

Consent forms

A guide for clinic staff

VERSION 6 – REVISED JUNE 2020

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Introduction

Informed consent is one of the most important principles in healthcare and a fundamental feature of the Human Fertilisation and Embryology (HFE) Act 1990 (as amended). You are responsible under the Act for obtaining properly informed consent from your patients.

This reference guide is designed to help you understand your legal obligations and to use the individual consent forms appropriately. It is not designed to be used by patients.

You can find the forms on the consent form page on our website. Here you can also find another resource, 'How to use consent forms – for clinic staff,' which gives you:

- information on who should complete each consent form, and
- treatment scenarios and which consent forms should be completed in each case.

What are my legal obligations?

The HFE Act 1990 (as amended) requires licensed centres to ensure that consent given by patients is written and is fully informed before they store or use their eggs, sperm or embryos. The requirements and guidance regarding consent are set out in the Code of Practice (primarily guidance note 5) and in General Direction 0007.

Before you ask your patients to give consent you must give them:

- enough information to enable them to understand the nature, purpose and implications of their treatment or donation
- a suitable opportunity to receive proper counselling about the implications of the steps which they are considering taking, and
- information about the procedure for varying or withdrawing any consent given and about the implications of doing so.

You should record that you have provided this information in the patient's medical notes. You may wish to use the 'Female record of information provided before obtaining consent' and 'Male record of information provided before obtaining consent,' which you can download from our website. A record of the information and counselling provision provided at the time of consent may be particularly important if the validity of the consent is ever called into question at a later date.

Who completes the consent forms?

The person who is giving consent must fill in the consent form. Further information on who should complete each consent form is in 'How to use consent forms – for clinic staff' on our website.

You should not pre-complete consent forms on behalf of the person giving consent. If the person acknowledges that they want to provide consent but is, at the same time, unable to sign for themselves due to physical illness, injury or disability, someone else can complete the form on their behalf as long as it is in the presence of the person giving consent. However, if the person is consenting to being registered as the legal parent after their death only they can sign the form.

The provisions of the Human Tissue Act 2004, which allow next of kin to provide consent to harvesting of other body tissues, do not apply to gametes. Only the gamete provider can provide effective consent to

the use of gametes in treatment. Anyone who procures, stores or uses gametes without valid and effective consent from the gamete provider may be committing an offence. For information on the limited cases where consent is not required see the HFEA Code of Practice Guidance note 5: Consent to treatment, storage, donation, training and disclosure of information. Please note that these exceptions do not apply to cases where a person has died (including cases of brain stem death) without having prior effective consent to storage or use in place.

Should we ask patients to complete new consent forms for every treatment cycle?

It is a clinic's legal responsibility to ensure that valid and effective consent is in place before treatment commences.

We do not require patients to complete a new set of consent forms before their second or subsequent treatment cycles; however, it is very important for you to establish that any previously completed consent forms are still valid and effective. If it is not clinic practice to ask patients and their partners to complete new consent forms for subsequent treatment cycles, you must review all of the consent forms they previously completed to ensure that:

- the patient or partner's personal circumstances have not changed
- there were no errors in the original consent forms, and
- valid and effective consent is still in place before their treatment commences.

This review should include the consent to legal parenthood forms where those forms are necessary. Where the patient or partner's circumstances have changed since their last treatment cycle, you must consider whether the change in circumstances necessitates the completion of new consent forms.

Where patients have transferred to your clinic from another clinic and you intend to rely on the consent forms that the couple completed at the first clinic, it is particularly important that you carefully review those consent forms to ensure that all relevant forms have been provided, were properly completed and contain the correct information.

You should also confirm that your patients were given an opportunity to have counselling and were provided with all relevant information prior to treatment. Once patients and their partners are undergoing treatment at your clinic, the legal responsibility for ensuring that valid and effective consent is in place for that treatment lies with you, not the clinic that took the original consent.

There will be some circumstances where you cannot rely on consent forms that were previously completed and it will be necessary for your patient(s) and their partner(s) to complete new consent forms. In order to help establish whether this is necessary, you should discuss with them whether there have been any changes in their personal circumstances including:

- marital status ie, has the couple separated or divorced or become married to someone else since completing the first set of consent forms
- whether unmarried couples have since separated
- whether the patient is having treatment with a different partner from her previous round of treatment
- the health of the patient and partner (eg, whether or not they might since have developed a life-threatening condition and so may wish to reconsider giving consent to posthumous use)
- the death of the patient's partner
- whether or not the partner still wishes to go ahead with treatment
- changes to the type of treatment needed eg, the patient had IUI previously and will now have IVF or the patient will now use donor sperm.

You should emphasise to your patients that they should proactively contact you if their personal circumstances change, so that both you and the patient can consider whether consent previously given is still valid or needs to be withdrawn and new consent given.

Which declarations should patients sign?

Your patients should sign the page declaration on every page of the consent form to confirm they have read the page and agree fully with the consent and information given.



Page declaration

Your signature

Date

Your patient will need to sign a final declaration on the last page of the consent form to declare that before they completed the form, they were given an opportunity to have counselling and received information about:

- the different options set out in the form
- the implications of giving their consent
- the consequences of withdrawing this consent and how they can make changes to, or withdraw, their consent.

If you do not give patients this information before they fill in the form, their consent may be invalid. You should check that your patient has signed the page declarations, the final declaration and, where relevant, the section declarations, before accepting their consent forms.

You should also ensure that they have ticked any required boxes on forms, where relevant.

Which consent forms should transgender people complete?

If your patient is transgender or has gender dysphoria and they do not wish to complete HFEA consent forms with male or female gender references, they may complete forms from the separate suite of gender neutral forms. Where a gender-neutral version form is not available, the standard form should be used (this is because the standard form doesn't include any male and female references and so can be used in all cases).

Important information about consent to legal parenthood

What is legal parenthood and why is consent to parenthood so important?

Legal parenthood means that someone is legally recognised as their child's parent. It affects a wide range of areas such as the child's nationality, inheritance and who has financial responsibility for the child. It is also important for a child to be clear who his or her legal parents are.

Clinics must ensure that HFEA parenthood consent forms are properly completed before licensed treatment is provided and that copies are retained in the patient's record and are also provided to the patient and partner. Meeting these requirements will ensure that the partner, who is not married or in a civil partnership with the patient when the couple are undertaking fertility treatment using donor sperm, can be the legal parent of any child born.

If consent forms are not properly completed, are not signed and dated correctly, are lost or are completed by the wrong person, the partner may not be legally recognised as the parent of the child(ren) born. Where mistakes with consent forms have been made or forms have been misplaced, some partners have needed to seek a declaration of parenthood in the family court in order for them to become the legal parent of their child.

What mistakes can affect the validity of legal parenthood?

The following are some examples of mistakes that may cast doubt on the parental status of the patient's unmarried partner:

- Missing WP or PP forms ie, there is no record or only a partial record of the consent(s)
- WP or PP forms completed after treatment (ie, after egg, sperm or embryo transfer)
- WP or PP forms completed by the wrong person
- Parts of the WP or PP forms are incomplete eg, boxes not ticked, signatures, including page declarations missing or patient information not complete
- Patients and their partners were not given the required information or offered counselling before the consent was provided (before treatment)

A mistake in the consent process does not mean that a person will automatically be deprived of their status as legal parent and the outcome of any particular case will be highly dependent upon the individual circumstances.

How can we avoid problems with legal parenthood consents?

All consents are important and should be recorded appropriately by trained members of staff, however, any mistake in consent to legal parenthood can have a devastating impact on families. As is the case for all consents, clinic procedures for taking informed consent to parenthood must be compliant with the HFE Act 1990 (as amended) and the Human Fertilisation and Embryology Act 2008. You should:

- ensure that you are clear about the marital status of the couple, whether they are married or in a civil partnership with one another or if either one of them is married or in a civil partnership with any other person. You should record this in the patient notes. This may affect who will be the second legal parent of any child born following treatment and whether or not legal parenthood consent is required.
- ensure you provide your patients and their partners with the required information and opportunity for counselling before they consent
- allow enough dedicated time to provide information and counselling effectively and keep a record of the information and offer of counselling provided in the patient notes
- ensure your patients understand the implications of their consent
- the clinic should have a documented assurance process to ensure that the appropriate consent forms have been completed and that the completed forms contain the correct information, prior to treatment
- check consent is in place, valid and effective at each stage of a patient's treatment
- ensure forms are completed fully and stored correctly.

What should we do if we find an anomaly with legal parenthood consents?

If you have any doubt about the validity or effectiveness of legal parenthood consents you should seek your own legal advice. You should act in a way that promotes openness and honesty with your patients and must inform the affected patients and their partners at the earliest opportunity in a compassionate and supportive manner. The disclosure to a patient and their partner that the partner may not be the legal parent of their child may be unexpected, upsetting and shocking, the clinic should consider the most appropriate way to break this news to the couple.

You should:

- fully disclose all relevant facts and documents related to the couples' case to them
- offer to financially support the patient(s) and their partner(s) to access legal advice
- provide the patient and their partner with all information as is necessary for the speedy resolution of their case if they choose to seek a declaration of parentage in the family court
- provide other support to the patient and their partner as appropriate, including counselling
- notify your HFEA inspector about what has happened and the clinic's approach
- report any anomaly resulting in harm to patients as an adverse incident using the HFEAs incidents process.

Women's consent to treatment and storage form (IVF and ICSI)

WT form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient is required to give her written consent if she wants her eggs, and embryos (created in vitro using her eggs), to be used or stored eg, for IVF or ICSI treatment. If she is storing her eggs or embryos, she must also state in writing how long she consents to them remaining in storage.

Your patient is also legally required to record what she would like to happen to her eggs and embryos if she were to die or lose the ability to decide for herself (become mentally incapacitated). While this is perhaps not something she has considered, you need to know this so you only use her eggs and embryos according to her wishes if this were to happen. Her eggs and embryos can only be used in accordance with her consent so if her wishes are not recorded properly it can have serious consequences.

Section 3 – Your treatment

Your patient must provide consent for her eggs to be used to create embryos in vitro for her treatment. She can do this by ticking the yes box at 3.1. The sperm provider also has to give his consent for embryos to be created. He should complete the [‘Men's consent to treatment and storage form \(IVF and ICSI\)’ \(MT form\)](#).

3 Your treatment

3.1 Do you consent to your eggs being used to create embryos outside the body for your treatment (eg, through IVF treatment)?

In order to create embryos for your treatment you must provide your consent by ticking the yes box below. Please note that the sperm provider also has to give his consent for embryos to be created.

Yes

Section 4 – Storing embryos

If your patient wishes to store her embryos, she must tick the yes box at 4.1. If she does not wish to store her embryos, then she should tick the no box, follow the instructions to ensure all relevant page declarations are signed, then continue to section five.

4 Storing embryos

4.1 Do you consent to the embryos (created outside the body with your eggs) being stored?
Please note that embryos can only be stored if the sperm provider has also given his consent.

Yes > after signing the page declaration below, continue on the next page.

No >> now sign the page declarations on this page and the next page then go straight to section five. >>> Continues on the next page

How long can she store for?

If she ticked yes at 4.1, she will need to state how long she consents to store her embryos. The law permits patients to store for any period up to 10 years, but in cases where she or her partner is prematurely infertile, or likely to become prematurely infertile and you have obtained an opinion to this effect from a registered medical practitioner, she may consent to store for longer, up to 55 years. This allows people who have a medical condition (such as early menopause), or who have had treatment that has rendered them completely infertile (such as chemotherapy), to be able to extend their storage.

You should know whether your patient satisfies the criteria for premature infertility and before giving them this form you should tell her whether this is the case. If she is eligible to consent to store for 55 years, this should be clearly explained and the provision of information about this option should be clearly documented.

4.2 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?
Causes of premature infertility can include chemotherapy treatment and early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become prematurely infertile, you and your partner can change your consent to store your embryos for up to 55 years.

No > go to 4.3.

Yes >> go straight to 4.4.

If she ticks no to premature infertility at 4.2, she should go straight to 4.3. The maximum period she can consent to store for is 10 years.

4.3 For how long do you consent to store your embryos?
You can consent to store your embryos for up to 10 years. Please note that the sperm provider also has to give his consent to storage.

For 10 years

For a specific period (up to a maximum of 10 years) > specify the number of years:
 years

If she ticks yes at 4.2, she should go to section 4.4.

