

# Withdrawing your consent to use of your eggs, sperm or embryos in someone else's treatment

## 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).

### Who should fill in this form?

Fill in this form if you wish to **withdraw your consent** to:

- ▶ the use of your eggs, sperm or embryos created with your eggs or sperm in the treatment of a previously named partner or someone else (donation or surrogacy).

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

This form allows you to continue to store your eggs, sperm or embryos for your own use. If you do not wish to store your eggs, sperm and embryos for your own treatment, **please do not complete this form**.

Different forms can be used to **withdraw** your consent:

- ▶ to storage of your eggs, sperm or embryos.
- ▶ to being a legal parent, or your partner being a legal parent.

Your clinic can provide the appropriate form(s) to complete.

### 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 withdrawing your consent, and
  - when you can withdraw consent.
- ▶ And a suitable opportunity to have proper counselling.

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.**

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?

If you want to withdraw your consent to anything you previously consented to, by law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to do this in writing.

### When can I withdraw my consent?

If your consent relates to the use of sperm, eggs or embryos for the treatment of a previously named partner or someone else (donation or surrogacy) then it can be varied or withdrawn using this form at any time until the point of sperm, egg or embryo transfer.

**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





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)

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# 2 About your partner

Only complete this section if you are withdrawing consent in relation to treatment with a past or current partner.

2.1 **Your partner's first name(s)**

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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# 3 About your named surrogate (if applicable)

Only complete this section if you are withdrawing consent in relation to treatment with a named surrogate.

3.1 **Your surrogate's first name(s)**

3.2 **Your surrogate's surname**

3.3 **Your surrogate's date of birth** 3.4 **Your surrogate's NHS/CHI/HCN/passport number** (please select)

D	D	M	M	Y	Y												
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# Page declaration

<b>Your signature</b> <input type="text"/>	<b>Date</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		

## 4 Your withdrawal of consent

Complete this form if you no longer wish for your eggs, sperm or embryos to be used for the treatment of a previously named partner or someone else (donation or surrogacy), but you wish for your eggs, sperm or embryos to **remain in storage**.

If you **do not wish** to store your eggs, sperm or embryos for your own treatment, then you will need to complete another form.

If you are withdrawing consent to the use of your eggs, sperm or embryos in someone else's treatment and you want to use your eggs, sperm or embryos in your own treatment, you should discuss this with your clinic to ensure that the correct consents are in place.

If you withdraw your consent to the use of embryos, and the embryos were to be used for your partner's or someone else's treatment, they will be notified, if appropriate, of your withdrawal of consent.

**Please tick the box next to the statement(s) below to confirm your choice (please select all that apply):**

### 4.1 Withdrawal of consent to use

**A** I am **withdrawing** my consent to the use of my **eggs, sperm or embryos** (tick all that apply) in my **named partner's treatment (named in section 2)**.

Eggs or Sperm

Embryos

**B** I am **withdrawing** my consent to the use of my **eggs, sperm or embryos** (tick all that apply) in **someone else's treatment** (donation).

Eggs or Sperm

Embryos

**C** I am **withdrawing** my consent to the use of my **eggs, sperm or embryos** (tick all that apply) for **surrogacy**.

Eggs or Sperm

Embryos

**D** I am **withdrawing** my consent to the use of my **eggs, sperm or embryos** (tick all that apply) with a **named surrogate (named in section 3)**.

Eggs or Sperm

Embryos

## Page declaration

Your signature

Date

D	D	M	M	Y	Y
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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.
  - the implications of withdrawing consent have been fully explained to me.
  - I understand that I can make changes to, or withdraw, my consent at any point until the time of egg, sperm, or embryo transfer or until the eggs, sperm or embryos have been disposed of.
- ▶ I declare that the information I have given on this form is correct and complete.
- ▶ I understand that I must notify my clinic if my contact details or personal circumstances change. I understand it is my responsibility to keep contact details up to date.
- ▶ 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 withdrawing consent

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's name

Witness's signature

Date

D	D	M	M	Y	Y
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