

Your consent to the use of your eggs in GIFT

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.

Who should fill in this form?

Fill in this form if you are having gamete intrafallopian transfer (GIFT) using your eggs. This treatment would not involve the creation of embryos outside the body.

You will need to complete a different form if you wish to have fertility treatment using embryos created outside the body (in vitro) with your eggs.

If you are unsure of anything in relation to this or need further information about your treatment options, please ask your clinic.

If you are unable to complete this form because of physical illness, injury or disability, you may direct 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 to be used in fertility treatment or stored for later use.

If you are planning on storing your eggs, you must state in writing how long you consent to your eggs to be stored. You are also legally required to record what you would like to happen to your eggs if you were to die or lose the ability to decide for yourself (become mentally incapacitated). While this is perhaps not something you have considered, if you do not record your consent on this form, in the event that you die or become mentally incapacitated, your partner would not be able to use your eggs in their own treatment.

If you are unsure of anything in relation to this or need further information about treatment options in the event of your death or mental incapacity, please ask your clinic.

This form will record your consent to:

- ▶ Use of your eggs to have GIFT,
- ▶ Storage of your eggs for treatment using GIFT,
- ▶ Use and storage of your eggs for training purposes, and
- ▶ Use and storage of your eggs in the event of your death or mental incapacity.

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

Before you fill in this form, you should 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 and if you are storing your eggs what will happen if you do not renew your consent when prompted to by your clinic,
 - 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 treatment 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 other uses are there for my eggs during treatment?

If your eggs are not needed, or are not suitable for treatment, your eggs may be able to be used for training purposes. On this form, you can consent to your eggs being used and stored to allow designated healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. Eggs can be either used immediately for training or stored for potential future use in training.

The decision to consent to your eggs being used for training purposes will not affect your treatment in any way.

What other uses are there for my eggs after treatment has finished?

If you have stored eggs, then you may have some remaining in storage after treatment. If you no longer wish to keep your eggs for your own treatment (ie, GIFT or to create embryos outside the body (in vitro) with your eggs), you can withdraw your consent to storage, and the eggs will be disposed of. Your clinic will provide you with the necessary form.

For clinic use only (optional)

HFEA centre reference

Patient number

Your other options when withdrawing your consent to storage for your own treatment include giving your consent to:

- ▶ the donation of unused eggs for use in someone else's treatment. Before doing this, there are lots of issues to consider, which your clinic should discuss with you. This would involve further screening tests, counselling and further consent.
- ▶ your unused eggs 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.
- ▶ your stored unused eggs being used for training purposes to allow designated healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

Your clinic will provide you with further information regarding these options and it may be necessary to complete further consent forms.

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

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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 partner

2.1 **Your partner's first name(s)** Place sticker here

2.2 **Your partner's surname**

2.3 **Your partner's date of birth** 2.4 **Your partner's NHS/CHI/HCN/passport number** (please select)

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3 Your treatment

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

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

Yes No

Page declaration

Your signature **Date**

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For clinic use only (optional)

Patient number

4 Using eggs for training

If your eggs are not needed, or are not suitable for treatment, your eggs may be able to be used for training purposes. On this form, you can consent to your eggs being used and stored to allow designated healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. Eggs can be either used immediately for training or stored for potential future use in training.

The decision to consent to your eggs being used for training purposes will not affect your treatment in any way.

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

Yes No

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

For 55 years from the date of first storage, or

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

5 Storing eggs

If you do not wish to store eggs for future treatment, please do not complete this section and go to the Declaration at section 8.

Storage periods

You may wish to store your eggs so they can be used for treatment in the future. To be stored, eggs are frozen. You should think about how far in the future you might want or be able to use stored eggs and the potential costs of storing – you should discuss this with your clinic.

The law permits you to store eggs for use in your treatment for any period up to a maximum of 55 years from the date that the eggs are first placed in storage. However, you will need to renew your consent every 10 years.

You can give your consent to storage on this form. You will be contacted by your clinic regarding an additional period of storage or renewal of your consent to storage at the appropriate time.

Because your clinic needs to contact you about your consent to storage, you should always inform your clinic if your contact details change or if your circumstances change (eg, in the event of separation from your named partner). If your clinic is unable to contact you to obtain your consent, then your eggs will be removed from storage and disposed of when they can no longer be lawfully stored.

You should be aware that any arrangements you need to make regarding the practicalities of storage with your clinic or funding body are separate from this consent. For example, your clinic may only continue to store eggs for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

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Your signature

Date

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5 Storing eggs

5.1 Storage for the first time

Do you consent to your eggs being stored?