For how long do you consent to store your embryos?
Please specify the number of years you consent to store your embryos for (up to a maximum of 55): years.
Clinic staff: please attach all relevant medical practitioners' statements to this form.

What do I need to do if my patient is storing for more than 10 years?

Although she can consent to store for up to a maximum of 55 years on this form, before the expiry of the first 10 years you will need to arrange for a medical practitioner to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. If your patient has consented to store for longer than 10 years, you should repeat this process before every 10-year period ends (up to a maximum of 55 years). For example, if she has consented to store for 23 years, you would need to seek a medical practitioner's statement twice over the 23-year period – once prior to expiry of the first 10 year storage period, and a second statement before expiry of 20 years storage to cover the additional three years.

Provided she has consented for the maximum of 55 years, she does not need to complete the consent form again, but you should attach the relevant medical practitioner's statement to this form.

You should seek the written medical opinion whilst your patient is alive. However, if your patient dies before a medical opinion can be sought, based on evidence that she would have satisfied the premature infertility criteria when she was alive, you may seek the written medical opinion after death.

Should we link how long a patient consents to store for with their funding or payment plans?

You should not direct your patient to consent to store for less time to tie in with funding or payment plans. Any practical arrangements for payment should be kept separate to consent. If your clinic has a separate contractual arrangement, you should draw the terms of the contract to the patient's attention. You should explain the implications for patients if they fail to pay their storage fees or if funding ends eg, that storage may not continue for the period they have specified in this form.

When will the consent period start?

The consent period will start from the date the eggs or embryos are first placed in storage. The form should always state the total amount of time they are consenting to.

What if she wants to change her consent?

If your patient wishes to change the time period she consented to, she can do this by completing another copy of the WT form and specifying the new total time period. For example, if she first consented to five years' storage and wishes to consent for a further five years (10 years in total), she should complete another copy of the WT form but tick the box for 10 years. This second form would supersede the first form she completed. You should retain completed copies of all the consent forms she has signed.

However, if an eligible patient wishes to extend her storage period beyond 10 years (up to a maximum of 55 years), she should complete the relevant extension form ([LGS](#) or [ES](#) form).

Section 5 – Using eggs and embryos for training

If your patient has eggs and/or embryos left after treatment which she does not wish to use, she can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. She can do this by ticking yes to 5.1 and/or 5.2. If she wishes to donate her eggs or embryos for research purposes, she should sign a separate clinic-specific form.

5 Using eggs and embryos for training

5.1 Do you consent to your eggs being used for training purposes?
 Yes No

5.2 Do you consent to embryos (already created outside the body with your eggs) being used for training purposes?
Please note that embryos can only be used if the sperm provider has also given his consent.
 Yes No

Section 6 – In the event of your death or mental incapacity

Your patient is legally required to record what she would like to happen to her eggs and embryos if she were to die or lose the ability to decide for herself (become mentally incapacitated). If she does not give her consent, her eggs or embryos must be allowed to perish if this were to happen and cannot be used in treatment.

If she ticks yes to 6.1 and 6.2, her eggs or embryos can only be used within the storage period she consented to on this form. Her embryos can only be used if the sperm provider has also given his consent.

6.1 Do you consent to your eggs being used for training purposes?
If you die Yes No If you become mentally incapacitated Yes No

6.2 Do you consent to embryos (already created outside the body with your eggs) being used for training purposes?
Please note that embryos can only be used if the sperm provider has also given his consent.
If you die Yes No If you become mentally incapacitated Yes No

Other uses for your eggs or embryos

If your patient wishes to consent to her eggs or embryos being used in someone else's treatment if she were to die or become mentally incapacitated, there are a number of considerations. This includes whether she is eligible, the screening tests that will be required and the lifelong implications of donation.

Depending on her situation, she will also need to complete one of the following consent forms:

- 'Your consent to donating your eggs' (WD form)
- 'Your consent to donating embryos' (ED form), or
- 'Women's consent to the use and storage of eggs or embryos for surrogacy' (WSG form).

Men's consent to treatment and storage form (IVF and ICSI)

MT form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient is required to give his written consent if he wants his sperm, and embryos created using his sperm, to be used or stored eg, for IVF or ICSI treatment. If he is storing his sperm or embryos, he must also state in writing how long he consents to them remaining in storage.

Your patient is also legally required to record what he would like to happen to his sperm and embryos if he were to die or lose the ability to decide for himself (become mentally incapacitated). While this is perhaps not something he has considered, you need to know this so you only use his sperm and embryos according to his wishes if this were to happen. His sperm and embryos can only be used in accordance with his consent so if his wishes are not recorded properly it can have serious consequences.

Section 3 – Your treatment

Your patient must provide consent for his sperm to be used to create embryos in vitro for his partner's treatment. He can do this by ticking the yes box at 3.1. The egg provider also has to give her consent for embryos to be created. She should complete the '[Women's consent to treatment and storage form \(IVF and ICSI\)](#)' (WT form).

3	Your treatment
3.1	<p>Do you consent to your sperm being used to create embryos outside the body for your partner's treatment (eg, through IVF treatment)?</p> <p>In order to create embryos for your partner's treatment you must provide your consent by ticking the yes box below. Please note that the egg provider also has to give her consent for embryos to be created.</p> <p><input type="checkbox"/> Yes</p>

Section 4 – Storing embryos

If your patient wishes to store his embryos, he must tick the yes box at 4.1. If he does not wish to store embryos, then he should tick the no box, sign the page declarations on that page and the next page, then continue to section five.

4 Storing embryos**4.1 Do you consent to the embryos (created outside the body with your sperm) being stored?**

Please note that embryos can only be stored if the egg provider has also given her consent.

- Yes ▶ after signing the page declaration below, continue on the next page.
- No ▶ now sign the page declarations on this page and the next page then go straight to section five.

What can happen if the form is not completed properly?

A man consents to store his sperm and consents to the use of his sperm for his partner's treatment. He also consents to posthumous use of his sperm, and embryos created with his sperm, but does not consent to the storage of any embryos created. He subsequently dies. His partner undergoes IVF treatment with embryos created from the sperm of her deceased husband. However, she is unable to store embryos for future treatment because he has not provided consent to embryo storage. The woman can only undergo fresh cycles of IVF with the additional risks that this entails.

How long can he store for?

If he ticked yes at 4.1, he will need to state how long he consents to store his embryos. The law permits patients to store for any period up to 10 years, but in cases where he or his partner is prematurely infertile, or likely to become prematurely infertile and you have obtained an opinion to this effect from a registered medical practitioner, he may consent to store for longer, up to 55 years. This allows people who have a medical condition (such as early menopause), or who have had treatment that has rendered them completely infertile (such as chemotherapy), to be able to extend their storage.

You should know whether your patient satisfies the criteria for premature infertility and before giving him this form you should tell him whether this is the case. If he is eligible to store for 55 years, this should be clearly explained and the provision of information about this option should be clearly documented.

You should make sure you fully understand the sperm provider's wishes. You may wish to speak to him privately so that you understand his wishes for posthumous use and storage ie, it may be the case that he does not wish for his partner to have treatment if he were to die because he wants his partner to move on and find a new partner but is reluctant to say this.

4.2 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?

Causes of premature infertility can include chemotherapy treatment and early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become prematurely infertile, you and your partner can change your consent to store your embryos for up to 55 years.

- No ▶ go to 4.3.
- Yes ▶ go straight to 4.4.

If he ticks no to premature infertility at 4.2, he should go to section 4.3. The maximum period he can consent to store for is 10 years.

4.3 For how long do you consent to store your embryos?

You can consent to store your embryos for up to 10 years. Please note that the egg provider also has to give her consent to storage.

- For 10 years
- For a specific period (up to a maximum of 10 years) ▶ specify the number of years:
 years

If he ticks yes at 4.2, he should go to section 4.4.

For how long do you consent to store your embryos?

Please specify the number of years you consent to store your embryos for (up to a maximum of 55): years.

Clinic staff: please attach all relevant medical practitioners' statements to this form.

What can happen if the form is not completed properly?



A man provides consent for his partner to use embryos created using his sperm after his death. He is prematurely infertile so is eligible to store the embryos for up to 55 years but he only provides consent to store for 10 years. He dies after nine and half years. Even though he has consented to posthumous use, storage cannot be extended beyond 10 years. Either his partner must use the embryos in her treatment within the next six months or the clinic must dispose of the embryos.

What do I need to do if my patient is storing for more than 10 years?

Although he can consent to store for up to a maximum of 55 years on this form, before the expiry of the first 10 years you will need to arrange for a medical practitioner to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. If your patient has consented to store for longer than 10 years, you should repeat this process before every 10-year period ends (up to a maximum of 55 years). For example, if he has consented to store for 23 years, you would need to seek a medical practitioner's statement twice over the 23-year period – once prior to expiry of the first 10 year storage period, and a second statement before expiry of 20 years storage to cover the additional three years.

Provided he has consented for the maximum of 55 years, he does not need to complete the consent form again, but you should attach the relevant medical practitioner's statement to this form.

You should seek the written medical opinion whilst your patient is alive. However, if your patient dies before a medical opinion can be sought, based on evidence that he would have satisfied the premature infertility criteria when he was alive, you may seek the written medical opinion after death.

Should we link how long a patient consents to store for with their funding or payment plans?

You should not direct your patient to consent to store for less time to tie in with funding or payment plans. Any practical arrangements for payment should be kept separate to consent. If your clinic has a separate contractual arrangement, you should draw the terms of the contract to the patient's attention. You should explain the implications for patients if they fail to pay their storage fees or if funding ends eg, that storage may not continue for the period they have specified in this form.

When will the consent period start?

The consent period will start from the date the sperm or embryos are first placed in storage. The form should always state the total amount of time he is consenting to.

What if he wants to change his consent?

If your patient wishes to change the time period he consented to, he can do this by completing another copy of the MT form and specifying the new total time period. For example, if he consented to five years' storage and wishes to consent for a further five years (10 years in total), he should complete another copy of the MT form but tick the box for 10 years. This second form would supersede the first form he completed. You should retain copies of all completed consent forms that he has signed.

However, if he wishes to extend his storage period beyond 10 years (up to a maximum of 55 years), he should complete the relevant extension form ([LGS](#) or [ES](#) form).

Section 5 – Using sperm and embryos for training

If your patient has sperm and/or embryos left after treatment which he does not wish to use, he can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. He can do this by ticking yes to 5.1 and/or 5.2. If he wishes to donate his sperm or embryos for research purposes, he should sign a separate clinic-specific form.

5	Using sperm and embryos for training
5.1	Do you consent to your sperm being used for training purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Do you consent to embryos (already created outside the body with your sperm) being used for training purposes? Please note that embryos can only be used if the egg provider has also given her consent. <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6 – In the event of your death or mental incapacity

Your patient is legally required to record what he would like to happen to his sperm and embryos if he were to die or lose the ability to decide for himself (become mentally incapacitated). If he does not give his consent, his sperm or embryos must be allowed to perish if this were to happen and cannot be used in treatment.

The embryos may only be used:

- within the storage period he has consented to, and
- if the egg provider has also given her consent.

If he would like his partner to use his sperm or embryos in the event of his death or mental incapacity, his partner should be named on this form. You should remind your patient that if he marries/divorces/meets a new partner after he has completed this consent form, he must contact the clinic to complete a new consent form that reflects his current wishes.

6.1	Do you consent to your sperm being used to create embryos outside the body for your partner's treatment? Please note that the egg provider also has to give her consent for embryos to be created. If you die <input type="checkbox"/> Yes <input type="checkbox"/> No If you become mentally incapacitated <input type="checkbox"/> Yes <input type="checkbox"/> No	6.3	Do you consent to your sperm being used for training purposes? If you die <input type="checkbox"/> Yes <input type="checkbox"/> No If you become mentally incapacitated <input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	Do you consent to embryos (already created outside the body with your sperm) being used for your partner's treatment? Please note that embryos can only be used if the egg provider has also given her consent. If you die <input type="checkbox"/> Yes <input type="checkbox"/> No If you become mentally incapacitated <input type="checkbox"/> Yes <input type="checkbox"/> No	6.4	Do you consent to embryos (already created outside the body with your sperm) being used for training purposes? Please note that embryos can only be used if the egg provider has also given her consent. If you die <input type="checkbox"/> Yes <input type="checkbox"/> No If you become mentally incapacitated <input type="checkbox"/> Yes <input type="checkbox"/> No
6.5	Do you consent to being registered as the legal father of any child born as a result of your partner's treatment after your death? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other uses for your sperm or embryos

If your patient wishes to consent to use his sperm or embryos to be used in someone else's treatment if he were to die or become mentally incapacitated, there are a number of considerations. This includes whether he is eligible, what screening tests are required and the lifelong implications of donation. Depending on his situation, he will also need to complete one of the following consent forms:

- 'Your consent to donating your sperm' (MD form)
- 'Your consent to donating embryos' (ED form), or
- 'Men's consent to the use and storage of sperm or embryos for surrogacy' (MSG form).

