

# Your consent to your eggs, sperm and embryos being stored and used for training purposes in the event of mental incapacity

## 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](http://www.hfea.gov.uk).

In this form, the terms '**your embryos**' or '**embryos**' means embryos which have been created outside the body using your eggs or sperm.

When an embryo is created outside the body using your eggs or sperm, then the other person whose eggs or sperm were used to create the embryo (your partner or egg or sperm donor) must also give consent to the use and storage of the embryo.

### Who should fill in this form?

On this form, you can consent to your eggs, sperm and/or embryos being used and stored for potential use by designated healthcare professionals to practice the techniques involved in fertility treatment if you were to lose the ability to decide for yourself (become mentally incapacitated).

Before completing this form, you **must** already have completed another form specifying whether you wish for your eggs, sperm or embryos to be used in treatment or stored in the event of your mental incapacity, and how long your eggs, sperm or embryos should be stored for that purpose. **If you aren't sure whether you have completed this other form or need further information about treatment options in the event of your mental incapacity, 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, sperm or embryos to be stored and used for training purposes.

If you are storing your eggs, sperm or embryos, you must state in writing how long you consent to them being stored.

## 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
  - 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 use and storage.

Your clinic should discuss with you what you have already consented to on another form relating to the storage and use in treatment for your eggs, sperm and embryos in the event you lose capacity, and they should ensure that you understand how this relates to the consent given on this form.

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.**

**The decision to consent to your eggs, sperm or embryos being used for training purposes will not affect your treatment in any way.**

### What other uses are there for my eggs, sperm or embryos?

Your other options if you do not wish for your eggs, sperm or embryos to be stored and/or used for you or your partner's treatment or for training in the event of your mental incapacity include giving your consent to:

- ▶ the donation of eggs, sperm or embryos 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 eggs, sperm or embryos being used for research purposes, with the aim of helping to increase knowledge

## For clinic use only (optional)

HFEA centre reference





Patient number

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 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.**

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**For clinic use only (optional)**

**HFEA centre reference**

**Patient number**

# 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)

D	D	M	M	Y	Y												
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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)

D	D	M	M	Y	Y												
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Before you complete this form you **must** have already recorded whether you consent to your eggs, sperm or embryos being stored and/or used for treatment purposes in the event you lose mental capacity. You will have done so on another form. Your eggs, sperm and embryos will only be stored and used for training purposes provided that your consent to training given on this form **does not conflict** with the consent to storage and/or use for treatment purposes you have already given.

You should only complete the section(s) of this form that are relevant to you and the consent you have already given. **If you are not sure what you have already consented to or what section(s) you should complete your clinic should provide you with this information.**

**Eggs and sperm** can be stored for training purposes for up to 55 years from the date they were first placed in storage.

**Embryos** can be stored for training purposes for 10 years from the date you sign this form. You should be aware that embryos can only be used or stored for training purposes if the other egg or sperm provider (your partner or egg or sperm donor) has also given consent.

It is not possible to consent to eggs, sperm or embryos being used for training purposes without also consenting to them being stored for training purposes.

# Page declaration

Your signature Date

<input type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px; text-align: center;">D</td><td style="width: 25px; height: 25px; text-align: center;">D</td><td style="width: 25px; height: 25px; text-align: center;">M</td><td style="width: 25px; height: 25px; text-align: center;">M</td><td style="width: 25px; height: 25px; text-align: center;">Y</td><td style="width: 25px; height: 25px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		

### 3 Storage and use for training when you lose capacity

Complete this section only if you have not consented to the continued storage of your eggs, sperm or embryos for treatment purposes in the event that you lose mental capacity.

	Eggs or sperm	Embryos	Storage period for eggs or sperm (up to a maximum of 55 years)	Storage period for embryos (up to a maximum of 10 years)
3.1 If you lose capacity, do you consent to your eggs, sperm or embryos being stored and used for training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

### 4 Storage and use for training when you lose capacity and eggs, sperm or embryos can no longer be lawfully stored

Complete this section only if you have consented to your eggs, sperm or embryos being stored (including both stored and used) for treatment purposes in the event that you lose mental capacity.

	Eggs or sperm	Embryos	Storage period for eggs or sperm (up to a maximum of 55 years)	Storage period for embryos (up to a maximum of 10 years)
4.1 Do you consent to your eggs, sperm or embryos being stored and used for training purposes if you lose capacity and your effective consent to storage for treatment has expired or it has been 10 years since you lost capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4.2 Do you consent to your <b>embryos</b> being stored and used for training purposes if you lose capacity and the other egg or sperm provider (your partner or egg or sperm donor) has withdrawn consent to storage?	X	<input type="checkbox"/> Yes <input type="checkbox"/> No	X	<input type="text"/>

### Page declaration

Your signature

Date

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For clinic use only (optional)

Patient number

**5 Storage and use for training when you lose capacity and your partner cannot use eggs, sperm or embryos in treatment because they are not clinically viable for treatment.**

Complete this section only if you have consented to your eggs, sperm or embryos being stored and used in treatment (by your named partner) in the event that you lose mental capacity.

5.1

	Eggs or sperm	Embryos	Storage period for eggs or sperm (up to a maximum of 55 years)	Storage period for embryos (up to a maximum of 10 years)
Do you consent to your eggs, sperm or embryos being stored and used for training purposes if you lose capacity and there is material that is not clinically viable for treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

**Page declaration**

Your signature

Date







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 or sperm for the purposes I have indicated above at any point until the time that my eggs or sperm have been used for training, or my eggs or sperm have been disposed of.
  - I understand that I can make changes to, or withdraw, my consent to the use and storage of my embryos for the purposes I have indicated above at any point before use of embryos in training, or my embryos have been disposed of.
- ▶ 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

D	D	M	M	Y	Y
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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

D	D	M	M	Y	Y
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Witness' name

Witness' signature

Date

D	D	M	M	Y	Y
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