

Medical practitioner's statement

As required by the 2024 Regulations



About this statement

This statement should be completed by a medical practitioner to certify that the patient named in section 1 either was prematurely infertile before their death **or** if they are alive is prematurely infertile or likely to become so. This form should only be used where, immediately before 1 July 2022, gametes or embryos of a deceased person were:

- In storage under the Human Fertilisation and Embryology (Statutory Storage Period for Embryos and Gametes) Regulations 2009,
- In storage under consent that was still in place (ie, any period to which the patient had consented had not expired, even if, for example, there was not a valid MPS in place); **and**
- Being stored for the patient's own treatment together with their partner (ie, not donation).

The patient named in section 1 may **either** be the deceased gamete provider **or** their surviving partner.

1 Medical practitioner's statement

I certify that the person named below was, is, or is likely to become prematurely infertile. Explain the reasons for this

Name of patient

2 Medical practitioner's details

Your full name

Your position

Your work address

 Postcode

Other contact details

3 Medical practitioner's signature

Medical practitioner's signature

Date

For clinic use only

Patient number