Consent to birth registration

If he has given consent to his sperm being used after his death, he may also wish to consent to being registered as the legal father of any child that is born as a result of his partner's treatment. This will mean that his name, place of birth and occupation can be entered on the register of births as the legal father. He

can do this by ticking yes at 6.5. For more information about this, the patient should seek his own legal advice.

Your consent to the use of your sperm in artificial insemination

MGI form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient is required to give his written consent if he wants his sperm to be used in fertility treatment that involves artificial insemination.

If he is planning to store any sperm that is left after treatment, he is legally required to record what he would like to happen to his sperm if he were to die or lose the ability to decide for himself (become mentally incapacitated). While this is perhaps not something he has considered, you need to know this so you only use his sperm according to his wishes if this were to happen. His sperm can only be used in accordance with his consent so if his wishes are not recorded properly it can have serious consequences.

If he does wish to store his sperm, he should also complete 'Your consent to the storage of your eggs or sperm' (GS form).

Section 3 – Your treatment

Your patient must provide his consent for his sperm to be used in his partner's treatment without the creation of embryos (ie, using artificial insemination). He can do this by ticking the yes box at 3.1.

3 Your treatment

3.1 Do you consent to your sperm being used in your partner's treatment, without the creation of embryos outside the body, ie, using artificial insemination?
Examples include intrauterine insemination (IUI) or gamete intra-fallopian transfer, a technique which a small number of clinics use.
In order for your sperm to be used in your partner's treatment you must provide your consent by ticking the yes box below.

Yes

Section 4 – Using sperm for training

If your patient has sperm left after treatment which he does not wish to use, he can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. He can do this by ticking yes at 4.1. If he wishes to donate his sperm for research purposes, he should sign a separate clinic-specific form.

4 Using sperm for training

4.1 Do you consent to your sperm being used for training purposes?

Yes No

Section 5 – In the event of your death or mental incapacity

If your patient is planning to store any sperm that is left after his treatment, he is legally required to record what he would like to happen to his sperm if he were to die or lose the ability to decide for himself (become mentally incapacitated). If he does not give his consent, his sperm must be allowed to perish if this were to happen and cannot be used in treatment.

If he is not planning to store any sperm, he can leave this section blank but sign the page declaration to confirm he has read the page. However, he may wish to complete this section in the unlikely event that he dies between providing his sperm sample and the treatment taking place.

5.1 Do you consent to your sperm being used in your partner's treatment, without the creation of embryos outside the body (ie, through artificial insemination such as IUI or GIFT)?

If you die	If you become mentally incapacitated
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.2 Do you consent to your sperm being used for training purposes?

If you die	If you become mentally incapacitated
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other uses for your sperm

If your patient wishes to consent to his sperm being used in someone else's treatment if he were to die or become mentally incapacitated, there are a number of considerations. This includes whether he is eligible, what screening tests are required and the lifelong implications of donation. Depending on his situation, he will also need to complete one of the following consent forms:

- 'Your consent to donating your sperm' (MD form), or
- 'Your consent to donating embryos' (ED form).

He may also want his sperm to be used in a different type of treatment, such as for IVF or ICSI, or to store his sperm. In these cases, he would need to complete one of these forms:

- 'Men's consent to treatment and storage form (IVF and ICSI)' (MT form), or
- 'Your consent to the storage of your eggs or sperm' (GS form).

Consent to birth registration

If he has given his consent to his sperm being used after his death, he may also wish to consent to being registered as the legal father of any child that is born as a result of his partner's treatment. This will mean that his name, place of birth and occupation can be entered on the register of births as the legal father. He can do this by ticking yes at 5.3.

For more information about this, the patient should seek his own legal advice.

Your consent to the use of your eggs in GIFT

WGI form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient is required to give her written consent if she wants her eggs to be used in fertility treatment.

If your patient is planning to store any eggs that are left after her treatment, she is legally required to record what she would like to happen to them if she were to die or lose the ability to decide for herself (become mentally incapacitated). While this is perhaps not something she has considered, you need to know this so you only use her eggs according to her wishes if this were to happen. Her eggs can only be used in accordance with her consent so if her wishes are not recorded properly it can have serious consequences.

If she does wish to store her eggs, she should also complete '[Your consent to the storage of your eggs or sperm](#)' (GS form).

Section 3 – Your treatment

Your patient must provide her consent for her eggs to be used for her treatment without the creation of embryos (ie, gamete intra-fallopian transfer). She can do this by ticking the yes box at 3.1.

3 Your treatment

3.1 Do you consent to your eggs being used for your treatment without the creation of embryos outside the body (ie, gamete intra-fallopian transfer, a technique which a small number of clinics use)?

In order to use your eggs for your treatment you must provide your consent by ticking the yes box below.

Yes

Section 4 – Using eggs for training

If your patient has eggs left after treatment which she does not wish to use, she can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. She can do this by ticking yes at 4.1. If she wishes to donate her eggs for research purposes, she should sign a separate clinic-specific form.

4 Using eggs for training

4.1 Do you consent to your eggs being used for training purposes?

Yes No

Section 5 – In the event of your death or mental incapacity

If your patient is planning to store any eggs left after her treatment, she is legally required to record what she would like to happen to her eggs if she were to die or lose the ability to decide for herself (become mentally incapacitated). If she does not give her consent, her eggs must be allowed to perish if this were to happen and cannot be used in treatment.

If she is not planning to store any eggs, she can leave this section blank but sign the page declaration to confirm she has read the page. However, she may wish to complete this section in the unlikely event that she dies between providing her eggs and her treatment taking place.

5.1 **Do you consent to your eggs being used for training purposes?**

If you die

Yes

No

If you become mentally incapacitated

Yes

No

Other uses for your eggs

If your patient wishes to consent to use her eggs in someone else's treatment if she were to die or become mentally incapacitated, there are a number of considerations. This includes whether she is eligible, what screening tests are required and the lifelong implications of donation. Depending on her situation, she will also need to complete one of the following consent forms:

- 'Your consent to donating your eggs' (WD form), or
- 'Women's consent to the use and storage of your eggs or embryos for surrogacy' (WSG form).

She may also want her eggs to be used in a different type of treatment, such as for IVF, or to store her eggs. In these cases, she would need to complete one of these forms:

- 'Women's consent to treatment and storage form (IVF and ICSI)' (WT form), or
- 'Your consent to the storage of your eggs or sperm' (GS form).

Your consent to the storage of your eggs or sperm

GS form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient needs to give their written consent if they want their eggs or sperm to be stored. They must also state in writing how long they consent to their eggs or sperm remaining in storage.

Your patient is also legally required to record what they would like to happen to their eggs or sperm if they were to die or lose the ability to decide for themselves (become mentally incapacitated). While this is perhaps not something they have considered, you need to know this so you only use their eggs or sperm according to their wishes if this were to happen. Their eggs or sperm can only be used in accordance with their consent so if their wishes are not recorded properly it can have serious consequences.

This form allows your patient to consent to storage only. If they want to consent to treatment, they must complete an additional form (eg, the [MT](#), [WT](#) or [MGI](#) form). This includes if a male patient wants to consent to his partner using his sperm in treatment if he was to die or become mentally incapacitated.

Section 2 – Storing eggs or sperm

Your patient must provide consent for their eggs or sperm to be stored. They can do this by ticking the yes box at 2.1.

- 2.1 **Do you consent to your eggs or sperm being stored?**
You must consent by ticking the yes box below for your sperm or eggs to be stored.
- Yes

How long can eggs or sperm be stored for?

If your patient ticked yes at 2.1, they will then need to state how long they consent to store their eggs or sperm. The law permits patients to store for any period up to 10 years, but in cases where they or their partner is prematurely infertile, or likely to become prematurely infertile, they may consent to store for longer, up to 55 years. This allows people who have a medical condition (such as early menopause), or who have had treatment that has rendered them completely infertile (such as chemotherapy), to be able to extend their storage.

You should know whether your patient satisfies the criteria for premature infertility and before giving them this form you should tell them whether this is the case. If they are eligible to consent to store for 55 years, this should be clearly explained and the provision of information about this option should be clearly documented.

2.2 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?

Causes of premature infertility can include chemotherapy treatment and early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become premature infertile, you and your partner can change your consent to store your sperm or eggs for up to 55 years.

- No ▶ after signing the page declaration below, continue to 2.3.
 Yes ▶ after signing the page declaration below, go straight to 2.4.

If your patient ticks no to premature infertility, they should go to section 2.3. The maximum period they can consent to store for is 10 years.

2.3 For how long do you consent to store your eggs or sperm?

You can consent to store your eggs or sperm for up to 10 years.

- For 10 years
 For a specific period (up to a maximum of 10 years) ▶ specify the number of years:
 years

If your patient ticks yes to premature infertility, they should go to section 2.4.

For how long do you consent to store your eggs or sperm?

Please specify the number of years you consent to store your eggs or sperm for (up to a maximum of 55): years.

Clinic staff: please attach all relevant medical practitioners' statements to this form.

What do I need to do if my patient is storing for longer than 10 years?

Although your patient can consent to store for up to a maximum of 55 years on this form, before the expiry of the first 10 years you will need to arrange for a medical practitioner to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. If your patient has consented to store for longer than 10 years, you should repeat this process before every 10-year period ends (up to a maximum of 55 years). For example, if your patient has consented to store for 23 years, you would need to seek a medical practitioner's statement twice over the 23-year period – once prior to expiry of the first 10 year storage period, and a second statement before expiry of 20 years storage to cover the additional three years.

Provided your patient has consented for the maximum of 55 years, they do not need to complete the consent form again, but you should attach the relevant medical practitioner's statement to this form.

You should seek the written medical opinion whilst your patient is alive. However, if your patient dies before a medical opinion can be sought, based on evidence that they would have satisfied the premature infertility criteria when they were alive, you may seek the written medical opinion after death.

Should we link how long a patient consents to store for with their funding or payment plans?

You should not direct your patient to consent to store for less time to tie in with funding or payment plans. Any practical arrangements for payment should be kept separate to consent. If your clinic has a separate contractual arrangement, you should draw the terms of the contract to the patient's attention. You should explain the implications if they fail to pay their storage fees or if funding ends eg, that storage may not continue for the period they have specified in this form.

Section 3 – In the event of your death or mental incapacity

Your patient is legally required to record what they would like to happen to their eggs or sperm if they were to die or lose the ability to decide for themselves (become mentally incapacitated).

Your consent to extending the storage of your eggs or sperm beyond 10 years

LGS form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient needs to give their written consent if they want their eggs or sperm to be stored. They must also state in writing how long they consent to their eggs or sperm remaining in storage. This form allows a patient who already has eggs or sperm in storage to extend storage beyond the standard term of 10 years.

Section 2 – Storing eggs or sperm

If your patient has sperm or eggs in storage, they can extend their consent to allow for a total storage period of up to 55 years if they, their partner, or the person to whom the eggs or sperm have been allocated, has been diagnosed as prematurely infertile or likely to become prematurely infertile. This allows people who have a medical condition (such as early menopause), or who have had treatment that has rendered them prematurely infertile (such as chemotherapy), to be able to extend their storage.

You should only give this form to your patient if you know they satisfy the criteria for premature infertility. The patient should specify on this form the total number of years that they would like to store their eggs or sperm. For example, if their eggs or sperm have already been in storage for 10 years, and they wish to store for a further 10 years, they should state 20 years on this form.

You should attach a medical practitioner's statement to this form to certify that your patient or their partner meets the medical criteria for premature infertility. If your patient has consented to store for longer than 10 years, you should seek a medical practitioner's statement before every subsequent 10-year period ends (up to a maximum of 55 years). For example, if your patient has consented to store for 33 years, you would need to seek a medical practitioner's statement three times over the 33-year period – once prior to expiry of the first 10 year storage period, and a second statement before expiry of 20 years, and then a third before the end of 30 years storage to cover the additional three years.

For how long do you consent to store your eggs or sperm?

