted in the same format on any subsequent registration, treatment or outcome forms. The number given to a patient, partner or donor must be unique within each licensed centre. Never give the same number to two different people.

In cases where the patient is also a donor (e.g. egg sharing), the same number can be used for the person to cover both instances, alleviating the need to allocate two separate numbers.

Donor Number

Patients should only have one number allocated to them by a centre. However, it has been known for some centres to allocate a patient ID and separately a donor ID to the person if they intend to donate/share eggs or embryos.

Previous Patient Number

If you have to change the number of a patient that has already been registered, record the **previous** number(s) in this field, then record the **new** patient number in the first field.

Personal details

The following personal details for the patient should be recorded:

- Current surname and forename(s) are mandatory
- Surname at birth must be supplied if different from current. Forms will be rejected if the patient surname is the same as the partner surname and the patients surname at birth is not supplied.
- Date of birth. Where the patient's age at the time of treatment is less than 18 or greater than 55, the forms will not be rejected but may be queried.
- Place of birth – The patients town and country of birth must be recorded as part of the identifying information for the patient.
- NHS Number for UK residents OR
- Their Passport/ID Card number & Country of Issue for non UK residents.

Name fields can only contain alpha characters, apostrophes and hyphens or they will be rejected.

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	<p>If the patient is a donor as well, please submit a Donor Information form with the necessary additional information.</p>												
<p>4 Is the patient disabled?</p>	<p style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> </p>												
<p>Section 4</p>	<p>Patient disabled</p> <p>In line with government legislation, please tick the box if the patient considers themselves or is registered as disabled.</p>												
<p>5 Patient ethnic group</p>	<p style="text-align: center;"> <input type="text"/> </p>												
<p>Section 5</p>	<p>Patient ethnic group</p> <p>Please select the group which most closely reflects the patient's ethnicity from Appendix 1 at the end of this document.</p>												
<p>6 Has this person travelled from overseas for treatment in the UK?</p>	<p style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> </p>												
<p>Section 6</p>	<p>Overseas patients</p> <p>Please state whether the person lives overseas and has travelled to the UK for treatment services.</p>												
<p>7 This patient</p>	<p style="text-align: center;"> <input type="checkbox"/> Currently has a partner <input type="checkbox"/> - please complete a Partner Registration Form <input type="checkbox"/> Is currently without a partner </p>												
<p>Section 7</p>	<p>Patient Partner</p> <p>If the patient currently has a partner, then please tick the box and submit a Partner Registration form.</p> <p>If the patient does not currently have a partner, then please tick this box. If the patient was previously reported as having a partner (and their records linked) then by ticking this box the records will become disassociated.</p> <p>Tick ✓ the appropriate box</p> <p>If the patient has changed their partner, remember to ensure that the change is registered before any further treatments are submitted.</p>												
<p>8 Patient/Donor Previous Obstetric History</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Total number of previous natural pregnancies</td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 35%;">Total number of natural live births</td> <td style="width: 10%;"><input type="text"/></td> </tr> <tr> <td>Total number of previous IVF pregnancies</td> <td><input type="text"/></td> <td>Total number of IVF live births</td> <td><input type="text"/></td> </tr> <tr> <td>Total number of previous DI pregnancies</td> <td><input type="text"/></td> <td>Total number of DI live births</td> <td><input type="text"/></td> </tr> </table>	Total number of previous natural pregnancies	<input type="text"/>	Total number of natural live births	<input type="text"/>	Total number of previous IVF pregnancies	<input type="text"/>	Total number of IVF live births	<input type="text"/>	Total number of previous DI pregnancies	<input type="text"/>	Total number of DI live births	<input type="text"/>
Total number of previous natural pregnancies	<input type="text"/>	Total number of natural live births	<input type="text"/>										
Total number of previous IVF pregnancies	<input type="text"/>	Total number of IVF live births	<input type="text"/>										
Total number of previous DI pregnancies	<input type="text"/>	Total number of DI live births	<input type="text"/>										