Yes

No

If you have answered 'yes', indicate how long you consent to storage:

For 10 years, or

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

You can change your storage period or withdraw your consent to storage at any time by contacting your clinic.

The consent period above will start from the date that your eggs are first placed in storage.

Additional storage prior to renewal

Only complete this section if you have already:

- ▶ Given your initial consent to storage of your eggs for a period less than 10 years from the date that your eggs were first placed in storage, or
- ▶ If you have renewed your consent but consented to a storage period of less than 10 years, and now wish to request an additional period of storage for up to another 10 years before a further renewal is required.

You will be required to formally renew your consent to storage (on a renewal of consent form) no later than every 10 years after your eggs were first placed in storage. Your clinic will contact you about this at the appropriate time. If your clinic is unable to contact you, then your eggs will be removed from storage and disposed of when they can no longer be lawfully stored.

5.2 Do you wish to consent to an additional period of storage of your eggs?

Yes

No

If you have answered 'yes', indicate how long you wish your additional period of storage to last. Any period you specify below will be in addition to your existing storage period. The total number of years of storage should not exceed 10 years from date of first storage or most recent renewal.

Specify the number of years

Page declaration

Your signature

Date

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6 In the event of your death

If you are planning to store any eggs, you also need to decide what you would like to happen to your eggs if you die.

In the event of your death, if you would like your partner to be able to use your eggs in their own treatment, your partner must be named in section 2 of this form.

If your partner wishes to use your eggs to create embryos outside the body (IVF or ICSI) you will need to receive relevant information, be offered counselling and complete additional consent forms before you die. If surrogacy is required you will also need to receive relevant information, be offered counselling, undergo further screening tests and complete additional consent forms before you die.

It is therefore vitally important that you and your clinic discuss posthumous use and the different treatment options in those circumstances. Please ask your clinic if they have not already discussed this with you.

The person named at section 2 of this form will be the **only** person able to use your stored eggs for treatment after your death. If you do not name a person at section 2 of this form, then no one will be permitted to use your eggs for treatment after your death.

If your circumstances change after you have completed this form (for example, if you separate from the partner you have named on this form), or if you wish to withdraw your consent, you will need to contact your clinic to complete further forms.

Treatment in the event of your death

If you consent to your eggs being used **for treatment** after your death, the law permits your eggs to be stored for your named partner's **use** for 10 years from the date of your death. You must consent to both use and storage of your eggs continuing after death. This storage period cannot be extended.

If your named partner does not use your eggs within this 10 year period, then 10 years after your death, your clinic will be required to remove all your eggs from storage and dispose of them.

6.1 **In the event of your death do you consent to your eggs being used, or stored for use, in your partner's treatment, without the creation of embryos outside the body?**

Yes No

If you have answered 'yes', indicate how long you consent to storage of your eggs after your death for use in your partner's treatment without the creation of embryos:

For 10 years from the date of your death, or

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

Use of your eggs for training purposes in the event of your death

In the event of your death, you may have stored eggs that your named partner does not want to use. On this form, you can consent to your eggs being used or stored after your death for potential use by designated healthcare professionals to practice the techniques involved in fertility treatment.

6.2 **In the event of your death, do you consent to your eggs being used and stored for training purposes?**

Yes No

If you have answered 'yes', indicate how long you consent to storage of your eggs for training purposes after your death:

For 55 years from the date of first storage, or

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

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Your signature

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7 In the event of your mental incapacity

As part of your consent, you also need to decide what you would like to happen to your eggs if you lose the ability to decide for yourself (become mentally incapacitated).

In the event that you lose mental capacity, if you would like your partner to be able to use your eggs in their own treatment or treatment with a surrogate, your partner must be named in section 2 of this form. If a surrogacy arrangement would be required, you will need to receive relevant information, be offered counselling, undergo further screening tests and complete additional consent forms whilst you have capacity. It is therefore vitally important that you and your clinic discuss your wishes in the event of your mental incapacity and the different treatment options in those circumstances. Please ask your clinic if they have not already discussed this with you.

The person named at section 2 of this form will be the only person able to use your stored eggs in treatment if you lose mental capacity. If you do not name a person at section 2 of this form, then no one will be permitted to use your eggs for treatment purposes if you lose mental capacity (unless you subsequently regain capacity).

If your circumstances change after you have completed this form (for example, if you separate from the partner you have named on this form), or if you wish to withdraw your consent, you will need to contact your clinic to complete further forms.

Treatment and storage in the event of your mental incapacity

You can use this form to:

- ▶ **Consent to the continued storage of your eggs without consenting to the use of your eggs in treatment.** Then, in the event that you regain capacity, you may be able to use your eggs in treatment.