Please specify the total number of years you consent to your eggs or sperm being stored for (up to a maximum of 55). For example, if your eggs or sperm have already been in storage for 10 years and you want to extend it by another 10, you should state 20 years below.

years

Section for clinic use only

Date gametes were placed in storage

Date gametes can remain in storage until

Please attach all relevant medical practitioners' statements to this form.

Should we link how long a patient consents to store for with funding or payment?

You should not direct your patients to consent to store for less time to tie in with funding or payment plans. Any practical arrangements should be kept separate to consent. If your clinic has a separate contractual arrangement for payment of storage fees, you should draw the terms of the contract to the patient's attention. You should explain the implications for patients if they fail to pay their storage fees or if funding ends eg, that storage may not continue for the period they have specified in this form.

Recording storage periods

You should record the date the sperm or eggs were placed in storage and the date they can remain in storage until (calculated according to the storage period specified by your patient). If there is more than one sample of eggs or sperm, you should record the multiple storage dates.

Your consent to extending the storage of your embryos beyond 10 years

ES form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient needs to give their written consent if they want their embryos to be stored. They must also state in writing how long they consent to their embryos remaining in storage. This form allows a patient who already has embryos in storage to extend storage beyond the standard term of 10 years.

Section 3 – Storing embryos

Your patient will need to state whether the embryos were created in vitro using their eggs or sperm as this form can be used by both men and women.

3	Storing embryos
3.1	Were the embryos created outside the body using your eggs or sperm? <input type="checkbox"/> My eggs <input type="checkbox"/> My sperm

How long can the embryos be stored for?

If your patient has embryos in storage, they can extend their consent to allow for a total storage period of up to 55 years if they, their partner, or the person to whom the embryos have been allocated, has been diagnosed as prematurely infertile or likely to become prematurely infertile and you have obtained an opinion to this effect from a registered medical practitioner. This allows people who have a medical condition (such as early menopause), or who have had treatment that has rendered them completely infertile (such as chemotherapy), to be able to extend their storage.

You should only give this form to your patient if you know they satisfy the criteria for premature infertility. The patient should specify on this form the total amount of years that they would like to store their embryos. For example, if their embryos have already been in storage for 10 years, and they wish to store for a further 10 years, they should state 20 years on this form.

You should attach a medical practitioner's statement to this form to certify that your patient or their partner meets the medical criteria for premature infertility. If your patient has consented to store for longer than 20 years, you should seek a medical practitioner's statement before every subsequent 10-year period ends (up to a maximum of 55 years). For example, if your patient has consented to store for 33 years, you would need to seek a medical practitioner's statement three times over the 33-year period – once prior to

expiry of the first 10 year storage period, and a second statement before expiry of 20 years, and then a third time before the end of 30 years storage to cover the additional three years.

The screenshot shows a form titled "For how long do you consent to store your embryos?". It includes instructions: "Please specify the total number of years you consent to your embryos being stored for (up to a maximum of 50). For example, if your embryos have already been in storage for 10 years and you want to extend it by another 10, you should state 20 years below." There is a text input field followed by "years". Below this is a section titled "Section for clinic use only" with two rows of date pickers: "Date embryos were placed in storage" and "Date embryos can remain in storage until". At the bottom, it says "Please attach all relevant medical practitioners' statements to this form."

Should we link how long a patient consents to store for with funding or payment?

You should not direct your patients to consent to store for less time to tie in with funding or payment plans. Any practical arrangements should be kept separate to consent.

If your clinic has a separate contractual arrangement for payment or storage fees, you should draw the terms of the contract to the patient's attention. You should explain the implications for patients if they fail to pay their storage fees or if funding ends eg, that storage may not continue for the period they have specified in this form.

Recording storage periods

You should record the date the embryos were placed in storage and the date they can remain in storage until (calculated according to the storage period specified by your patient). If there is more than one sample of eggs or sperm, you should record the multiple storage dates.

Your consent to extending the storage of your eggs, sperm or embryos as a result of the COVID-19 pandemic

CVS form - for use only for eggs, sperm or embryos in storage on or before 1st July 2020

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient needs to give their written consent if they want their embryos to be stored. They must also state in writing how long they consent to their embryos remaining in storage. This form allows a patient who already had embryos in storage at the time the 2020 storage Regulations came into force (01 July 2020) to extend storage beyond the standard term of 10 years up to a total of 12 years.

Section 3 – Extending your storage to 12 years

If your patient has eggs, sperm or embryos in storage on or before 1st July 2020, they can extend their consent to allow for a total storage period of up to 12 years as long as the gametes or embryos were being stored at a licenced centre on this date.

It does not matter where your patient is within their 10-year storage period i.e. if they have been storing for 1 year or 9 years. If your patient previously consented to less than the maximum statutory 10-year storage period, they can complete this form that permits storage to continue up to a maximum of 12 years.

Your patient will need to state whether they are storing eggs, sperm, embryos created with their eggs or embryos created with their sperm.

- 3.1 **Are you storing:**
- Eggs
 - Sperm
 - Embryos created with your sperm
 - Embryos created with your eggs

You should only give this form to your patient if you know that their gametes or embryos were being stored at the time the Coronavirus Regulations come into force. The patient should specify on this form that they would like to store their gametes or embryos for 12 years.

3.2 If your gametes or embryos created with your gametes were in storage on 1 July 2020, you can consent to storage for a total of 12 years.

Do you consent to store your gametes or embryos for 12 years?

- Yes
 No

For example, if your patient had originally consented to storage for 10 years, and satisfies the requirements of the Coronavirus Regulations, their 12-year storage period would expire two years later than the original expiry date.

If your patient had originally consented to a storage period of less than 10 years, and they satisfy the requirements of the Coronavirus Regulations, their storage period will be extended to 12 years. The 12-year storage period should be calculated from the date the gametes and embryos were placed in storage.

Recording storage periods

You should record the date the embryos were placed in storage, the number of year's storage the patient had originally consented to, and the date they can remain in storage until (calculated according to the storage period specified by your patient). If there is more than one sample of gametes or embryos, you should record the multiple storage dates.

Your consent to donating your sperm

MD form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), a donor needs to give his written consent if he wants his sperm, or embryos created in vitro with his sperm, to be used or stored.

By consenting to donate his sperm or embryos, he is also agreeing to them being used and stored if he were to die or lose the ability to decide for himself (become mentally incapacitated). If he does not want his sperm or embryos to be used if this were to happen, he can state this as a restriction at section 2.4 of this form. He can also state here that he only wants his sperm or embryos to be donated in the event of his death.

Section 2 – About your sperm donation

The donor must provide his consent for his sperm to be used for the treatment of others and for embryos created with his sperm to be used for the treatment of others. He can do this by ticking the yes box at sections 2.1 and 2.2.

2 About your sperm donation

2.1 Do you consent to your sperm being used for the treatment of others, without the creation of embryos outside the body, ie, using artificial insemination?
Examples of artificial insemination include intrauterine insemination (IUI) or gamete intrafallopian transfer (GIFT), a technique which a small number of clinics use.

Yes No

2.2 Do you consent to your sperm being used to create embryos outside the body (eg, through IVF treatment) and for these embryos to be used for the treatment of others?

Yes No

The donor must also provide his consent to the number of families who can have children using his donated sperm. The maximum number is 10 families.

2.3 How many families may have children using your donated sperm?

The maximum number is 10 families. This is to minimise the possibility of two children from the same donor having a relationship with each other without knowing they are genetically related. It is also based on the perceived interests of donor-conceived people and their parents in maintaining a relatively small number of siblings. Consenting to 10 families will help the greatest number of families and maximise the potential of your donation. You should think about how many families you are comfortable donating to and the long-term implications of donation.

families may have children using my donated sperm.

He can place restrictions on the donation of his sperm or embryos at section 2.4. For example, he may wish for his sperm or embryos to be used by a specified named recipient, or he may wish to restrict use to when he is alive or if he were to become mentally incapacitated. Where donors have stated this as a restriction, you will need to establish that the donor is still alive/mentally capable before each treatment cycle which uses his sperm or embryos.

It's against the law to discriminate against anyone because of:

a) age

- b) disability
- c) gender reassignment
- d) marriage and civil partnership
- e) pregnancy and maternity
- f) race
- g) religion or belief
- h) sex
- i) sexual orientation.

There are called 'protected characteristics'. If a donor makes a restriction which may exclude patients who have a protected characteristic, you should consider offering them counselling to discuss the implications of their restriction(s).

2.4 Do you have any restrictions that you would like to apply to any of your answers to 2.1 or 2.2?

You may want to put restrictions on who your sperm or embryos are used by, eg, a specified named recipient.

Yes → specify your restrictions below then continue to section 2.5.

No → go to section 2.5.

If the donor has sperm and embryos left after donating for the treatment of others, he can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. He can do this by ticking yes at 2.5 and/or 2.6. If he wishes to donate his sperm or embryos for research purposes, he should sign a separate clinic-specific form.

2.5 Do you consent to your sperm being used for training purposes?

Yes No

2.6 Do you consent to your embryos (already created outside the body with your sperm) being used for training purposes?

Yes No

Section 3 – Storing sperm and embryos

To donate sperm for the treatment of others, he must consent to his sperm and/or embryos being stored. He can do this by ticking yes at 3.1 and/or 3.2.

3.1 Do you consent to your sperm being stored?

Yes No

3.2 Do you consent to embryos (created outside the body with your sperm) being stored?

Only complete this section if you answered yes to section 2.2. Please note that embryos can only be stored if the egg provider has also given her consent.

Yes No

Sperm and embryo storage periods

The law permits donors to store for any period up to 10 years but in cases where the donor, their partner, or the person to whom their sperm and embryos have been allocated, is prematurely infertile, or likely to become prematurely infertile, he may store for longer, up to 55 years. Although it is unlikely that a donor would be prematurely infertile, it is possible that the person to whom the donor's sperm or embryos have been allocated could meet the medical criteria for premature infertility.

Once you have allocated his sperm or embryos to another patient, you, together with the patient, may determine how long the sperm and embryos are stored for within the boundaries of what the donor has consented to in this form.

If the donor only consents to 10 years, then regardless of whether the person who is having treatment is prematurely infertile, the storage of the sperm and embryos cannot extend beyond 10 years.

3.3 For how long do you consent to your sperm being stored?
Only complete this section if you answered yes to section 3.1.

10 years

50 years

A specific period (up to a maximum of 55 years) - specify the number of years: _____ years

3.4 For how long do you consent to embryos (created with your sperm) being stored?
Only complete this section if you answered yes to section 3.2.
Please note that the egg provider also has to give her consent to storage.

10 years

55 years

A specific period (up to a maximum of 55 years) - specify the number of years: _____ years

What can happen if the form is not completed properly?



A young woman is having treatment for cancer. She has no partner but decides to have embryos created with donor gametes. She is 18 when the embryos are created. At 28 she still is not ready to start a family but her only chance of having a genetically-related child is lost as the sperm donor thought he could only consent to store embryos for 10 years. The embryos must therefore be allowed to perish.

When will the consent period start?

The consent period will start from the date the sperm or embryos are first placed in storage. The form should always state the total amount of time he is consenting to.

What if the donor wants to change his consent?

If the donor wishes to change the time period he consented to, he can do this by completing another copy of the MD form and specifying the new total time period. For example, if he consented to five years' storage and wishes to consent for a further five years (10 years in total), he should complete another copy of the MD form but tick the box for 10 years. This second form would supersede the first form he completed. You should retain all copies of completed consent forms.

However, if the donor wishes to extend his storage period beyond 10 years (up to a maximum of 55 years), he should complete the relevant extension form ([LGS](#) or [ES](#) form).

Your consent to donating your eggs

WD form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), a donor needs to give her written consent if she wants her eggs, or embryos created in vitro with her eggs, to be used or stored.

By consenting to donate her eggs or embryos, she is also agreeing to them being used and stored if she were to die or lose the ability to decide for herself (become mentally incapacitated). If she does not want her eggs or embryos to be used if this were to happen, she can state this as a restriction at section 2.4 of this form. She can also state here that she only wants her eggs or embryos to be donated in the event of her death.

Section 2 – About your egg donation

The donor must provide her consent for her eggs to be used for the treatment of others and for embryos created with her eggs to be used for the treatment of others. She can do this by ticking the yes box at sections 2.1 and 2.2.