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Section 8	<p>Patient Previous obstetric history</p> <p>Please note that multiple births are classed as a single live birth event.</p> <p>For all patients please supply:-</p> <ul style="list-style-type: none"> a) The total number of all previous natural/spontaneous pregnancies and the number of live birth events resulting from this type of conception. b) The number of IVF pregnancies and the number of live birth events resulting from this method of conception and finally, c) The number of DI pregnancies and the number of live birth events resulting from this method of conception. 												
<p>9 Duration of infertility (years) <input style="width: 50px;" type="text"/></p>													
Section 9	<p>Duration of infertility</p> <p>Please specify the duration of patient infertility to the approximate nearest year.</p>												
<p>10 Cause for infertility/reason for treatment (more than one may apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Tubal Disorders <input type="checkbox"/></td> <td style="text-align: center;">Endometriosis <input type="checkbox"/></td> <td style="text-align: center;">Uterine problems <input type="checkbox"/></td> <td style="text-align: center;">Menopausal <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Ovulatory disorder (inc.PCO) <input type="checkbox"/></td> <td style="text-align: center;">Ovarian failure <input type="checkbox"/></td> <td style="text-align: center;">Avoidance of genetic disorder <input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">No male partner <input type="checkbox"/></td> <td style="text-align: center;">Male factor <input type="checkbox"/></td> <td style="text-align: center;">Unexplained <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table>		Tubal Disorders <input type="checkbox"/>	Endometriosis <input type="checkbox"/>	Uterine problems <input type="checkbox"/>	Menopausal <input type="checkbox"/>	Ovulatory disorder (inc.PCO) <input type="checkbox"/>	Ovarian failure <input type="checkbox"/>	Avoidance of genetic disorder <input type="checkbox"/>		No male partner <input type="checkbox"/>	Male factor <input type="checkbox"/>	Unexplained <input type="checkbox"/>	Other <input type="checkbox"/>
Tubal Disorders <input type="checkbox"/>	Endometriosis <input type="checkbox"/>	Uterine problems <input type="checkbox"/>	Menopausal <input type="checkbox"/>										
Ovulatory disorder (inc.PCO) <input type="checkbox"/>	Ovarian failure <input type="checkbox"/>	Avoidance of genetic disorder <input type="checkbox"/>											
No male partner <input type="checkbox"/>	Male factor <input type="checkbox"/>	Unexplained <input type="checkbox"/>	Other <input type="checkbox"/>										
Section 10	<p>Cause of infertility/reason for treatment</p> <p>Please select any of the options that apply. Please note that it is possible to tick ✓ more than one box.</p> <p>If the cause of infertility or main reason for treatment does not match any of the specific items listed, then please tick the "Other" option.</p>												
<p>11 Last UK clinic for a new patient/donor treated elsewhere (if known) <input style="width: 80%; border: 1px solid black;" type="text"/></p>													

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Section 11

Last UK clinic for a new patient/donor treated elsewhere

This section should be completed if the person has:

- Previously donated elsewhere within the U.K. or overseas
- Been treated elsewhere as a patient, or
- Registered elsewhere as a partner.

Please supply either the full name of the centre or its appropriate HFEA Centre number (if known).

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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

Section 12

Consent for the release of their identifiable to details to researchers – the full or short CD form

The patient 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 of the CD form 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 patient has completed CD Version 6 / April 2015 you should use the 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 patient ticked.

If the patient has completed the older version of the CD forms including section below.

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 the patient ticks 'No, neither contact nor non-contact research' then the you should tick No for both non-contact and contact research.

If the patient selects 'Yes, contact and non-contact research' then the you should tick Yes for both non-contact and contact

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

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Partner Registration Form –Type P

A husband is assumed in law to be the legal father of a child born following treatment unless he can prove he did not consent to his wife’s treatment. A male partner, who is not married to the woman receiving treatment, is the legal father of a child born following treatment services provided for him and a woman, treated together. (Section 28 of Human Fertilisation and Embryology Act 1990)

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 four numerics – i.e. 0000. The EDI application will automatically populate this field.
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HFEA form number	<p>Each Partner Registration form has a single unique number to identify it, (top right hand corner starting with the letter R). 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.</p> <p>Original forms using duplicate form numbers will be rejected and returned to the centre. Numbers supplied by the HFEA are unique, and it is the responsibility of the centre to ensure that form numbers are not repeated. The EDI application will automatically populate this field.</p>
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Partner Registration	Centre	9004	Form P	
1 This form	<input type="radio"/> Is recording a new partner <input type="radio"/> Replaces all details previously registered			
This form is notifying corrections to form P	<input style="width: 100%;" type="text"/>			
Form completed on	<input style="width: 100%;" type="text"/>			

Section 1	<p>This form:-</p> <p>If the person is a new Partner who has never been registered at this centre before, then please tick ✓ – REGISTERING A NEW PARTNER</p> <p>If you wish to make changes or corrections to a previous partner registration form, then tick ‘Replaces all details previously registered’ the number of the original form which is now being replaced must be supplied.</p>
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2 Date partner first registered at this clinic	<input style="width: 100%;" type="text"/>
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	<ul style="list-style-type: none"> Sex (male or female) Place of birth – The town and country of birth <u>must</u> be recorded as part of the identifying information for the partner. NHS Number for UK residents (if known) OR Their Passport/ID Card number & Country of Issue for non UK residents. <p>Name fields can only contain alpha characters, apostrophes and hyphens or they will be rejected.</p> <p>If the partner is a donor as well, please submit a Donor Information form with the necessary additional information.</p>
4 Is the partner disabled	<input type="radio"/> No <input type="radio"/> Yes
Section 4	Partner disabled In line with government legislation, please tick the box if the patient's partner considers themselves, or is registered as, disabled.
5 Partner ethnic group	<input type="text"/>
Section 5	Partner ethnic group Please select the group which most closely reflects the partner's ethnicity.
6 Cause of male infertility (more than one may apply) <input type="checkbox"/> None - female infertility <input type="checkbox"/> Oligozoospermia (low sperm count) <input type="checkbox"/> Azoospermia (no sperm) <input type="checkbox"/> Avoidance of genetic disorder <input type="checkbox"/> Other infertility reason	
Section 6	Cause of male infertility/reason for treatment Please select the option which most closely reflects the partner's cause of infertility or the main reason for treatment.
7 This person is the current partner for female patient number	<input type="text"/>
Section 7	This person is the current partner for female patient number: This section must be completed. Please enter the patient number to whom this person is a partner. To ensure that the correct patient ID has been supplied, please enter the surname of the patient as found on her registration
Patient's current surname	<input type="text"/>

