



# How to use HFEA consent forms and statutory notices – for clinic staff

## Version 7 – Revised 14 August 2024

The consent forms are colour-coded in this document as follows: the **male or sperm provider forms are red**, the **female or egg provider forms are green**, the forms **that may be completed by male, female or patients of any gender are purple**, the **surrogacy forms are pink**, and the **renewal of consent forms and statutory notices are orange**.

There are three tables in this document:

- **Table 1** lists our consent forms and outlines who should complete them.
- **Table 2** outlines several treatment scenarios and which consent forms should be completed in each case.
- **Table 3** outlines several scenarios involving renewal of consent and the use of statutory notices and illustrates the statutory notices that should be sent and consent forms that should be completed in each case.
- These are for illustrative purposes only; it does not cover all treatment scenarios. You should consider each patient's individual circumstances before deciding which consent forms should be completed or which statutory notices should be sent.

'Consent Forms: A Guide for Clinic Staff' should be used in conjunction with this guidance.

**Table 1: HFEA consent forms and who should complete them**

Form type	Name of form	Abbreviation	Who should complete the form?
<b>Treatment and storage</b>	Your consent to your eggs and embryos created using your eggs being used in treatment (IVF and ICSI) or stored	WT <sup>†</sup>	Patients who are having fertility treatment using embryos created in vitro with their own eggs.
	Your consent to your sperm and embryos created outside the body using your sperm being used in treatment (IVF and ICSI) or stored	MT <sup>†</sup>	People whose partner is having fertility treatment using embryos created in vitro with their sperm.
	Your consent to the use of your sperm in artificial insemination	MGI <sup>†</sup>	People whose partner is having artificial insemination. This may be IUI or GIFT using their sperm and includes options to consent to storage of their sperm.
	Your consent to the use of your eggs in GIFT	WGI <sup>†</sup>	People having GIFT using their own eggs and includes options to consent to storage of their eggs.
	Your consent to providing eggs or embryos created with your eggs for your partner's treatment	WPT <sup>†</sup>	People who are providing their eggs or embryos previously created with their eggs for use in their partner's treatment.
	Your consent to the storage of your eggs or sperm	GS <sup>†</sup>	People who want to store their eggs or sperm and do not have a named partner with whom they may wish to have future treatment. People with a named partner whom they wish to be able to have treatment with using their stored eggs or sperm should complete the relevant treatment form.
	Your consent to the storage and use of your eggs, sperm or embryos for training purposes in the event of your mental incapacity	MIT	Patients who are storing eggs, sperm or embryos and wish to consent to their material being stored and used for training were they to lose mental capacity.
Your consent to the creation of embryos (IVF and ICSI) with your deceased partner's eggs or sperm that fall under the 2024 Regulations or to storage of those embryos for up to 55 years	ET(PH) <sup>†</sup>	Patients who are creating embryos in vitro with their own eggs or sperm and the eggs or sperm of their deceased partner where the criteria in <a href="#">the Health and Care Act 2022 (Storage of Gametes and Embryos) (Transitional Provision) Regulations 2024 ('the 2024 Regulations')</a> are met. This small cohort of patients can use this form to store their embryos for more than 10 years without renewing consent. See ' <a href="#">Consent Forms: A Guide for Clinic Staff</a> '.	
<b>Renewal of consent to storage</b>	Renewal of consent to storage of your embryos for treatment	RE <sup>†</sup>	Patients who wish to renew consent to the storage of their embryos (before the end of the Renewal Period). These forms are used during the renewal process.

<sup>1</sup> Only one intended parent will be the legal parent when the child is born, together with the surrogate (provided she is not married to or in a civil partnership with someone else) and will acquire parental responsibility when registered on the birth certificate. The commissioning couple, if applicable, will need to decide who will be nominated as the second legal parent when the child is born and who will consequently fill in the SPP form. If the intended parent who has provided sperm wishes to be the second legal parent, neither they nor the surrogate needs to consent to this as they will automatically be recognised as the legal father under common law (as long as the surrogate is not married to or in a civil partnership with someone else). If the couple decide that an intended parent who either did not provide gametes or who provided eggs for the treatment wishes to be nominated as the second legal parent, both that intended parent and the surrogate will need to consent to this.

<sup>†</sup> In addition to its primary purpose, this form also allows the patient or donor to consent for their eggs, sperm or embryos to be stored and used for training purposes.