2 About your egg donation	
2.1	Do you consent to your eggs being used for the treatment of others, without the creation of embryos outside the body (ie, gamete intra-fallopian transfer, a technique which a small number of clinics use)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	Do you consent to your eggs being used to create embryos outside the body (eg, through IVF treatment) and for these embryos to be used for the treatment of others? <input type="checkbox"/> Yes <input type="checkbox"/> No

The donor must also provide her consent to the number of families who can have children using her donated eggs. The maximum number is 10 families.

2.3	How many families may have children using your donated eggs? The maximum number is 10 families. This is to minimise the possibility of two children from the same donor having a relationship with each other without knowing they are genetically related. It is also based on the perceived interests of donor-conceived people and their parents in maintaining a relatively small number of siblings. Consenting to 10 families will help the greatest number of families and maximise the potential of your donation. You should think about how many families you are comfortable donating to and the long-term implications of donation. <input type="text"/> families may have children using my donated eggs.
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She can place restrictions on the donation of her eggs or embryos at section 2.4. For example, she may wish for her eggs or embryos to be used by a specified named recipient, or she may wish to restrict use to when she is alive or if she were to become mentally incapacitated. Where donors have stated this as a restriction you will need to establish that the donor is still alive/mentally capable before each treatment cycle which uses her eggs or embryos.

It's against the law to discriminate against anyone because of:

a) age

- b) disability
- c) gender reassignment
- d) marriage and civil partnership
- e) pregnancy and maternity
- f) race
- g) religion or belief
- h) sex
- i) sexual orientation.

There are called 'protected characteristics'. If a donor makes a restriction which may exclude patients who have a protected characteristic, you should consider offering them counselling to discuss the implications of their restriction(s).

2.4 Do you have any restrictions that you would like to apply to any of your answers to 2.1 or 2.2?
You may want to put restrictions on who your eggs or embryos are used by, eg, a specified named recipient.

Yes >> specify your restrictions below then continue to section 2.5.

No > go to section 2.5.

If the donor has eggs and embryos left after donating for the treatment of others, she can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. She can do this by ticking yes at section 2.5 and/or 2.6. If she wishes to donate her eggs or embryos for research purposes, she should sign a separate clinic-specific form.

2.5 Do you consent to your eggs being used for training purposes?
 Yes No

2.6 Do you consent to your embryos (already created outside the body with your eggs) being used for training purposes?
 Yes No

Section 3 – Storing eggs and embryos

To donate eggs for the treatment of others, she must consent to her eggs and/or embryos being stored. She can do this by ticking yes at section 3.1 and/or 3.2.

3 Storing eggs and embryos

3.1 Do you consent to your eggs being stored?
 Yes No

3.2 Do you consent to embryos (created outside the body with your eggs) being stored?
Only complete this section if you answered yes to section 2.2. Please note that embryos can only be stored if the sperm provider has also given his consent.
 Yes No

Egg and embryo storage periods

The law permits donors to store for any period up to 10 years but in cases where the donor, their partner, or the person to whom their eggs and embryos have been allocated, is prematurely infertile, or likely to become prematurely infertile, she may store for longer, up to 55 years. Although it is unlikely that a donor would be prematurely infertile, it is possible that the person to whom the donor's eggs or embryos have been allocated could meet the medical criteria for premature infertility.

Once you have allocated her eggs or embryos to another patient, you, together with the patient, may determine how long the eggs and embryos are stored for within the boundaries of what the donor has consented to in this form.

If the donor only consents to 10 years, then regardless of whether the person who is having treatment is prematurely infertile, the storage of the eggs and embryos cannot extend beyond 10 years.

3.3 For how long do you consent to your eggs being stored?
Only complete this section if you answered yes to section 3.1.

10 years
 30 years
 A specific period (up to a maximum of 55 years) - specify the number of years:
 years.

3.4 For how long do you consent to embryos (created with your eggs) being stored?
Only complete this section if you answered yes to section 3.2. Please note that the sperm provider also has to give his consent to storage.

10 years
 30 years
 A specific period (up to a maximum of 55 years) - specify the number of years:
 years.

When will the consent period start?

The consent period will start from the date the eggs or embryos are first placed in storage. The form should always state the total amount of time she is consenting to.

What if the donor wants to change her consent?

If the donor wishes to change the time period she consented to, she can do this by completing another copy of the WD form and specifying the new total time period. For example, if she consented to five years' storage and wishes to consent for a further five years (10 years in total), she should complete another copy of the WD form but tick the box for 10 years. This second form would supersede the first form she completed. You should retain all copies of completed consent forms.

However, if the donor wishes to extend her storage period beyond 10 years (up to a maximum of 55 years), she should complete the relevant extension form ([LGS](#) or [ES](#) form).

Your consent to donating embryos

ED form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), a donor needs to give their written consent if they want embryos, created in vitro with their sperm or eggs, to be used or stored. Embryos can only be used if both the egg and sperm provider have given their consent.

By consenting to donate, they are also agreeing to the embryos being used and stored if they were to die or lose the ability to decide for themselves (become mentally incapacitated). If they do not want their embryos to be used if this were to happen, they can state this as a restriction at section 2.4 of this form. If they only want their embryos to be donated in the event of their death, they should state that here.

Section 2 – About your embryo donation

The donor must provide their consent for their embryos to be used for the treatment of others. They can do this by ticking the yes box at section 2.1.

- 2.1 **Do you consent to embryos (already created outside the body using your sperm or eggs) being used for the treatment of others?**
- Yes No

The donor must also provide their consent to the number of families who can have children using their donated embryos. The maximum number is 10 families.

- 2.2 **How many families may have children using your donated embryos?**
- The maximum number is 10 families. This is to minimise the possibility of two children from the same donor having a relationship with each other without knowing they are genetically related. It is also based on the perceived interests of donor-conceived people and their parents in maintaining a relatively small number of siblings. Consenting to 10 families will help the greatest number of families and maximise the potential of your donation. You should think about how many families you are comfortable donating to and the long-term implications of donation.
- families may have children using my donated embryos.

The donor can place restrictions on their donation at section 2.3. For example, they may wish for their embryos to be used by a specified named recipient, or they may wish to restrict their use to when they are alive or if they were to become mentally incapacitated. Where donors have stated this as a restriction, you will need to establish that the donor is still alive/mentally capable before each treatment cycle which uses their embryos.

- 2.3 **Do you have any restrictions that you would like to apply to your answer in 2.1?**
- You may want to put restrictions on who your embryos are used by, eg. a specified named recipient.
- Yes → specify your restrictions below then continue to section 2.4.
-
- No → go to section 2.4.

If the donor has embryos left after donating for the treatment of others, they can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. They can do this by ticking yes at section 2.4. If they wish to donate their embryos for research purposes, they should sign a separate clinic-specific form.

2.4 Do you consent to embryos (already created outside the body with your sperm or eggs) being used for training purposes?

Yes No

Men's consent to the use and storage of sperm or embryos for surrogacy

MSG form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient needs to give his written consent if he wants his sperm, or embryos created in vitro with his sperm, to be used or stored (eg, for IVF treatment).

If your patient is storing sperm or embryos, he must also state in writing how long he consents to them remaining in storage. He is also legally required to record what he would like to happen to his sperm and embryos if he were to die or lose the ability to decide for himself (become mentally incapacitated). While this is perhaps not something he has considered, you need to know this so you only allow his sperm and embryos to be used according to his wishes.

You should advise your patient that he is strongly advised to seek his own legal advice before entering into a surrogacy arrangement.

Section 3 – About the surrogacy arrangement

Your patient must provide his consent to his sperm being transferred to a surrogate using artificial insemination and/or being used to create embryos in vitro for the surrogate's treatment (eg, IVF). He can do this by ticking the yes box at 3.1 and/or 3.2.

3 About the surrogacy arrangement

If you are providing sperm:

3.1 Do you consent to your sperm being transferred to the surrogate using artificial insemination (eg, intrauterine insemination (IUI) or gamete intra-fallopian transfer, a technique which a small number of clinics use)?

Yes No

3.2 Do you consent to your sperm being used to create embryos outside the body and for these embryos to be transferred to the surrogate?

Please note that the egg provider also has to give her consent for embryos to be created and used.

Yes No

If he is providing embryos, he must provide his consent to the embryos already created using his sperm being transferred to the surrogate. He can do this by ticking the yes box at 3.3. The egg provider must also give her consent for embryos to be used.

If you are providing embryos:

3.3 Do you consent to embryos (already created outside the body using your sperm) being transferred to the surrogate?

Please note that the egg provider also has to give her consent for embryos to be used.

Yes No

Section 4 – Storing sperm and embryos

If your patient wishes to store his sperm or embryos, he must tick the yes box at 4.1 and/or 4.2. He should only complete 4.1 and/or 4.2 if he has consented to providing his sperm for artificial insemination or creating embryos using his sperm at 3.1 and/or 3.2 of this form. If he did not consent to this, or if he does not wish to store his sperm or embryos, he should tick no to both 4.1 and 4.2, sign the page declarations on that page and the next page, then continue to section five.

4 Storing sperm and embryos.

4.1 Do you consent to your sperm being stored?
Only complete this section if you consented to your sperm being transferred to a surrogate ie, you answered yes to question 3.1 or 3.2.
 Yes No

4.2 Do you consent to the embryos (created outside the body with your sperm) being stored?
Only complete this section if you consented to embryos being transferred to the surrogate ie, you answered yes to question 3.2 and 3.3.
Please note that embryos can only be stored if the egg provider has also given her consent.
 Yes No

How long can he store for?

If he ticked yes at 4.1 or 4.2, he will need to state how long he consents to store his sperm or embryos. The law permits patients to store for any period up to 10 years, but in cases where he or his partner is prematurely infertile, or likely to become prematurely infertile, he may consent to store for longer, up to 55 years. This allows people who have a medical condition (such as early menopause), or who have had treatment that has rendered them completely infertile (such as chemotherapy), to be able to extend their storage. You should know whether your patient satisfies the criteria for premature infertility and before giving him this form you should tell him whether this is the case. If he is eligible to consent to store for 55 years, this should be clearly explained and the provision of information about this option should be clearly documented.

4.3 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?
Causes of premature infertility can include chemotherapy treatment and early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner (where applicable) become prematurely infertile, or are likely to become prematurely infertile, you and your partner (where applicable) can change your consent to store your sperm and embryos for up to 55 years.
 Yes ▶ go straight to 4.6.
 No ▶▶ go to section 4.4

If he ticks no, he should go on to complete sections 4.4 and 4.5. The maximum period he can consent to store for is 10 years.

4.4 For how long do you consent to store your sperm?
Only complete this section if you answered yes to storing your sperm at 4.1.
You can consent to store your sperm for up to 10 years.
 For 10 years
 For a specific period (up to a maximum of 10 years) ▶ specify the number of years:
_____ years

4.5 For how long do you consent to store your embryos?
Only complete this section if you answered yes to storing embryos at 4.2.
You can consent to store your embryos for up to 10 years. Please note that the egg provider also has to give her consent to storage.
 For 10 years
 For a specific period (up to a maximum of 10 years) ▶ specify the number of years:
_____ years

If he ticks yes to premature infertility, he should go to section 4.6.

For how long do you consent to store your sperm?
Only complete this question if you answered yes to storing your sperm at 4.1.
Please specify the number of years you consent to store your sperm for (up to a maximum of 55): _____ years

For how long do you consent to store your embryos?
Only complete this question if you answered yes to storing your embryos at 4.2. Please note that the egg provider also has to give her consent to storage.
Please specify the number of years you consent to store your embryos for (up to a maximum of 55): _____ years

Clinic staff: please attach all relevant medical practitioners' statements to this form.

Should we link how long a patient consents to store for with their funding or payment plans?

You should not direct your patients to consent to store for less time to tie in with funding or payment plans. Any practical arrangements should be kept separate to consent. If your clinic has a separate contractual arrangement, you should draw the terms of the contract to the patient's attention. You should explain the implications for patients if they fail to pay their storage fees or if funding ends eg, that storage may not continue for the period they have specified in this form.

Storing for more than 10 years

Although he can consent to store for up to a maximum of 55 years on this form, before the expiry of the first 10 years you will need to arrange for a medical practitioner to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. If your patient has consented to store for longer than 20 years, you should repeat this process before every 10-year period ends (up to a maximum of 55 years). For example, if he has consented to store for 23 years, you would need to seek a medical practitioner's statement twice over the 23-year period – once prior to the first 10 year storage period and once prior to the expiry of 20 years storage to cover the next three years.