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	<p>form. If the patient ID and surname supplied do not match those on the appropriate registration form, this form will be rejected.</p>									
<p>8 Last UK clinic for a partner previously registered elsewhere (if known)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>										
<p>Section 8</p>	<p>Last UK clinic for a new partner treated elsewhere</p> <p>This section should be completed if the person has:</p> <ul style="list-style-type: none"> • Previously registered at this centre or elsewhere as a partner • Previously donated elsewhere within the U.K. or overseas <p>Please supply either the full name of the centre or its appropriate HFEA Centre number (if known).</p>									
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Generic Consent for Research</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> </tr> <tr> <td>Consent for non-contact research</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> </tr> <tr> <td>Consent for contact research</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> </tr> </table>		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
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								
<p>Section 12</p>	<p>Consent for the release of their identifiable to details to researchers – the full or short CD form</p> <p>The partner 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 of the CD form you use.</p> <p>Ignore the line for Generic Consent this no longer needs to be completed.</p> <p>From 1 April 2015 the CD form changed the way consent for the release of information for research purposes was collected at centres.</p> <p>Where a partner has completed CD Version 6 / April 2015 you should use the 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 partner ticked.</p> <p>If the partner has completed the older version of the CD forms including section below.</p>									

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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 the partner ticks 'No, neither contact nor non-contact research' then the you should tick No for both non-contact and contact research.

If the partner selects 'Yes, contact and non-contact research' then the you should tick Yes for both non-contact and contact

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

For example, if the partner 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

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SAMPLE FORM - DO NOT COPY OR USE

Female Patient Registration Centre Form R

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

This form is notifying corrections to form R

Form completion date

2 Date patient first registered at this clinic

A Donor Information Form must also be submitted if the patient is an Egg Donor.

3 Female Patient Number Donor Number (if applicable)

Previous Patient Number (if changed)

Current forename(s)

Current surname

Surname at birth (if different from current)

Date of birth

Town or district of birth

Country of birth

NHS Number for UK resident (if known)

OR Passport/ID card number

Country of issue

4 Is the patient disabled? No Yes

5 Patient ethnic group

6 Has this person travelled from overseas for treatment in the UK? No Yes

7 This patient Currently has a partner Is currently without a partner **- please complete a Partner Registration Form**

8 Patient/Donor Previous Obstetric History

Total number of previous natural pregnancies	<input type="text"/>	Total number of natural live births	<input type="text"/>
Total number of previous IVF pregnancies	<input type="text"/>	Total number of IVF live births	<input type="text"/>
Total number of previous DI pregnancies	<input type="text"/>	Total number of DI live births	<input type="text"/>

9 Duration of infertility (years)

10 Cause for infertility/reason for treatment (more than one may apply)

<input type="checkbox"/> Tubal Disorders	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Uterine problems	<input type="checkbox"/> Menopausal
<input type="checkbox"/> Ovarulatory disorder (inc.PCO)	<input type="checkbox"/> Ovarian failure	<input type="checkbox"/> Avoidance of genetic disorder	
<input type="checkbox"/> No male partner	<input type="checkbox"/> Male factor	<input type="checkbox"/> Unexplained	<input type="checkbox"/> Other

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

12 Patient Consent

Generic Consent for Research No Yes

Consent for non-contact research No Yes

Consent for contact research No Yes

HFEA: Female Patient Registration Form V2 (59) - 1 Oct 2007

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SAMPLE FORM - DO NOT COPY OR USE

Partner Registration Centre Form P

1 This form Is recording a new partner Replaces all details previously registered

This form is notifying corrections to form P

Form completed on

2 Date partner first registered at this clinic

A Donor Information Form must also be submitted for Sperm Donors

3 Partner number Donor number (if applicable)

Previous partner number (if changed)

Current forename(s)

Current surname

Surname at birth (if different from current)

Date of birth

Sex Male Female

Town or district of birth

Country of birth

NHS Number for UK resident (if known)

OR Passport/ID card number

Country of issue

4 Is the partner disabled No Yes

5 Partner ethnic group

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

None - female infertility Azoospermia (no sperm)

Oligozoospermia (low sperm count) Avoidance of genetic disorder Other infertility reason

7 This person is the current partner for female patient number

Patient's current surname

8 Last UK clinic for a partner previously registered elsewhere (if known)

9 Partner Consent

Generic Consent for Research No Yes

Consent for non-contact research No Yes

Consent for contact research No Yes

HFEA: Partner Registration Form V2 (60) - 1 Oct 2007

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Appendix 1 – National Ethnicity codes

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