

Renewal of consent to storage of your eggs or sperm for treatment

For use in the Transitional Period (1 July 2022 - 30 June 2024) only
(Only to be used as part of the renewal process)

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 have already stored your eggs or sperm for use in your treatment (including with a surrogate, where applicable) or in your partner's treatment. This form should only be used where effective consent to storage expires during the transitional period (1 July 2022 – 30 June 2024).

You can also use this form to:

- ▶ withdraw your consent to storage and your eggs or sperm will be removed from storage and disposed of, or
- ▶ consent to your eggs or sperm being stored and used in training if you no longer want them to be stored for use in treatment.

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 complete this form if you want to renew consent to your eggs or sperm being stored for your, or your partner's, treatment (eg, for IVF or ICSI treatment), including with a surrogate, where applicable.

You have been sent this form because the consent that you have already given is coming to an end and must be renewed for the storage of your eggs or sperm to continue.

You are legally required to record what you would like to happen to your eggs or sperm if you were to die or lose the ability to decide for yourself (become mentally incapacitated). 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 or sperm in their own treatment or in treatment with a surrogate. 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.

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 your surrogate changes), or if you wish to withdraw your consent, you will need to contact your clinic to complete further forms.

If this form is not completed and returned, your eggs or sperm will be disposed of when storage is no longer lawful.

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 what will happen if you do not renew your consent when prompted 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 are the rules on renewal of consent to storage?

The law permits you to store eggs or sperm for use in your or your partner's treatment (including with a surrogate, where applicable) for any period up to a maximum of 55 years from the date that the eggs or sperm are first placed in storage. However, you need to renew your consent every 10 years. Each 10 year period of consent to storage is referred to as a 'consent period'.

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HFEA centre reference

Patient number

If your eggs or sperm were first kept in storage **prior to 1 July 2022**, and the consent period(s) for their storage ends between 1 July 2022 and 1 July 2024, then if you want to continue to store your eggs or sperm for treatment purposes, you **must** renew your consent to storage before **1 July 2024**.

If you do not complete and return this form by 30 June 2024, then by law, your consent to storage of your eggs or sperm for treatment purposes is taken as withdrawn. Your clinic must remove your eggs or sperm from storage on or after 1 July 2024.

What other uses are there for my eggs or sperm if I no longer want treatment?

If you do not wish to continue storing your eggs or sperm for your, or your partner's treatment (including with a surrogate, where applicable), then your options include the following:

- ▶ The donation of unused eggs or sperm 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 or sperm being used for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Your clinic will need to 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.

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)

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)

3 Renewal of consent to storage for your own treatment

You can continue to store eggs or sperm for use in you or your partner's treatment (including with a surrogate, where applicable) provided you give your consent by completing this section. When considering how long to store for, you may want to think about how far in the future you might want or be able to use your stored eggs or sperm for treatment and the potential costs of storing – you should discuss this with your clinic.

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

You can renew 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 or if your circumstances change (e.g., in the event of separation from your named partner or if your surrogate changes). If your clinic is unable to contact you, then your eggs or sperm will be removed from storage and disposed of when they can no longer be lawfully stored.

Please note 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 your eggs or sperm for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

Continues on the next page >>

Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

RG(TP) Page 3 of 12
Version 2, 19 February 2024

3 Renewal of consent to storage for your own treatment continued

If you renew your consent below for a period of less than 10 years, you will be contacted by your clinic regarding an additional period of storage at the appropriate time.

If you renew your consent below for a period of 10 years, then no later than 12 months before your next 10 year consent period comes to an end, if you have not already withdrawn your consent to storage, you will be contacted by your clinic about whether you wish to renew your consent to storage. At that time, you will be offered further counselling, given relevant information and asked to complete another renewal form.

Your consent to storage for the eggs or sperm listed below comes to an end before 1 July 2024. Your clinic must ask you if you would like to renew your consent to storage of your eggs or sperm for treatment purposes. However, the next consent period(s) for your eggs or sperm will start on the day after the date(s) listed in the box below.

Your next consent period for storage of eggs or sperm will begin on the day after the date(s) given in this box.