Provided he has consented for the maximum of 55 years, he does not need to complete the consent form again, but you should attach the relevant medical practitioner's statement to this form.

You should seek the written medical opinion whilst your patient is alive. However, if your patient dies before a medical opinion can be sought, based on evidence that he would have satisfied the premature infertility criteria when he was alive, you may seek the written medical opinion after death.

When will the consent period start?

The consent period will start from the date the sperm or embryos are first placed in storage. The form should always state the total amount of time he is consenting to.

What if he wants to change his consent?

If your patient wishes to change the time period he consented to, he can do this by completing another copy of the MSG form and specifying the new total time period. For example, if he consented to five years' storage and wishes to consent for a further five years (10 years in total), he should complete another copy of the MSG form but tick the box for 10 years. This second form would supersede the first form he completed. You should retain all completed consent forms.

However, if your patient wishes to extend their storage period beyond 10 years (up to a maximum of 55 years), he should complete the relevant extension form ([LGS](#) or [ES](#) form).

Section 5 – Using sperm and embryos for training

If your patient has sperm and embryos left after the surrogate's treatment which he does not wish to use, he can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. He can do this by ticking yes to section 5.1 and/or 5.2. If he wishes to donate his sperm or embryos for research purposes, he should sign a separate clinic-specific form.

5 Using sperm and embryos for training

5.1 Do you consent to your sperm being used for training purposes?

 Yes No

5.2 Do you consent to embryos (already created outside the body with your sperm) being used for training purposes?

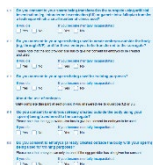
Please note that embryos can only be used if the egg provider has also given her consent.

 Yes No

Section 6 – In the event of your death or mental incapacity

Your patient is legally required to record what he would like to happen to his sperm and embryos if he were to die or lose the ability to decide for himself (become mentally incapacitated). If he does not give his consent, his sperm or embryos must be allowed to perish if this were to happen and cannot be used in treatment. If he would like the surrogate to use his sperm or embryos in these circumstances, the surrogate must be named on this form. The sperm and embryos may only be used:

- within the storage period he has consented to, and
- if the egg provider has also given her consent.



Other uses for your sperm or embryos

If your patient wishes to consent to donate his sperm or embryos to others for use in their treatment if he were to die or become mentally incapacitated, there are a number of considerations including the lifelong implications of donation. He will also need to complete either:

- ‘Your consent to donating your sperm’ (MD form), if he wants to donate his sperm, or
- ‘Your consent to donating embryos’ (ED form), if he wants to donate embryos.

If he wishes to consent to his partner using his sperm or embryos in treatment if he were to die or become mentally incapacitated, he will need to complete ‘Men’s consent to treatment and storage form (IVF and ICSI)’ (MT form).

Consent to birth registration

If he has given his consent to his sperm being used after his death, he may also wish to consent to being registered as the legal father of any child that is born as a result of the surrogate’s treatment. This is only possible if the surrogate is single (i.e. not married or in a civil partnership). This will mean that his name, place of birth and occupation can be entered on the register of births as the legal father. He can do this by ticking yes at 6.6.

For more information about this, the patient should seek his own legal advice.

Women's consent to the use and storage of eggs or embryos for surrogacy

WSG form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), your patient needs to give her written consent if she wants her eggs, or embryos created in vitro with her eggs, to be used or stored (eg, for IVF treatment).

If your patient is storing eggs or embryos, she must also state in writing how long she consents to them remaining in storage. She is also legally required to record what she would like to happen to her eggs and embryos if she were to die or lose the ability to decide for herself (become mentally incapacitated). While this is perhaps not something she has considered, you need to know this so you only use her eggs and embryos according to her wishes.

You should advise your patient that she is strongly advised to seek her own legal advice before entering into a surrogacy arrangement.

Section 3 – About the surrogacy arrangement

Your patient must provide her consent to her eggs being transferred to a surrogate and/or to her eggs being used to create embryos in vitro for the surrogate's treatment (eg, IVF). She can do this by ticking the yes box at 3.1 and/or 3.2.

3 About the surrogacy arrangement

If you are providing eggs:

3.1 Do you consent to your eggs being transferred to the surrogate (ie, gamete intra-fallopian transfer, a technique which a small number of clinics use)?
 Yes No

3.2 Do you consent to your eggs being used to create embryos outside the body (eg, through IVF treatment) and for these embryos to be transferred to the surrogate?
Please note that the sperm provider also has to give his consent for embryos to be created and used.
 Yes No

If she is providing embryos, she must provide her consent to the embryos already created using her eggs being transferred to the surrogate. She can do this by ticking the yes box at 3.3. The sperm provider must also give his consent for embryos to be used.

If you are providing embryos:

3.3 Do you consent to embryos (already created outside the body using your eggs) being transferred to the surrogate?
Please note that the sperm provider also has to give his consent for embryos to be used.
 Yes No

Section 4 – Storing eggs and embryos

If your patient wishes to store her eggs or embryos, she must tick the yes box at 4.1 and/or 4.2. She should only complete 4.1 and 4.2 if she has consented to her eggs being used or to embryos being transferred to a surrogate. If she did not consent to this, or if she does not wish to store her eggs or embryos, she should tick no to both 4.1 and 4.2, sign the page declarations on that page and the next page, then continue to section five.

4 Storing eggs and embryos

4.1 **Do you consent to your eggs being stored?**
Only complete this section if you consented to your eggs being used i.e. you answered yes to question 3.1 or 3.2.
 Yes No

4.2 **Do you consent to the embryos (created outside the body with your eggs) being stored?**
Only complete this section if you consented to embryos being transferred to the surrogate i.e. you answered yes to question 3.2 and 3.3.
Please note that embryos can only be stored if the sperm provider has also given his consent.
 Yes No

How long can she store for?

If she ticked yes at 4.1 or 4.2, she will need to state how long she consents to store her eggs or embryos. The law permits patients to store for any period up to 10 years, but in cases where she or her partner is prematurely infertile, or likely to become prematurely infertile, she may consent to store for longer, up to 55 years. This allows people who have a medical condition (such as early menopause), or who have had treatment that has rendered them completely infertile (such as chemotherapy), to be able to extend their storage.

You should know whether your patient satisfies the criteria for premature infertility and before giving her this form you should tell her whether this is the case. If she is eligible to consent to store for 55 years, this should be clearly explained and the provision of information about this option should be clearly documented.

4.3 **Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?**
Causes of premature infertility can include chemotherapy treatment or early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become prematurely infertile, you and your partner can change your consent to store your eggs and embryos for up to 55 years.
 Yes ▶ now sign the page declaration below and go straight to section 4.6.
 No ▶▶ after signing the page declaration below, continue to section 4.4.

If she ticks no, she should go on to complete sections 4.4 and 4.5. The maximum period she can consent to store for is 10 years.

4.4 **For how long do you consent to store your eggs?**
Only complete this section if you answered yes to storing your eggs at 4.1.
You can consent to store your eggs for up to 10 years.
 For 10 years
 For a specific period (up to a maximum of 10 years) - specify the number of years: _____ years

4.5 **For how long do you consent to store your embryos?**
Only complete this section if you answered yes to storing embryos at 4.2.
You can consent to store your embryos for up to 10 years. Please note that the sperm provider also has to give his consent to storage.
 For 10 years
 For a specific period (up to a maximum of 10 years) - specify the number of years: _____ years

If she ticks yes to premature infertility, she should go to section 4.6.

For how long do you consent to store your eggs?

Only complete this question if you answered yes to storing your eggs at 4.1.

Please specify the number of years you consent to store your eggs for (up to a maximum of 55): years

Clinic staff: please attach all relevant medical practitioners' statements to this form.

For how long do you consent to store your embryos?

Only complete this question if you answered yes to storing your embryos at 4.2.

Please specify the number of years you consent to store your embryos for (up to a maximum of 55). Please note that the sperm provider also has to give his consent to storage.

years

Should we link how long a patient consents to store for with their funding or payment plans?

You should not direct your patients to consent to store for less time to tie in with funding or payment plans. Any practical arrangements should be kept separate to consent. If your clinic has a separate contractual arrangement, you should draw the terms of the contract to the patient's attention. You should explain the implications for patients if they fail to pay their storage fees or if funding ends eg, that storage may not continue for the period they have specified in this form.

Storing for more than 10 years

Although she can consent to store for up to a maximum of 55 years on this form, before the expiry of the first 10 years you will need to arrange for a medical practitioner to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. If your patient has consented to store for longer than 20 years, you should repeat this process before every 10-year period ends (up to a maximum of 55 years). For example, if she has consented to store for 23 years, you would need to seek a medical practitioner's statement twice over the 23-year period – once prior to expiry of the first 10 year storage period, and a second statement before expiry of 20 years storage to cover the additional three years.

Provided she has consented for the maximum of 55 years, she does not need to complete the consent form again, but you should attach the relevant medical practitioner's statement to this form.

You should seek the written medical opinion whilst your patient is alive. However, if your patient dies before a medical opinion can be sought, based on evidence that she would have satisfied the premature infertility criteria when she was alive, you may seek the written medical opinion after death.

When will the consent period start?

The consent period will start from the date the eggs or embryos are first placed in storage. The form should always state the total amount of time she is consenting to.

What if she wants to change her consent?

If your patient wishes to change the time period she consented to, she can do this by completing another copy of the WSG form and specifying the new total time period. For example, if she consented to five years' storage and wishes to consent for a further five years (10 years in total), she should complete another copy of the WSG form but tick the box for 10 years. This second form would supersede the first form she completed. You should keep records of all completed consent forms.

However, if a patient wishes to extend her storage period beyond 10 years (up to a maximum of 55 years), she should complete the relevant extension form ([LGS](#) or [ES](#) form).

Section 5 – Using eggs and embryos for training

If your patient has eggs and embryos left after treatment which she does not wish to use, she can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. She can do this by ticking yes to section 5.1 and/or 5.2. If she wishes to donate her eggs or embryos for research purposes, she should sign a separate clinic-specific form.

5 Using eggs and embryos for training

5.1 Do you consent to your eggs being used for training purposes?
 Yes No

5.2 Do you consent to embryos (already created outside the body with your eggs) being used for training purposes?
 Please note that embryos can only be used if the sperm provider has also given his consent.
 Yes No

Section 6 – In the event of your death or mental incapacity

Your patient is legally required to record what she would like to happen to her eggs and embryos if she were to die or lose the ability to decide for herself (become mentally incapacitated). If she does not give her consent, her eggs or embryos must be allowed to perish if this were to happen and cannot be used in treatment.

If she would like the surrogate to use her eggs or embryos in these circumstances, the surrogate must be named on this form. The eggs and embryos may only be used:

- within the storage period she has consented to, and
- if the sperm provider has also given his consent.

About the use of your eggs
 Only complete this part of section six if you are providing eggs.

6.1 Do you consent to your eggs being transferred to the surrogate (ie, through gamete intra-fallopian transfer, a technique which a small number of clinics use)?

If you die	If you become mentally incapacitated
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.1 Do you consent to your eggs being transferred to the surrogate (ie, through gamete intra-fallopian transfer, a technique which a small number of clinics use)?

If you die Yes No

If you become mentally incapacitated Yes No

Other uses for your eggs or embryos

If your patient wishes to consent to donate her eggs or embryos to others for use in their treatment if she were to die or become mentally incapacitated, there are a number of considerations including the lifelong implications of donation.

She will also need to complete either:

- [‘Your consent to donating your eggs’ \(WD\) form](#), if she wants to donate her eggs, or
- [‘Your consent to donating embryos’ \(ED\) form](#), if she wants to donate her embryos.

Your consent to being the legal parent in surrogacy

SPP form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 2008), someone other than the biological father can be nominated as the second legal parent of any child born from surrogacy – as long as both the nominated intended parent and the surrogate give notices consenting to this in writing before sperm, egg or embryo transfer. The nominated intended parent can do this on this form and the surrogate can do this on the [SWP](#) form.

This form should not be completed if:

- the surrogate is married or in a civil partnership and her spouse or civil partner consents to the treatment (the surrogate's spouse or civil partner will be the other legal parent)
- the intended parent is the biological father (since in common law he will automatically be the legal parent if the surrogate is not married or in a civil partnership and no-one else has been nominated as a parent).

Section 3 – Your notice of consent to being the legal parent

The nominated parent patient must tick the box at 3.1 to consent to being the legal parent of any child born from the surrogate's treatment. They patient should name the surrogate in section two of the form.

