

## Record of information provided before obtaining consent – female or egg provider

We recommend you use this form to record the information you have given to egg providers, female patients or female donors giving consent. There is also a version of this form for sperm providers, male patients or male donors. It is designed to help you demonstrate that you have met the requirements of the Human Fertilisation and Embryology Act (1990 (as amended) and 2008) before asking people to give consent. A completed copy of this form should be retained in the relevant medical records.

### What information should be recorded?

First record the personal details of the person giving consent. You should then tick the relevant consent forms that this person will need to complete and add notes about any verbal information that was given before obtaining their consent. If information was provided in any other way (eg, at an information evening or through information leaflets) then it is a good idea to note this too.

#### Personal details

First name(s)

Surname

Date of birth

Other patient identifiers (optional)

Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Treatment and storage:</b>		
<b>WT</b> Your consent to your eggs and embryos created using your eggs being used in treatment (IVF and ICSI) or stored		

➤ Continues on next page

Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Treatment and storage:</b>		
<b>WPT</b> Your consent to providing eggs or embryos created with your eggs for your partner's treatment		
<b>WGI</b> Your consent to the use of your eggs in GIFT		Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom: <input type="text"/>
<b>Storage only:</b>		
<b>GS</b> Your consent to the storage of your eggs or sperm		Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom: <input type="text"/>
<b>Renewal:</b>		
<b>RE</b> Renewal of consent to storage of your embryos for treatment		

➤ Continues on next page

Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Renewal:</b>		
<b>RG</b> Renewal of consent to storage of your eggs or sperm for treatment		   Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom: <input type="text"/>
<b>Donation:</b>		
<b>WD</b> Your consent to donating your eggs		
<b>ED</b> Your consent to donating embryos		   Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom: <input type="text"/>
<b>Disclosure of information:</b>		
<b>CD</b> Your consent to disclosing identifying information  (State if only 'part one – general purposes' or 'part two – research purposes' was provided instead of the full version)		   Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom: <input type="text"/>

➤ Continues on next page

Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Parenthood:</b>		
<b>PBR</b> Your consent to being registered as the legal parent in the event of your death		
<b>PP or PP (gender neutral)</b> Your consent to being the legal parent		
<b>WP or WP (gender neutral)</b> Your consent to your partner being the legal parent		Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom: <input type="text"/>
<b>Surrogacy:</b>		
<b>WSG</b> Your consent to the use and storage of eggs or embryos for surrogacy		
<b>SPP or SPP (gender neutral)</b> Your consent to being the legal parent in surrogacy		

➤ Continues on next page

Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Surrogacy:</b>		
<p><b>SWP or SWP (gender neutral)</b> Your consent (as a surrogate) nominating an intended parent to be the legal parent</p>		<p>Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>By whom: <input type="text"/></p>
<b>Treatment and storage (only to be completed if conditions are met under the 2024 Regulations):</b>		
<p><b>ET(PH)</b> Your consent to the creation of embryos (IVF and ICSI) with your deceased partner's eggs or sperm or to storage of those embryos for up to 55 years (under the 2024 Regulations)</p>		<p>Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>By whom: <input type="text"/></p>
<b>Training in the event of mental incapacity:</b>		
<p><b>MIT</b> Your consent to your eggs, sperm and embryos being stored and used for training purposes in the event of mental incapacity</p>		<p>Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>By whom: <input type="text"/></p>

➤ Continues on next page

Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Withdrawal:</b>		
<b>WCS</b> Withdrawing your consent to the storage of your own eggs, sperm and embryos		
<b>WCU</b> Withdrawing your consent to use of your eggs, sperm or embryos in someone else's treatment		
<b>WCP</b> Withdrawing your consent to legal parenthood		
<b>LC</b> Stating your spouse or civil partner's lack of consent		Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom: <input type="text"/>
<b>Mitochondrial donation:</b>		
<b>WDM</b> Mitochondrial donation: consent to donating your eggs		
<b>WMT</b> Mitochondrial donation: consent to use your eggs in treatment and storage		
		Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> By whom: <input type="text"/>

➤ Continues on next page

Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Statutory notices:</b>		
<b>RNG</b> Request to renew consent to storage of eggs or sperm within the renewal period		
<b>RNE</b> Request to renew consent to storage of embryos within the renewal period		
<b>NDG</b> Notification that eggs or sperm will be removed from storage and disposed of if the patient does not renew consent to storage before the end of the renewal period		
<b>NDE</b> Notification that embryo(s) may be removed from storage and disposed of if patients do not renew their consent to storage before the end of the renewal period		
<b>NWC</b> Notification to each person whose eggs or sperm were used to create embryo(s) that consent to storage has been withdrawn		<div style="text-align: right;">           Date information was provided: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="text-align: right;">           By whom: <input style="width: 400px;" type="text"/> </div>

## Record of the offer of counselling

Has counselling been offered? Yes  No

Date(s) counselling was offered	Who offered counselling?

Additional information (eg, the type of counselling and the person's response to the offer)

--