OR

- ▶ **Consent to your eggs being stored and used for treatment in the event that you lose mental capacity.** If you have a partner and you would like them to be able to use your eggs in their own treatment or in treatment with a surrogate in the event that you lose mental capacity, your partner **must** be named in section 2 of this form. If you wish to consent for your eggs to be **used** in the event that you lose capacity, you must also consent to continued **storage** of your eggs after your loss of capacity.

The law permits your eggs to be stored for treatment purposes for up to 10 years from the date that a medical practitioner certifies in writing that you lack capacity. This storage period cannot be extended.

If you **select on this form** that you do not consent to **either storage or use** of your eggs in the event of your mental incapacity, then:

- ▶ Your eggs will be removed from storage and disposed of when you lose mental capacity.

If you consent **either** to storage **or** to storage and use of your eggs in the event of your mental incapacity:

- ▶ If you **do not** regain mental capacity within 10 years of being certified as lacking capacity:
 - Your clinic will be required to remove all your unused eggs from storage 10 years from the date that a medical practitioner certified in writing that you lack capacity and dispose of them.

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Page declaration

Your signature

Date

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For clinic use only (optional)

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7 In the event of your mental incapacity continued

- ▶ If you **do** regain mental capacity within 10 years of being certified as lacking capacity:
 - **You may be able to use** your eggs in treatment.
 - **You may be able to renew** your consent to storage of your eggs for your treatment. You will need to notify your clinic as soon as possible if you are certified as having regained mental capacity and wish to renew your consent to storage of your unused eggs.
 - If you **do not** notify your clinic, then it will be required to remove all your unused eggs from storage 10 years from the date that a medical practitioner certified in writing that you lack capacity and dispose of them.

Use of your eggs for training purposes in the event of your mental incapacity

You can also consent to your eggs being used and stored after your loss of capacity for potential use by designated healthcare professionals to practice the techniques involved in fertility treatment. **To do this, you will need to speak to your clinic who will be able to provide you with more information.** If you do not consent to your eggs being used in training, if they can no longer be lawfully stored they will be removed from storage and disposed of.

7.1 **Please tick the box next to the appropriate statement below to confirm your choice.**

Select **one** of either **A, B or C.**

A. In the event that I lose mental capacity, I consent to my eggs being stored for possible use in future treatment, but not used by another person whilst I have lost capacity.

Please indicate how long you consent to storage of your eggs after you lose capacity:

For 10 years from the date of being certified as lacking capacity, or

For a shorter period - specify the number of years (not exceeding 10 years from the date loss of capacity was certified):

B. In the event that I lose mental capacity, I consent to my eggs being stored and used in my named partner's treatment (eg, artificial insemination) without the creation of embryos outside the body whilst I have lost capacity.

Only select option B if you have a partner named at section 2 of this form.

If treatment would involve a surrogate, then additional consent forms and screening tests must have been completed before you lose capacity to allow treatment to take place.

Please indicate how long you consent to storage of your eggs after you lose capacity:

For 10 years from the date of being certified as lacking capacity, or

For a shorter period - specify the number of years (not exceeding 10 years from the date loss of capacity was certified):

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Your signature

Date

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In the event of your mental incapacity continued

C. In the event that I lose mental capacity, my eggs should no longer be stored for my (or my partner's) treatment.

Other uses for your eggs if you die or become mentally incapacitated

If you wish your eggs to be used in the treatment of your partner or in the treatment of someone else (including your partner's treatment with a surrogate) if you die or become mentally incapacitated, please speak to your clinic for more information.

Depending on your circumstances, you will need to undergo additional screening, receive relevant information, be offered counselling and complete one or more of the following consent forms:

- ▶ 'Your consent to your eggs and embryos created using your eggs being used in treatment (IVF and ICSI) or stored' (WT form)
- ▶ 'Your consent to providing eggs or embryos created with your eggs for your partner's treatment' (WPT form)
- ▶ 'Your consent to donating your eggs' (WD form)
- ▶ 'Your consent to the use and storage of eggs or embryos for surrogacy' (WSG form)
- ▶ 'Your consent to donating embryos' (ED form)

Page declaration

Your signature

Date

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For clinic use only (optional)

Patient 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 my eggs have been used in treatment or training, or my eggs have been disposed of.
 - I understand that before the end of the consent period that I have indicated at section 5 above, I will be contacted by my clinic regarding additional consent to storage or renewal of my consent to storage, if applicable
 - I understand that if I do not request an additional period of storage or renew my consent, my consent will be taken as withdrawn and my eggs will be removed from storage and disposed of.
- ▶ I understand that I must notify my clinic if my contact details change or personal circumstances 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

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Witness' name

Witness' signature

Date

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