3 Your notice of consent to being the legal parent

3.1 Please tick the box next to the statement below to confirm your consent.

- I consent to being the legal parent of any child born from the surrogate's treatment (named in section two).

You should strongly advise all parties involved in the surrogacy arrangement to seek their own legal advice before entering into a surrogacy arrangement.

Section 4 – In the event of your death

The nominated intended parent may also wish to decide whether, in the event of their death, they would like to be registered as the legal parent of any child born from surrogacy treatment (with embryos created before their death and provided to the surrogate after their death).

Please note that the law concerning posthumous conception and surrogacy is complex and if they are registered as the legal parent after their death, it may not be straightforward for their surviving partner to pursue a parental order.

Consent to birth registration

If the nominated intended parent has given consent to embryos created before their death being transferred to the surrogate after their death, they may also wish to consent to being registered as the legal parent of any child that is born as a result of treatment. This will mean that their name, place of birth and occupation can be entered on the register of births as the legal parent. They can do this by ticking yes at 4.1. For more information about this, the patient should seek their own legal advice.

Your consent (as a surrogate) nominating an intended parent to be the legal parent

SWP form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 2008), someone other than the biological father can be nominated as the second legal parent of any child born from surrogacy – as long as both the nominated intended parent and the surrogate give notices consenting to this in writing before sperm, egg or embryo transfer. The surrogate can do this on this form and the nominated intended parent can do this on the [SPP](#) form.

The surrogate should not complete this form if she is:

- married or in a civil partnership and her spouse or civil partner consents to treatment (her spouse or civil partner will be the other legal parent), or
- not married or in a civil partnership and she wishes the intended biological father to be the legal father (he will automatically be the legal father if no-one else has been nominated as a legal parent).

Section 3 – Your consent

The surrogate must tick the box at 3.1 to consent to the nominated intended parent being the legal parent. The nominated intended parent should be named in section two of the form.

3 Your consent

3.1 Your consent to the nominated intended parent being the legal parent

Please tick the box next to the statement below to confirm your consent.

- I consent to the person named in section two being the legal parent of any child born from my treatment.

You should advise your patient that she is strongly advised to seek her own legal advice before entering into a surrogacy arrangement.

Your consent to disclosing identifying information

CD form

Purpose of this form

You hold identifying information about your patients such as their name, address and date of birth as well as sensitive information about their treatment or care. By law, you must submit some of this information to us to be stored on the HFEA Register.

Sometimes you may need to share some of your patient's identifying information with other parties including their GP, other healthcare professionals, auditors, clinical commissioning groups and administrative staff. You or we may also want to share some of this information for research purposes.

Section 33A of the Human Fertilisation and Embryology (HFE) Act 1990 (as amended) places a strict prohibition on the disclosure of certain information, information as defined by section 31(2) of the act. There are, however, a number of exceptions to this set out in section 33A(2)(a) to (t); one of these permits disclosure with the consent of the patient.

The CD form allows your patient to provide their consent to sharing their information for any or all of the reasons outlined above. You may have additional disclosure consent forms for specific purposes in your clinic. If you do, you should ensure these meet the requirements of the HFE Act 1990 (as amended) and seek your own legal advice before using them alongside the HFEA CD form.

There are also two other versions of the CD form to allow patients to give consent in two stages. 'Part one – general purposes' allows them to consent to sharing identifying information to support their care and treatment only and 'Part two – research purposes' allows them to consent to sharing their identifying information to support advances in medical research.

Section 3 – Disclosing your identifying information to support your care/treatment

Your patient must make clear whether they consent to identifying information about them being disclosed to support their care and treatment. They must tick the options they consent to at 3.1.

3.1 Disclosing your identifying information to support your care/treatment

Do you consent to identifying information about you being disclosed to the following groups of people? Tick the options you consent to.

Your GP. Your clinic may want to discuss your medical history with your GP to plan the most appropriate treatment.

Other healthcare professionals. Your clinic may want to discuss your treatment with another healthcare professional, (eg, physiotherapist or oncologist) at another hospital to give you the best possible care.

Auditors or administrative staff outside of your clinic. Your clinic may want to share information for clinical or financial reasons (eg, with administrative staff or auditors reviewing the clinic's finances).

Not to anyone (other than in a medical emergency).

You have an obligation to ensure your patients' information is kept confidential. Only authorised staff should have access to patient-identifying information. Although staff may have the ability to access such

information, only those staff members directly involved in the care of the patient, or those who have a legitimate need to, should access patient records.

You should have information governance policies in place to prevent unauthorised access to patient records and monitor or audit staff who access patient records. For example, although you may use a hospital-wide records system, staff across the hospital would not be legally permitted to access the patient's fertility records unless it was necessary for the care of the patient.

Section 4 (section 3 in part two version) – Disclosing your identifying information to support advances in medical research

Your patient will be asked if they consent to contact and/or non-contact research to support advances in medical research. An explanation of each is included in the form.

4.1 Do you consent to non-contact research?

Yes No

4.2 Do you consent to contact research?

Yes No

Why is it valuable for patients to consent to share their identifying information to support medical research?

Large health databases held by organisations such as the HFEA can be a valuable resource for researchers to support advances in medical research. Using a limited amount of your patient's identifying information (for example their name and date of birth), they are able to link databases together and perform research which would be otherwise impossible to do. All research is carefully reviewed by individual clinics or the HFEA before being approved.

Recent examples of research projects include:

- Health outcomes for IVF babies: exploring whether the general health of children born as a result of fertility treatment differs from that of naturally conceived children.
- Ethnicity and treatment success: exploring whether there is a link between patient ethnicity and treatment success.
- Cancer risk in children born after IVF/ICSI: this project showed no increase in the overall risk of cancer among British children born after assisted conception during the 17-year study period.

For further information about approved research, see our website.

We have found that the most significant factors contributing to whether a patient consents to disclosure for research are:

- how they are given information about disclosing their identifying information
- whether the staff giving that information perceive consent to disclosure to be important and desirable (those centres who do, report high rates of consent to disclosure for research).

What is the difference between non-contact and contact research?

Your patient can choose to give consent for non-contact and/or contact research on this form.

If a patient chooses to give consent for non-contact research only, they will never be contacted about research. Data which is routinely collected during the course of their treatment could be used by researchers. It will only be seen by the research team, or those who link the datasets, and is subject to strict security and confidentiality controls. They will never be identified in any publications about the research.

If a patient consents to contact research, staff at their centre may in future contact them if they think they might be suitable to take part in a research study. Giving this consent does not mean that they have already agreed to take part in any study – it means they agree to be contacted in the future to discuss the possibility of this. If you do contact them about a study, they will be under no obligation to take part in research. They can grant or refuse consent to any study at any time without it affecting the care they receive and without giving a reason.

What about information about any child born as a result of their treatment?

By consenting to their identifying information being disclosed for research purposes, your patient is also consenting to identifying information about any child(ren) born as a result of their treatment being disclosed. Legally, they are responsible for deciding whether identifying information about their child(ren) is disclosed until their child(ren) reach(es) the age of 16 or an age when they are deemed legally competent to give consent themselves.

If they want identifying information about any children born as a result of treatment to be handled differently, they should contact you to notify you of this after their child(ren) is/are born. You should submit a consent variation form to us to inform us of this (via EDI or your equivalent system).

Your patients can change the consent they give here at any time.

How do I submit information about consent to research to the HFEA Register?

From 1 April 2015, when you submit information on consent to research (ie, on patient, partner and donor registration forms) you no longer need to complete the 'generic consent' field. If you use EDI forms to submit this information, you will now see that this field is struck through. This will remain the case until the next major revision of data submission takes place (as part of the Information for Quality programme).

You can find the updated EDI form guidance on our website. If you have queries or problems with EDI data submission, please contact your Register Information Officer or email register@hfea.gov.uk.

Your consent to your partner being the legal parent

WP form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 2008), the partner of a woman receiving treatment using donor sperm, or embryos created with donor sperm, can be the legal parent of any child born from the treatment – as long as both the patient and her partner give their written consent to this before sperm, egg or embryo transfer. The WP form allows your patient to do this. Her partner should complete ‘Your consent to being the legal parent’ (PP form) if they are not married or in a civil partnership.

Your patient does not need to complete the WP form if she is married or in a civil partnership with the partner with whom she is receiving treatment as her partner will automatically be the legal parent. However, her partner should complete the ‘Your consent to being registered as the legal parent in the event of your death’ (PBR form) in order to be registered as the legal parent of any child born when embryos created with donor sperm before their death are transferred to their partner after their death.

A woman should complete this form if she:

- is receiving treatment using donor sperm, or embryos created in vitro with donor sperm
- wishes her partner to become the legal parent of any child born as a result of her treatment, and
- is not married to, or in a civil partnership with, her partner.

Section 3 – Your consent

Your patient must tick the box at 3.1 to consent to her partner being the legal parent. Her partner should be named in section two of the form.

3	Your consent
3.1	Your consent to your partner being the legal parent
	Please tick the box next to the statement below to confirm your consent.
	<input type="checkbox"/> I consent to my partner (named in section two) being the legal parent of any child born from my treatment.

What can happen if the form is not completed properly?



A woman received treatment using donor sperm. She is in a long-term relationship with her female partner who, together with the birth mother, wished to be the legal parent of the child born following the treatment. They assumed that because they are living together, and her partner put her name on the birth certificate, that she is the legal parent. Both were unaware that they should have

provided consent on the WP and PP forms before treatment took place. As a result, her partner may not be legally recognised as the child's legal parent.

Your consent to being the legal parent

PP form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 2008), the partner of a woman receiving treatment using donor sperm, or embryos created with donor sperm, can be the legal parent of any child born from their treatment – as long as both the patient and her partner give their written consent to this before sperm, egg or embryo transfer. The PP form allows your patient's partner to do this. Your patient should complete '[Your consent to your partner being the legal parent \(WP form\)](#)' if she and her partner are not married or in a civil partnership.

Your patient's partner does not need to complete the PP form if they are married or in a civil partnership with your patient, with whom they are receiving treatment, as they will automatically be the legal parent. However, they should complete the 'Your consent to being registered as the legal parent in the event of your death' (PBR form) in order to be registered as the legal parent of any child born when embryos created with donor sperm before their death are transferred to their partner after their death.

If your patient and her partner are not married nor in a civil partnership, the partner must sign this form to be recognised as the legal parent of any child born from their partner's treatment.

Section 3 – Your consent

Your patient's partner must tick the box at 3.1 to consent to being the legal parent of any child born from their partner's treatment. Your patient should be named in section two of the form.

3	Your consent
3.1	Your consent to being the legal parent
	Please tick the box next to the statement below to confirm your consent.
<input type="checkbox"/>	I consent to being the legal parent of any child born from my partner's treatment (named in section two).

Section 4 – In the event of your death

At section 4.1, your patient's partner can say whether, in the event of their death, they would like to be registered as the legal parent of any child born from treatment (with embryos created before your patient's death and provided to their partner after their death). This will mean that their name, place of birth and occupation can be entered on the register of births as the legal parent. For more information about this, they should seek their own legal advice.

Your consent to being registered as the legal parent in the event of your death

PBR form

Purpose of this form

By law (the Human Fertilisation and Embryology Act 2008), the partner who is married or in a civil partnership with a woman receiving treatment using donor sperm, or embryos created with donor sperm, will automatically be the legal parent of any child born from their treatment.

This form has been designed to allow the partner of a woman undergoing treatment using donor sperm to consent to being registered as the legal parent in the event of their death. This process is known as posthumous birth registration. This only applies in cases where embryos (that were created whilst the partner was still alive) are transferred to the partner after their death. If the partner is married or in a civil partnership to the woman having treatment they should complete this form.

If your patient and their partner are using donor sperm but are not married or in a civil partnership the partner should complete the HFEA '[Your consent to being the legal parent](#)' (PP form) and not this form.

A partner (male or female) should complete this form if:

- they are married or in a civil partnership with their partner
- your partner is receiving treatment using embryos created outside the body (in vitro) using donor sperm and either her own or donor eggs, and
- they wish to be registered as the legal parent to any child born if they die before embryos (that were created before their death) are transferred to their partner.

This consent only applies to embryos created with donor sperm before the partner's death. If embryos are created with donor sperm after their death, it is not possible for them to be named as the father or second legal parent, even if they have given their consent.

Your patient's partner must sign the form themselves. They may not direct someone else to complete and sign the form for them.

