

**For clinic use only**

## Record of information provided before obtaining consent – male or sperm provider

We recommend you use this form to record the information you have given to sperm providers, male patients or male donors giving consent. There is also a version of this form for egg providers, female patients or female 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>MT</b> Your consent to your sperm and embryos created outside the body using your sperm being used in treatment (IVF and ICSI) or stored		

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Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Treatment and storage:</b>		
<b>MGI</b> Your consent to the use of your sperm in artificial insemination		<div style="border: 1px solid black; height: 100px; width: 100%;"></div> 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 style="width: 100%;" type="text"/>
<b>Storage only:</b>		
<b>GS</b> Your consent to the storage of your eggs or sperm		<div style="border: 1px solid black; height: 100px; width: 100%;"></div> 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 style="width: 100%;" type="text"/>
<b>Renewal:</b>		
<b>RE</b> Renewal of consent to storage of your embryos for treatment		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>RG</b> Renewal of consent to storage of your eggs or sperm for treatment		<div style="border: 1px solid black; height: 100px; width: 100%;"></div> 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 style="width: 100%;" type="text"/>

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Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Donation:</b>		
<b>MD</b> Your consent to donating your sperm		
<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 <b>(State if only 'part one – general purposes' or 'part two – research purposes' was provided instead of the full version)</b>		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>Parenthood:</b>		
<b>PBR</b> Your consent to being registered as the legal parent in the event of your death		

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Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Parenthood:</b>		
<b>PP or PP (gender neutral)</b> Your consent to 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>MSG</b> Your consent to the use and storage of sperm or embryos for surrogacy		
<b>SPP or SPP (gender neutral)</b> Your consent to being the legal parent in surrogacy		    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>Treatment and storage (only to be completed if conditions are met under the 2024 Regulations):</b>		
<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)		          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"/>

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Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Training in the event of mental incapacity:</b>		
<b>MIT</b> Your consent to your eggs, sperm and embryos being stored and used for training purposes in the event of mental incapacity		<div style="border: 1px solid black; height: 150px; width: 100%;"></div> Date information was provided: <input style="width: 20px; height: 20px; border: 1px solid green;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid green;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid green;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid green;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid green;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid green;" type="text"/> By whom: <input style="width: 400px; height: 20px; border: 1px solid green;" type="text"/>
<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		

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Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
<b>Withdrawal:</b>		
<b>LC</b> Stating your spouse or civil partner's lack of consent		<div style="border: 1px solid black; height: 100px; width: 100%;"></div> 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 style="width: 100%;" type="text"/>
<b>Mitochondrial donation:</b>		
<b>MD (including PNT)</b> Consent to donating your sperm (including for use in pronuclear transfer)		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>MMT</b> Mitochondrial donation: consent to use your sperm in treatment and storage		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>MD (PNT only)</b> Mitochondrial donation: consent to sperm donation (PNT only)		<div style="border: 1px solid black; height: 100px; width: 100%;"></div> 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 style="width: 100%;" type="text"/>

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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		
		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"/>

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**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)**