

Directions given under the Human Fertilisation and Embryology Act 1990 (as amended)

Gamete and embryo donation

Ref: 0001
Version: 5

These Directions are:	General Directions
Sections of the Act providing for these Directions:	Sections 12(1)(d), 12(1)(e), 12(1)(g) and 13(2)(f)
These Directions come into force on:	1 October 2009
These Directions remain in force:	Until revoked
This version was issued on:	1 October 2024

Re-registering an anonymous donor as an identifiable donor

- Licensed centres must use form Bv2005/1 to re-register any person who:
 - registered as a donor before 1 April 2005 and/or who donated gametes and/or embryos before that date; and
 - now wishes to be registered as an identifiable donor so that information about him or her may be disclosed to any persons born as a result of the donation.
- Centres must use Donor Information form Dv2009 to record any additional updated information about a donor who now wishes to be re-registered as an identifiable donor. Licensed centres should ensure that the appropriate box in Part 1 is ticked to indicate that the form “Corrects or changes Details already registered”. This form should be completed in addition to form Bv2005/1.

Giving and receiving money or other benefits in respect to any supply of gametes or embryos

- Centres must not accept an individual as a donor who is known (or is reasonably suspected) by that centre to have received or to be about to receive money or other benefits not in line with these Directions.
- Where the person responsible is aware that a person wishes to be treated using gametes obtained from a donor sourced by another agency or intermediary, including introductory agencies and internet

websites, the person responsible should take reasonable steps to satisfy himself that the requirements of paragraph 3 have not been breached and must keep a record of the steps taken for this purpose.

5. Centres may compensate sperm donors a fixed sum of up to £45 per clinic visit.
6. Centres may compensate egg donors a fixed sum of up to £985 per cycle of donation. Where a prospective egg donor does not complete the cycle, the centre may compensate the egg donor on a 'per clinic visit' basis.
7. Where a person has stored gametes or embryos for use in their own treatment but then consents to donate them, a centre may compensate the donor for subsequent visits on a 'per clinic visit' basis.
8. Centres may compensate donors an excess amount in cases where expenses (such as for travel, accommodation or childcare) exceed the amounts specified in paragraphs 5 and 6 above. Centres may only provide excess expenses which:
 - (a) are reasonable;
 - (b) do not include loss of earnings;
 - (c) have been incurred by the donor in connection with the donation of gametes provided to that centre; and
 - (d) have been incurred by the donor solely within the United Kingdom.
9. Donors who are not permanent residents of the UK should be compensated in the same way as UK donors without an excess for overseas travel expenses. Centres must not directly or indirectly pay the overseas travel of a non-UK donor.

Recording excess expenses for donors

10. Where centres compensate donors an excess amount, as specified in paragraph 8 above, the centre must keep:
 - (a) a record of the actual excess expenses incurred by the donor;
 - (b) a record of the amount reimbursed to the donor; and
 - (c) the receipts produced by the donor, and/or the steps taken by the person responsible to satisfy themselves that the excess expenses claimed by the donor have in fact been incurred.
11. The records referred to in paragraph 10 must be made available to the Centre's Inspector or provided directly to the Human Fertilisation and Embryology Authority, on request.

Giving and receiving money or other benefits in respect of any import of gametes or embryos from outside the UK

12. When considering whether to import gametes donated overseas, the centre should ensure the donor has not received compensation for the donation of the gametes which exceeds the amounts specified in paragraphs 5 and 6 above, or the equivalent in local currency.
13. When receiving donated gametes from overseas, the centre must keep a record (provided by the overseas centre) of the compensation received for the donation of the gametes. This record should include the compensation received for the clinic visits (for sperm donation) or cycle (for egg donation) confirming that the donor has not exceeded the amounts specified in HFEA Directions.
14. Overseas centres may compensate donors in excess of the sums specified in paragraph 12 where the conditions in paragraph 8 (a) to (c) and paragraph 15 are satisfied.

15. Expenses in excess of the sums specified in paragraph 12 can only be paid where they are incurred by the donor in the country in which they donated.
16. Where the overseas centre has compensated the donor an excess amount in accordance with paragraphs 14 and 15, the UK clinic must keep a record (provided by the overseas centre) of:
- (a) the actual excess expenses incurred by the donor in connection with the donation of gametes being imported,
 - (b) the amount reimbursed to the donor, and
 - (c) the receipts produced by the donor, and/or the steps taken by the person responsible to satisfy themselves that the excess expenses claimed by the donor have in fact been incurred.
17. The records referred to in paragraph 16 must be made available to the Centre's Inspector or provided directly to the Human Fertilisation and Embryology Authority, on request.

Supply of gametes or embryos from one establishment to another

18. Licensed centres that supply gametes or embryos to other licensed centres may only be given money or other benefits by the receiving centre for reimbursement of the reasonable expenses incurred in the supply of the gametes or embryos.

Benefits in kind

19. Gamete donors may receive licensed services, such as treatment, storage, or access to licensed services, in return for supplying gametes for donation. Egg donors who receive a benefit should be provided with that benefit in the course of the donation cycle unless there is a medical reason why they cannot be.

Mitochondrial donation

20. Centres may compensate those providing gametes for use in mitochondrial donation in line with paragraphs 3 to 19 above.

Definitions

21. The terms listed in these Directions are explained below:
- (a) "clinic visit" means an appointment a donor attends in connection with the donation, including where the sperm sample is produced at home. This may include, but is not limited to, consultation visits, blood collection, counselling sessions and sperm sample collection.
 - (b) "cycle of egg donation" means the period from the first consultation until the donor's recuperation is complete.



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Chair, Human Fertilisation and Embryology Authority

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