The partner may change their consent at any time by submitting a new copy of the consent form to change their consent. You should record in the patient notes where a person has changed their consent.

The following FAQs may be helpful:

Who needs to complete the PBR form?

The married or civil partner of a woman who is undergoing treatment, where embryos are created using donor sperm, may complete this form, so that he or she can provide consent to being posthumously registered as the legal parent.

Can the married or civil partner of a patient who is currently storing embryos created using donor sperm, but who has not previously completed either a PP or a PBR form, now complete the PBR form?

Yes, if the married or civil partner wishes to consent to posthumous birth registration, they can complete a PBR form now.

If the married or civil partner of a woman who is undergoing treatment with embryos created using donor sperm has already filled in a PP form, do they now need to fill in a PBR form?

No, if the married or civil partner has completed a PP form before the PBR form being introduced, they do not need to complete the PBR form now.

Does a PBR form need to be completed by partners who are married to, or in a civil partnership with, women undergoing a donor insemination (DI) cycle?

In the case of a DI cycle, a PBR form does not need to be completed as embryos have not been created and stored. The law does not provide for posthumous parenthood when a partner dies before DI treatment, as no embryos would have been created before his or her death.

If a married or civil partnership same sex female couple used eggs from one partner and donor sperm to create embryos for treatment, do both partners need to complete the PBR form?

The married or civil partner of a woman undergoing treatment with embryos created using donor sperm may complete the PBR form so that she can provide consent to being posthumously registered as the legal parent.

The partner who is undergoing treatment may also complete the PBR form so that she can provide consent to being posthumously registered as the legal parent, in the unfortunate event that she dies before embryo transfer, and her partner undergoes treatment using the embryos instead. For this to happen, the conditions of Section 46 (Embryo transferred after death of civil partner [or wife] or intended female parent) of the HFE Act 2008 must be met and consent for posthumous use of the embryos must be in place.

Every patient must be given the opportunity to have a detailed conversation with clinic staff to ensure their wishes are fully understood and the necessary consents are in place for all scenarios.

It is important to remember that the legal parenthood consent forms are designed as a means for patients to record their consent, however that consent may be invalid or ineffective if the relevant consent forms are not completed correctly and the necessary statutory provisions pertaining to legal parenthood have not been met. The statutory provisions relating to legal parenthood are set out in Sections 35 to 47 of the HFE Act 2008 and relevant guidance can be found in the Code of Practice (guidance note 6: Legal parenthood).

Section 3 – Your consent

At section 3.1, your patient's partner can say whether, in the event of their death, they would like to be registered as the legal parent of any child born from treatment (with embryos created before your patient's

death and provided to their partner after their death). This will mean that their name, place of birth and occupation can be entered on the register of births as the legal parent. For more information about this, they should seek their own legal advice.

Withdrawing your consent

WC form

Purpose of this form

If someone wishes to withdraw their consent to anything they previously consented to, by law (the Human Fertilisation and Embryology Act 1990 (as amended)), they need to do this in writing.

If their consent relates to the use of sperm, eggs, or embryos for treatment or donation, then it can be varied or withdrawn using this form at any time until the point of sperm, egg or embryo transfer.

Consent to parenthood can also be varied and withdrawn with this form up to the point of transfer. They can only withdraw their consent if they are:

- the partner of a woman receiving treatment
- using donor sperm, or embryos created with donor sperm, and
- they are not married or in a civil partnership.

Consent to the use of sperm, eggs and embryos for research and training can be varied and withdrawn with this form until they have been used for these purposes.

Section 3 – Your withdrawal of consent

If a person wishes to withdraw their consent to any of the purposes outlined at section 3.1, they should tick the relevant box, follow the instructions to ensure all page declarations are signed, then go to the relevant section of the form.

3 Your withdrawal of consent

3.1 Why are you completing this form?

I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos (created outside the body with my eggs or sperm) in my treatment or my partner's treatment. * Sign the page declaration below then complete section four.

I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos (created outside the body with my eggs or sperm) in the treatment of others (donation). * Sign the page declaration below then complete section four.

I am withdrawing my consent to being the legal parent of any child born from the treatment of my partner. * Sign the page declarations on this page and the next page then complete section five.

I am withdrawing my consent to my partner being the legal parent of any child born from my treatment. * Sign the page declarations on this page and the next page then complete section six.

Section 4 – Withdrawing consent to use or storage

If the person is withdrawing their consent to the use(s) or storage of their eggs, sperm or embryos, they should tick the yes box at 4.1 and specify which use(s) they are withdrawing their consent to. They should then sign the page declaration and go to section 4.2.

If the person ticks no, they should sign the page declaration and go straight to section 4.2 of the form.

4 Withdrawing consent to use or storage

4.1 Which use(s) are you withdrawing your consent to?

Use(s)	Yes	No
Use of my eggs, sperm or embryos in my treatment or my partner's treatment	<input type="checkbox"/>	<input type="checkbox"/>
Use of my eggs, sperm or embryos in the treatment of others (donation)	<input type="checkbox"/>	<input type="checkbox"/>
Being the legal parent of any child born from the treatment of my partner	<input type="checkbox"/>	<input type="checkbox"/>
My partner being the legal parent of any child born from my treatment	<input type="checkbox"/>	<input type="checkbox"/>

Page Declaration

I have read and understood the information provided and I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos as indicated above.

Yes No

Signature: _____ Date: _____

If the person is withdrawing their consent to the storage of their eggs, sperm or embryos, they should tick the yes box at 4.2 and specify what they are withdrawing their consent to. They should then sign the declaration at 4.3.

If the person ticks no, they should also then sign the declaration at 4.3.

Section 5 – Withdrawing consent to being the legal parent

If the person is withdrawing consent to being the legal parent, they should tick the box at 5.1 and sign the declaration at 5.2. They can only withdraw consent before egg, sperm, or embryo transfer takes place.

Section 6 – Withdrawing consent to your partner being the legal parent

If your patient wishes to withdraw consent to their partner being the legal parent, she should tick the box at 6.1 and sign the declaration at 6.2.

She can only withdraw her consent if she is:

- the woman receiving treatment
- not married to, or in a civil partnership with, her partner, and
- donor sperm, or embryos created with donor sperm, are being used in her treatment.

If your patient is married or in a civil partnership and does not wish her spouse or civil partner to be the legal parent of any child born as a result of her treatment, she is strongly advised to seek her own legal advice. If legal parenthood is disputed, she will need to provide appropriate evidence to demonstrate that her spouse or civil partner did not consent to her treatment. Whilst any dispute is for the family court and/or births registrar to determine, she may wish to complete '[Stating your spouse or civil partner's lack of consent](#)' (LC form) to provide the facts about why her spouse or civil partner did not consent at the time of treatment.

Surrogacy – withdrawing your consent

SWC form

Purpose of this form

If someone wishes to withdraw their consent to anything they previously consented to, by law (the Human Fertilisation and Embryology Act 1990 (as amended)), they need to do this in writing.

If their consent relates to the use of sperm, eggs, or embryos for surrogacy, then it can be varied or withdrawn using this form at any time until the point of sperm, egg or embryo transfer.

Consent to parenthood can also be varied and withdrawn with this form up to the point of transfer. They can only withdraw their consent if they:

- are the partner of a woman receiving treatment
- using donor sperm, or embryo(s) created with donor sperm, and
- are not married or in a civil partnership.

Consent to the use of sperm, eggs and embryos for research and training can be varied and withdrawn with this form until they have been used for these purposes.

Section 3 – Your withdrawal of consent

If a surrogate, an intended parent, or the partner of a surrogate, wishes to withdraw their consent to any of the purposes outlined at section 3.1, they should tick the relevant box, follow the instructions to ensure all page declarations are signed, and then go to the relevant section of the form.

3 Your withdrawal of consent

3.1 Why are you completing this form?

I am the surrogate

I am a surrogate and I am withdrawing my consent to the use(s) or storage of my eggs or embryos (created outside the body with my eggs) in the surrogacy treatment. * Sign the page declaration below then complete section four.

I am a surrogate and I am withdrawing my consent to the nominated intended parent commissioning the surrogacy arrangement being the legal parent of any child born as a result of my treatment. * Sign the page declarations on this page and the next page then complete section six.

I am a surrogate and I am withdrawing my consent to my partner being the legal parent of any child born as a result of my treatment. * Sign the page declarations on this page and the next page then complete section six.

3 Your withdrawal of consent continued

I am the intended parent

I am commissioning a surrogacy arrangement and I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos (created outside the body with my eggs or sperm) in the surrogacy treatment. * Complete section four.

I am commissioning a surrogacy arrangement and I am withdrawing my consent to being the nominated legal parent of any child born from the surrogacy treatment. * Sign the page declaration below then complete section five.

I am the partner of the surrogate

I am the surrogate's partner and I am withdrawing my consent to being the legal parent of any child born from the surrogacy treatment. * Sign the page declaration below then complete section five.

Section 4 – Withdrawing consent to use or storage

If the person is withdrawing their consent to the use(s) or storage of their eggs, sperm or embryos in surrogacy treatment, they should tick the yes box at 4.1 and specify which use(s) they are withdrawing their consent to. They should then sign the page declaration and go to section 4.2.

If the person ticks no, they should sign the page declaration and go straight to section 4.2 of the form.

If the person is withdrawing their consent to the storage of their eggs, sperm or embryos, they should tick the yes box at 4.2 and specify what they are withdrawing their consent to. They should then sign the declaration at 4.3.

If the person ticks no, they should also then sign the declaration at 4.3.

Section 5 – Withdrawing consent to being the legal parent

If the person is withdrawing consent to being the legal parent, they should tick the box at 5.1 and sign the declaration at 5.2. They can only withdraw consent before egg, sperm, or embryo transfer takes place.

Section 6 – Withdrawing consent to your partner, or the nominated intended parent, being the legal parent

If the surrogate wishes to withdraw consent to their partner, or the nominated intended parent, being the legal parent, she should tick the box at 6.1 and sign the declaration at 6.2.

She can only withdraw her consent if:

- she is the woman receiving treatment
- she is not married to, or in a civil partnership with, her partner, and
- donor sperm, or embryos created with donor sperm, are being used in her treatment.

If your patient is married or in a civil partnership and does not wish her spouse or civil partner to be the legal parent of any child born as a result of surrogacy treatment, she is strongly advised to seek her own legal advice. If legal parenthood is disputed, she will need to provide appropriate evidence to demonstrate that her spouse or civil partner did not consent to her treatment. Whilst any dispute is for the family court

and/or births registrar to determine, she may wish to complete '[Stating your spouse or civil partner's lack of consent](#)' (LC form) to provide the facts about why her spouse or civil partner did not consent at the time of treatment.

Stating your spouse or civil partner's lack of consent

LC form

Purpose of this form

By law your patient's spouse or civil partner will automatically be the legal parent of any child born from their fertility treatment (even though they may not be the biological parent), unless it can be shown that they did not consent to her treatment.

If your patient does not wish her spouse or civil partner to be the legal parent of any child born as a result of her treatment, she is strongly advised to seek her own legal advice. If legal parenthood is disputed, she will need to provide appropriate evidence to demonstrate that her spouse or civil partner did not consent to her treatment.

Whilst any dispute is for the family court and/or births registrar to determine, this form allows your patient to provide the facts about why her spouse or civil partner did not consent at the time of treatment.

It is important that clinics and patients are aware that the LC form does not guarantee that the estranged partner will not be the legal parent, it is simply a way of documenting lack of consent in case legal parenthood is disputed and evidence is required. Any dispute is for the family court and/or births registrar to determine.

Section 3 – Stating your spouse or civil partner's lack of consent

If your patient wishes to state her spouse or civil partner's lack of consent, she can tick the box at 3.1. She should then provide appropriate evidence on the next page of the form to demonstrate why her spouse or civil partner does not consent to her treatment (eg, if she is separated from her partner and he is unaware of her treatment).

3 Stating your spouse or civil partner's lack of consent

3.1 Please state your spouse or civil partner's lack of consent by ticking the box next to the statement below.

I cannot demonstrate that my partner consents to my treatment (there is a lack of consent) and therefore they should not be treated as the legal parent of any child born from my treatment.

Please provide appropriate evidence on the next page to demonstrate the facts around why your spouse or civil partner does not consent to your treatment eg, if you and your spouse/civil partner are separated and he or she is not aware of your treatment.

If you cannot demonstrate this, your spouse or civil partner will be the legal parent of any child born as a result of your treatment.

You are strongly advised to seek your own legal advice.

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