

Your consent to donating your eggs

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK's independent regulator of fertility treatment and human embryo research. For more information about the HFEA, visit www.hfea.gov.uk.

In this form, the terms 'your embryos' or 'embryos' means embryos which have been created outside the body using your eggs.

Who should fill in this form?

Fill in this form if you are donating eggs for the treatment of persons **other than yourself** or your partner, or for training purposes (to allow designated healthcare professionals to learn about, and practice, the techniques involved in fertility treatment).

If you are unable to complete this form because of physical illness, injury or disability you may ask someone else to complete and sign it for you in your presence and at your direction.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your eggs or embryos to be donated to another person for their treatment (for example, for in vitro fertilisation (IVF) treatment) or your eggs or embryos used for training purposes.

You also need to give your written consent to allow your eggs or embryos to be stored. You must state in writing how long you consent to them remaining in storage.

If your circumstances change after you have completed this form or if you wish to withdraw your consent, you will need to contact your clinic as soon as possible to complete further forms.

What do I need to know before filling in this form?

Before you fill in this form, you should have registered as a donor and completed the 'Donor information form'.

You should also be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- ▶ information about:
 - the different options set out in this form,
 - the implications of giving your consent,
 - the consequences of withdrawing this consent, and
 - how you can make changes to, or withdraw, your consent.
- ▶ A suitable opportunity to have proper counselling about the implications of donation and storage.

If you are unsure or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. **If you do not receive this information before filling in this form, your consent may be invalid.**

What uses (other than donation for someone else's treatment) are there for my eggs or embryos?

You can give your consent to your unused eggs or embryos being used and stored for training purposes. This means that eggs or embryos which are not used, or not suitable for use, can be either used immediately for training, or stored for potential future use in training, to allow designated healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. You can do this at section 4.

You can give your consent to your unused eggs or embryos being used for research purposes, with the aim of helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Research projects take place at HFEA licenced research facilities. Your clinic can give you more information about this.

What happens to my eggs or embryos if I die?

By consenting to donate your eggs or embryos, you are also agreeing to them being used and stored if you were to die or lose the ability to decide for yourself (become mentally incapacitated).

If you do **not** want your eggs or embryos to be used and stored for someone else's treatment if you were to die or become mentally incapacitated, you can state this as a restriction (at **section 2.4** of this form).

You may also state at **2.4** that you **only** want your eggs or embryos to be donated for someone else's treatment in the event of your death.

Please note that the clinic can only act on these wishes if they are informed about your death or mental incapacity. If you're unsure of anything in relation to this, please ask your clinic.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the information provided and the consent that you are giving. When you have completed the form, you may request a copy of it from your clinic.

For clinic use only (optional)

HFEA centre reference

Donor number

1 About you

1.1 Your first name(s)

Place sticker here

1.2 Your surname

1.3 Your date of birth

1.4 Your NHS/CHI/HCN/passport number (please select)

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2 About your egg donation

2.1 Do you consent to your eggs being used for someone else's treatment without the creation of embryos outside the body? An example is gamete intra-fallopian transfer (GIFT), a technique which a small number of clinics use.

Yes No

2.2 Do you consent to your eggs being used to create embryos outside the body (e.g. through IVF treatment) and for these embryos to be used for someone else's treatment?

Yes No

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.

families may have children using my donated eggs (please insert a figure up to 10)

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, e.g. a specified named recipient.

Please use this section to confirm if you do not wish your eggs or embryos to be used for someone else's treatment after your death or if you become mentally incapacitated.

Please also use this section to confirm if you only want your eggs or embryos to be used for someone else's treatment in the event of your death.

Yes, specify your restrictions below No, go to question 3

Page declaration

Your signature

Date

 D D M M Y Y

For clinic use only (optional)

Donor number

3 Storing eggs and embryos for someone else's treatment

In this section you must state if, and how long, you consent to your eggs or embryos being stored for use in someone else's treatment. The law permits the storage of eggs or embryos for use in someone else's treatment for any period up to 55 years from the date(s) that the eggs or embryos are first placed in storage.