<sup>▲</sup> The fact that your patient has completed this form may not necessarily mean that their estranged spouse/civil partner will not be the second legal parent. If a dispute arose, the patient could use this form to help demonstrate their spouse/civil partner's lack of consent at the time of the treatment. If your patient is completing this form, you should strongly advise them to seek legal advice about parenthood before undergoing treatment.

<sup>Ⓓ</sup> To be completed by the gamete donor.

<sup>Ⓔ</sup> To be completed by the surrogate.

<sup>†</sup> This notice contains an annex which must be used where the Consent Period ended during the Transitional Period (1 July 2022 – 30 June 2024) and consent was not renewed.

	Renewal of consent to storage of your eggs or sperm for treatment	RG <sup>†</sup>	Patients who wish to renew consent to the storage of their eggs or sperm (before the end of the Renewal Period). These forms are used during the renewal process.
<b>Donation</b>	Your consent to donating your sperm	MD <sup>†</sup>	People donating sperm for the treatment of others, including for use in a surrogacy arrangement where the sperm donor is not the intended parent.
	Your consent to donating your eggs	WD <sup>†</sup>	People donating eggs for the treatment of others, including for those in a surrogacy arrangement where the egg donor is neither the surrogate nor the intended parent.
	Your consent to donating embryos	ED	People who are donating embryos for the treatment of others. People who may wish to donate their embryos for use in training purposes should complete a WCS form.
<b>Surrogacy</b>	Your consent to the use and storage of sperm or embryos for surrogacy	MSG <sup>†</sup>	People commissioning a surrogacy arrangement who are providing sperm or embryos (created in vitro with their sperm) to a surrogate.
	Your consent to the use and storage of eggs or embryos for surrogacy	WSG <sup>†</sup>	People commissioning a surrogacy arrangement who are providing their eggs or embryos (created in vitro with their eggs) to the surrogate. It is also for people who wish to consent to the posthumous use of their eggs or embryos created with their eggs in a surrogacy arrangement.
	Your consent to being the legal parent in surrogacy	SPP	<p>People commissioning a surrogacy arrangement who wish to be nominated as the other legal parent of the child, together with their surrogate. Legal parenthood conditions cannot be satisfied by completing the SPP form without naming a specific surrogate.</p> <p>Only one intended parent will be the legal parent when the child is born, together with the surrogate (provided she is not married to or in a civil partnership with someone else), and will acquire parental responsibility when registered on the birth certificate. The commissioning couple, if applicable, will need to decide who will be nominated as the second legal parent when the child is born and who will consequently fill in the SPP form. If the intended parent who has provided sperm wishes to be the second legal parent, neither they nor the surrogate needs to consent to this as they will automatically be recognised as the second legal parent under common law (as long as the surrogate is not married or in a civil partnership to someone else). If the couple decide that an intended parent who either did not provide gametes or who provided eggs for the treatment wishes to be nominated as the second legal parent, both that intended parent and the surrogate will need to consent to this.</p>
	Your consent (as a surrogate) nominating an intended parent to be the legal parent	SWP	Surrogates who wish to nominate one of the intended parents commissioning the surrogacy arrangement (other than the biological father) to be the legal parent of any child born as a result of treatment. The surrogate should not be married or in a civil partnership (unless their spouse or civil partner does not consent to their treatment).
<b>Disclosure of information</b>	Your consent to disclosing identifying information (full version, part one – general purposes, and part two – research purposes)	CD	Patients (and their partners, if relevant) receiving fertility treatment, egg, sperm and embryo donors, and patients who are storing their eggs, sperm or embryos for their treatment or their partner's future treatment.

<sup>1</sup> Only one intended parent will be the legal parent when the child is born, together with the surrogate (provided she is not married to or in a civil partnership with someone else) and will acquire parental responsibility when registered on the birth certificate. The commissioning couple, if applicable, will need to decide who will be nominated as the second legal parent when the child is born and who will consequently fill in the SPP form. If the intended parent who has provided sperm wishes to be the second legal parent, neither they nor the surrogate needs to consent to this as they will automatically be recognised as the legal father under common law (as long as the surrogate is not married to or in a civil partnership with someone else). If the couple decide that an intended parent who either did not provide gametes or who provided eggs for the treatment wishes to be nominated as the second legal parent, both that intended parent and the surrogate will need to consent to this.

<sup>†</sup> In addition to its primary purpose, this form also allows the patient or donor to consent for their eggs, sperm or embryos to be stored and used for training purposes.