You may want to think about how far in the future you want your stored eggs or embryos to be available for someone else's treatment. This has significant implications for you and any person born as a result of your donation, and your clinic should have given you information and an opportunity to discuss these implications with a counsellor before you complete this form.

You should be aware that embryos can only be stored if both the egg and sperm provider have given consent.

Please note that eggs donated for someone else's treatment may need to be stored before they are used.

3.1 **Do you consent to your eggs being stored for someone else's treatment?**

Yes No

3.2 **For how long do you consent to your eggs being stored for someone else's treatment?**

Only complete this section if you answered yes to 3.1.

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

55 years

3.3 **Do you consent to your embryos being stored for someone else's treatment?**

Only complete this section if you answered yes to 2.2. You should be aware that embryos can only be stored if both the egg and sperm provider have given consent.

Yes No

3.4 **For how long do you consent to embryos being stored for someone else's treatment?**

Only complete this section if you answered yes to 2.2 and 3.3.

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

55 years

If your circumstances change after you have completed this form or if you wish to withdraw or change your consent, you will need to contact your clinic as soon as possible to complete further forms.

Page declaration

Your signature

Date

For clinic use only (optional)

Donor number

4 Use and storage of eggs and embryos for training purposes

You can give your consent to your eggs or embryos being used and stored for training purposes. This means that eggs or embryos which are not used, or not suitable for use, can be either used immediately for training, or stored for potential future use in training, to allow designated healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

Eggs

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

Yes No

If you give your consent to storing your eggs for training purposes, your clinic may store your eggs for these purposes for up to **55 years** from the date that your eggs are first placed in storage.

4.2 If you consent to your eggs being used for training purposes, how long do you consent to storage?

For 55 years, or

For a shorter period - specify the number of years (not exceeding 55 years):

Embryos

4.3 Do you consent to your unused embryos being used for training purposes?

You should be aware that embryos can only be used for training purposes if the sperm provider has also given consent.

Yes No

If you give your consent to storing your embryos for training purposes, your clinic may store your embryos for these purposes for a maximum of **10 years** from the date that you give consent on this form. This period cannot be extended.

4.4 If you consent to your embryos being used for training purposes, how long do you consent to storage?

For 10 years, or

For a shorter period - specify the number of years (not exceeding 10 years):

If your circumstances change after you have completed this form or if you wish to withdraw or change your consent, you will need to contact your clinic to complete further forms.

Page declaration

Your signature

Date

For clinic use only (optional)

Donor number

Please sign and date the declaration

Your declaration

- ▶ I declare that I am the person named in section one of this form.
- ▶ I declare that:
 - before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to have counselling.
 - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me.
 - I understand that I can make changes to, or withdraw, my consent to the use and storage of my eggs for the purposes I have indicated above at any point until the time that my eggs have been used for treatment or training, or my eggs have been disposed of.
 - I understand that I can make changes to, or withdraw, my consent to the use and storage of my embryos for the purposes I have indicated above at any point before embryo transfer, use of embryos in training, or my embryos have been disposed of.
 - I understand that by signing this form, I have consented to the use of my eggs or embryos after my death or loss of mental capacity in accordance with the uses specified above, unless I have given a specific instruction to the contrary at **section 2.4**.
- ▶ I understand that I must notify my clinic if my contact details change. I understand it is my responsibility to keep contact details up to date.
- ▶ I declare that the information I have given on this form is correct and complete.
- ▶ I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, donation or storage, or a data controller in line with the Data Protection Act 2018 and UK General Data Protection Regulation) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990, (as amended)), or for record storage and archiving purposes.

Your signature

Date

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If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative's declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with their direction.

Representative's name

Representative's signature

Relationship to the person consenting

Date

D	D	M	M	Y	Y
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Witness' name

Witness' signature

Date

D	D	M	M	Y	Y
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