<sup>▲</sup> The fact that your patient has completed this form may not necessarily mean that their estranged spouse/civil partner will not be the second legal parent. If a dispute arose, the patient could use this form to help demonstrate their spouse/civil partner's lack of consent at the time of the treatment. If your patient is completing this form, you should strongly advise them to seek legal advice about parenthood before undergoing treatment.

<sup>Ⓓ</sup> To be completed by the gamete donor.

<sup>Ⓔ</sup> To be completed by the surrogate.

<sup>‡</sup> This notice contains an annex which must be used where the Consent Period ended during the Transitional Period (1 July 2022 – 30 June 2024) and consent was not renewed.

<b>Parenthood</b>	Your consent to your partner being the legal parent	WP	People receiving treatment using donor sperm, or embryos created in vitro with donor sperm, who want their partner to become the legal parent of any child born as a result of treatment. They should not be married to, or in a civil partnership with, their partner.
	Your consent to being the legal parent	PP	People whose partner is receiving treatment using donor sperm, or embryos created in vitro using donor sperm, and they wish to be the legal parent of any child born from their partner's treatment.
	Your consent to being registered as the legal parent in the event of your death	PBR	The husband, wife or civil partner of a person receiving treatment using embryos created using donor sperm and either their own or donor eggs. They should complete the form if they wish to be registered as the legal parent of any child born if they die before embryos (that were created before their death) are transferred to their partner.
<b>Withdrawal of consent</b>	Withdrawing your consent to the storage of your own eggs, sperm and embryos	WCS <sup>†</sup>	<p>People withdrawing consent to the storage of their own gametes or embryos created with their gametes. They should complete the form if they are withdrawing consent to storage for their own use, for use in someone else's treatment (including donation or as part of a surrogacy arrangement), or for use in training or research. They can withdraw consent and either agree that their gametes or embryos will be disposed of or consent for them to be used in training.</p> <p>If the person wishes to withdraw consent to use for a particular purpose but wish their eggs, sperm or embryos to remain in storage they must complete a WCU.</p>
	Withdrawing your consent to use of your eggs, sperm or embryos in someone else's treatment	WCU	People withdrawing consent to the use of their gametes or embryos created with their gametes in treatment with a previously named partner or someone else (donation or surrogacy) and they wish that their eggs, sperm or embryos continue to remain in storage.
	Withdrawing your consent to legal parenthood	WCP	People withdrawing consent to being the legal parent of any child born as a result of treatment, either in their own or their partner's treatment or as part of a surrogacy arrangement. Your patient can only complete this form if donor sperm or embryos are being used, and the couple are not married or in a civil partnership. Consent can be withdrawn at any time until the point of embryo transfer or insemination. If used as part of a surrogacy arrangement, your patient can complete this form to withdraw consent to being the nominated parent of any child born or to the intended parent being a legal parent.
	Stating your spouse or civil partner's lack of consent	LC	<p>People having fertility treatment with donor sperm or embryos who do not want their spouse or civil partner to be the legal parent of any child born from their treatment because they do not consent to their treatment (a lack of consent).</p> <p>The fact that your patient has completed this form may not necessarily mean that their estranged spouse/civil partner will not be the legal parent. If a dispute arose, the patient could use this form to help demonstrate their spouse/civil partner's lack of consent at the time of their treatment. If your patient is completing this form, you should strongly advise them to seek legal advice about parenthood before undergoing treatment.</p>
<b>Statutory notices</b>	Request to renew consent to storage of eggs or sperm within the Renewal Period	RNG	People storing gametes for use in their own or their partner's treatment (including in treatment with a surrogate). Clinics should send this statutory notice before the start of the Renewal Period (12 months before the end of the Consent Period) to request that patients complete an RG form to renew their consent.

<sup>1</sup> Only one intended parent will be the legal parent when the child is born, together with the surrogate (provided she is not married to or in a civil partnership with someone else) and will acquire parental responsibility when registered on the birth certificate. The commissioning couple, if applicable, will need to decide who will be nominated as the second legal parent when the child is born and who will consequently fill in the SPP form. If the intended parent who has provided sperm wishes to be the second legal parent, neither they nor the surrogate needs to consent to this as they will automatically be recognised as the legal father under common law (as long as the surrogate is not married to or in a civil partnership with someone else). If the couple decide that an intended parent who either did not provide gametes or who provided eggs for the treatment wishes to be nominated as the second legal parent, both that intended parent and the surrogate will need to consent to this.

<sup>†</sup> In addition to its primary purpose, this form also allows the patient or donor to consent for their eggs, sperm or embryos to be stored and used for training purposes.

<sup>▲</sup> The fact that your patient has completed this form may not necessarily mean that their estranged spouse/civil partner will not be the second legal parent. If a dispute arose, the patient could use this form to help demonstrate their spouse/civil partner's lack of consent at the time of the treatment. If your patient is completing this form, you should strongly advise them to seek legal advice about parenthood before undergoing treatment.

<sup>Ⓓ</sup> To be completed by the gamete donor.

<sup>Ⓔ</sup> To be completed by the surrogate.

<sup>†</sup> This notice contains an annex which must be used where the Consent Period ended during the Transitional Period (1 July 2022 – 30 June 2024) and consent was not renewed.

Request to renew consent to storage of embryos within the Renewal Period	RNE	People storing embryos for use in their own or their partner's treatment (including in treatment with a surrogate). Clinics should send this statutory notice before the start of the Renewal Period (12 months before the end of the Consent Period) to request that patients complete an RE form to renew their consent. This should be sent to each person whose gametes were used to bring about the creation of the embryos (excluding donors).
Notification that eggs or sperm will be removed from storage	NDG	People storing gametes for use in their own or their partner's treatment (including in treatment with a surrogate). Clinics should send this statutory notice as soon as possible after the end of the Consent Period if the patient has not renewed or withdrawn consent, to notify them that if they do not renew consent their consent will be taken as withdrawn.
Notification that embryo(s) may be removed from storage	NDE	People storing embryos for use in their own or their partner's treatment (including in treatment with a surrogate). Clinics should send this statutory notice as soon as possible after the end of the Consent Period if the patient has not renewed or withdrawn consent, to notify them that if they do not renew consent their consent will be taken as withdrawn. This should be sent to each person whose gametes were used to bring about the creation of the embryos (excluding donors).
Notification to each person whose eggs or sperm were used to create embryo(s)	NWC <sup>†</sup>	<p>People storing embryos for use in their own or their partner's treatment (including in treatment with a surrogate). Clinics should send this statutory notice after the end of the Renewal Period if the patient(s) have failed to respond to both the RNE and NDE to indicate whether they wish to renew or withdraw consent to the storage of their embryos. This is to notify them that their consent has been withdrawn and their embryos will be removed from storage within the next six months. Consent cannot be renewed in this period and the embryos cannot be used in treatment. This should be sent to each person whose gametes were used to bring about the creation of the embryos (excluding donors).</p> <p>If one gamete provider has actively withdrawn consent centres are not required to send the NWC and instead should follow their current processes for contacting and informing the other gamete provider of the withdrawal of consent to storage of the embryos created with their gametes.</p>

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<sup>†</sup> In addition to its primary purpose, this form also allows the patient or donor to consent for their eggs, sperm or embryos to be stored and used for training purposes.

<sup>▲</sup> The fact that your patient has completed this form may not necessarily mean that their estranged spouse/civil partner will not be the second legal parent. If a dispute arose, the patient could use this form to help demonstrate their spouse/civil partner's lack of consent at the time of the treatment. If your patient is completing this form, you should strongly advise them to seek legal advice about parenthood before undergoing treatment.

<sup>Ⓓ</sup> To be completed by the gamete donor.

<sup>Ⓔ</sup> To be completed by the surrogate.

<sup>†</sup> This notice contains an annex which must be used where the Consent Period ended during the Transitional Period (1 July 2022 – 30 June 2024) and consent was not renewed.

**Table 2: Treatment scenarios**

Scenario	Treatment and storage						Donation			Surrogacy				Disclosure	Legal parenthood			Withdrawal					
	WT	WPT	MT	MGI	WGI	GS	MIT	ET(PH)	MD	WD	ED	MSG	WSG	SPP	SWP	CD	WP	PP	PBR	WCS	WCU	WCP	LC
1. Married/civil partnered couple seeking IVF/ICSI treatment using their own gametes.	✓		✓												✓								
2. Married/civil partnered couple seeking IVF/ICSI treatment using own eggs and donor sperm, person providing eggs will carry the pregnancy.	✓							✓ <sup>D</sup>							✓				✓				
3. Unmarried/civil partnered couple seeking IVF/ICSI treatment using own eggs and donor sperm, person providing eggs will carry the pregnancy.	✓							✓ <sup>D</sup>							✓	✓	✓						
4. Unmarried/not in a civil partnership female same sex couple seeking IVF/ICSI treatment using own eggs and donor sperm where the female partner wishes to be the legal parent.	✓							✓ <sup>D</sup>							✓	✓	✓						
5. Married/civil partnered female same sex couple seeking IVF/ICSI treatment using own eggs and donor sperm.	✓							✓ <sup>D</sup>							✓				✓				
6. Married/civil partnered female same sex couple seeking IVF/ICSI treatment using donor sperm. The person providing the eggs wishes for their partner to carry the pregnancy.		✓						✓ <sup>D</sup>							✓				✓				
7. Person storing sperm before undergoing chemotherapy. They only wish to store sperm, not to consent to treatment. They have no partner.						✓									✓								
8. Couple commissioning a surrogacy arrangement using their own gametes. The person who is												✓	✓	✓	✓ <sup>S</sup>	✓							

<sup>1</sup> Only one intended parent will be the legal parent when the child is born, together with the surrogate (provided she is not married to or in a civil partnership with someone else) and will acquire parental responsibility when registered on the birth certificate. The commissioning couple, if applicable, will need to decide who will be nominated as the second legal parent when the child is born and who will consequently fill in the SPP form. If the intended parent who has provided sperm wishes to be the second legal parent, neither they nor the surrogate needs to consent to this as they will automatically be recognised as the legal father under common law (as long as the surrogate is not married to or in a civil partnership with someone else). If the couple decide that an intended parent who either did not provide gametes or who provided eggs for the treatment wishes to be nominated as the second legal parent, both that intended parent and the surrogate will need to consent to this.

<sup>†</sup> In addition to its primary purpose, this form also allows the patient or donor to consent for their eggs, sperm or embryos to be stored and used for training purposes.

<sup>▲</sup> The fact that your patient has completed this form may not necessarily mean that their estranged spouse/civil partner will not be the second legal parent. If a dispute arose, the patient could use this form to help demonstrate their spouse/civil partner's lack of consent at the time of the treatment. If your patient is completing this form, you should strongly advise them to seek legal advice about parenthood before undergoing treatment.

<sup>D</sup> To be completed by the gamete donor.

<sup>S</sup> To be completed by the surrogate.

<sup>T</sup> This notice contains an annex which must be used where the Consent Period ended during the Transitional Period (1 July 2022 – 30 June 2024) and consent was not renewed.

Scenario	Treatment and storage						Donation				Surrogacy				Disclosure	Legal parenthood			Withdrawal				
	WT	WPT	MT	MGI	WGI	GS	MIT	ET(PH)	MD	WD	ED	MSG	WSG	SPP	SWP	CD	WP	PP	PBR	WCS	WCU	WCP	LC
commissioning the arrangement and is providing their eggs wants to be the second legal parent of the child when born. The surrogate is single.																							
9. Couple have embryos in storage for use in their own treatment. One or both of the couple wish to withdraw consent to their use and storage. They may wish to donate for use in training.																							✓
10. Person donating sperm for the treatment of others in IVF.									✓ <sup>D</sup>							✓							
11. Person undergoing IVF using their own eggs as a single patient, and who wishes for their eggs and embryos (created using donor sperm) to be used in training if they were to lose mental capacity.	✓						✓		✓ <sup>D</sup>							✓							
12. Married/civil partnered couple seeking GIFT treatment using their own gametes.				✓	✓											✓							
13. A person commissioning a surrogacy arrangement withdrawing consent to the use of their sperm. They wish to continue to store their sperm.																							✓
14. A person who is separated (but not yet divorced) from their spouse/civil partner and seeking IVF treatment with their own eggs and sperm from their new partner. The spouse/civil partner is uncontactable and the patient wishes to demonstrate their spouse/civil partner's lack of consent to the treatment. <sup>▲</sup>	✓		✓													✓							✓
15. A married/civil partnered couple commissions a surrogacy arrangement. The embryo is created									✓ <sup>D</sup>			✓		✓ <sup>i</sup>	✓ <sup>s</sup>								

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<sup>†</sup> In addition to its primary purpose, this form also allows the patient or donor to consent for their eggs, sperm or embryos to be stored and used for training purposes.

<sup>▲</sup> The fact that your patient has completed this form may not necessarily mean that their estranged spouse/civil partner will not be the second legal parent. If a dispute arose, the patient could use this form to help demonstrate their spouse/civil partner's lack of consent at the time of the treatment. If your patient is completing this form, you should strongly advise them to seek legal advice about parenthood before undergoing treatment.

<sup>D</sup> To be completed by the gamete donor.

<sup>S</sup> To be completed by the surrogate.

<sup>T</sup> This notice contains an annex which must be used where the Consent Period ended during the Transitional Period (1 July 2022 – 30 June 2024) and consent was not renewed.

Scenario	Treatment and storage						Donation				Surrogacy				Disclosure	Legal parenthood			Withdrawal				
	WT	WPT	MT	MGI	WGI	GS	MIT	ET(PH)	MD	WD	ED	MSG	WSG	SPP	SWP	CD	WP	PP	PBR	WCS	WCU	WCP	LC
using a donor egg and sperm provided by the one of those commissioning the surrogacy arrangement. The surrogate is single.																							
16. A patient has embryos created with their own eggs and donor sperm in storage. They would like to withdraw consent to storage of the embryos for their own use and consent for them to be used in training.																							✓
17. A patient is storing sperm for use in their own treatment. They have a named partner who they wish to have treatment with in the future.			✓	✓																			
18. A patient wishes to create embryos with the stored gametes of their deceased partner who died before 1 July 2022. The partner’s gametes meet the specific criteria in the 2024 Regulations (see ‘Consent Forms: A Guide for Clinic Staff’ for more information) and so the embryos can be stored for more than 10 years without the need for the patient to renew consent.  The patient also wishes to store some of their gametes for use in treatment at a later date.						✓		✓							✓								

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<sup>†</sup> In addition to its primary purpose, this form also allows the patient or donor to consent for their eggs, sperm or embryos to be stored and used for training purposes.

<sup>▲</sup> The fact that your patient has completed this form may not necessarily mean that their estranged spouse/civil partner will not be the second legal parent. If a dispute arose, the patient could use this form to help demonstrate their spouse/civil partner’s lack of consent at the time of the treatment. If your patient is completing this form, you should strongly advise them to seek legal advice about parenthood before undergoing treatment.

<sup>Ⓓ</sup> To be completed by the gamete donor.

<sup>Ⓔ</sup> To be completed by the surrogate.

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**Table 3: Statutory notices and renewal scenarios**

Scenario	Renewal of consent					
	RNG	RNE	NDG	NDE	NWC <sup>†</sup>	RE
1. A couple have embryos created with their own gametes in storage for use in their treatment. Before the start of the Renewal Period, the clinic needs to contact them to request they renew their consent. They may wish to renew or withdraw their consent.		✓				✓
2. A patient is storing their gametes for use in their own treatment. Before the start of the Renewal Period, the clinic needs to contact them to request they renew their consent. They may wish to renew or withdraw their consent.	✓					✓
3. A couple have embryos created with donor eggs and partner sperm in storage. Before the start of the Renewal Period, the clinic needs to contact the sperm provider to request they renew their consent. They may wish to renew or withdraw their consent.		✓				✓
4. A patient is storing their gametes for use in their own treatment. They have reached the end of their Consent Period and have not renewed or withdrawn their consent. They may wish to renew or withdraw their consent.			✓			✓
5. A couple have embryos created with their own gametes in storage for use in their treatment. They have reached the end of their Consent Period and have not renewed or withdrawn their consent. They may wish to renew or withdraw their consent.				✓		✓
6. A couple have embryos created with their own gametes in storage for use in their treatment. They have reached the end of their Renewal Period and have not renewed or withdrawn their consent.					✓	

<sup>1</sup> Only one intended parent will be the legal parent when the child is born, together with the surrogate (provided she is not married to or in a civil partnership with someone else) and will acquire parental responsibility when registered on the birth certificate. The commissioning couple, if applicable, will need to decide who will be nominated as the second legal parent when the child is born and who will consequently fill in the SPP form. If the intended parent who has provided sperm wishes to be the second legal parent, neither they nor the surrogate needs to consent to this as they will automatically be recognised as the legal father under common law (as long as the surrogate is not married to or in a civil partnership with someone else). If the couple decide that an intended parent who either did not provide gametes or who provided eggs for the treatment wishes to be nominated as the second legal parent, both that intended parent and the surrogate will need to consent to this.

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