If you **do not** complete and return this form by **30 June 2024** then your consent to the storage of your eggs or sperm for treatment purposes will be taken as withdrawn from **1 July 2024** and your eggs or sperm will be removed from storage and disposed of.

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

Do you want to renew consent to storage of your eggs or sperm for you or your partner's treatment (including with a surrogate, where applicable)?

Yes No - please complete section 4 below.

If you have answered 'yes', indicate for how long you renew consent to storage of your eggs or sperm:

For a further 10 years from the date(s) given in the box above, or

For a shorter period from the date given in the box above - specify the number of years (not exceeding 10 years):

If you have answered 'yes', you do not need to complete section 4.

Page declaration

Your signature

Date

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For clinic use only (optional)

Patient number

RG(TP) Page 4 of 12
Version 2, 19 February 2024

4 Withdrawing your consent to the storage of your eggs or sperm

If you no longer wish to store your eggs or sperm, they can either be removed from storage and disposed of, or you may wish to consider consenting to your stored eggs or sperm being used for training purposes.

Training allows designated healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

4.1 Please tick the box next to the appropriate statement below to confirm your choice

A I **withdraw** my consent to storage of my **eggs or sperm** for any purpose and agree that my eggs or sperm will be **disposed of**.

OR

B I **withdraw** my consent to storage of my **eggs or sperm** for use in my treatment and I give consent to the use and storage of my eggs or sperm for **training purposes**.

If you selected option B above, please answer question 4.2 below.

4.2 How long do you consent to your eggs or sperm being used and stored for training purposes?

Your eggs or sperm may be kept for up to 55 years from the date they were first placed in storage.

The maximum of 55 years from the date first placed in storage, or

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

Please go straight to the declaration at **section 8**.

5 In the event of your death

As part of your consent, you also need to decide what you would like to happen to your eggs or sperm if you die.

If you have previously given consent to the use of your eggs or sperm after your death to create embryos for your partner's treatment (including with a surrogate, where applicable) in the event of your death, then the consent given on this form will **replace** your previous consent. Please note that the egg or sperm provider (your partner or egg or sperm donor) must also give consent to the creation of embryos.

In the event of your death, if you would like your partner to be able to use your eggs or sperm in their own treatment or in 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 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 or sperm 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 or sperm 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 change surrogate), or if you wish to withdraw your consent, you will need to contact your clinic to complete further forms.

Continues on the next page >>

Page declaration

Your signature

Date

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For clinic use only (optional)

Patient number

RG(TP) Page 5 of 12
Version 2, 19 February 2024

5 In the event of your death continued

Treatment in the event of your death (including surrogacy, where applicable)

If you consent to your eggs or sperm being used **for treatment** after your death, the law permits your eggs or sperm 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 or sperm continuing after death. This storage period cannot be extended.

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

If your named partner uses your eggs or sperm to create embryos after your death, within this 10 year period, then 10 years and 6 months after the date that you died your clinic will be required to remove all your embryos from storage and dispose of them.

Your embryos can only be used and stored during this 10 year period if there is also effective consent for use and storage from the egg or sperm provider (your partner or egg or sperm donor).

5.1 **In the event of your death do you consent to your eggs or sperm being used in your partner's treatment? Please select all that apply:**

A without the creation of embryos outside the body (e.g artificial insemination)?

Yes No

B to create embryos outside the body and those embryos being stored and used for your partner's treatment (including with a surrogate, where applicable)?

Yes No

Please note that the egg or sperm provider (your partner or egg or sperm donor) also has to give consent for embryos to be created.

If treatment would involve a surrogate, then additional consent forms and additional screening must be completed to allow treatment to take place.

If you have answered 'yes' to either question above, indicate how long you consent to storage of your eggs, sperm or embryos after your death:

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 or sperm for training purposes in the event of your death

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

Continues on the next page >>

Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

RG(TP) Page 6 of 12
Version 2, 19 February 2024

5 In the event of your death continued

5.2 In the event of your death, do you consent to your unused eggs or sperm being used and stored for training purposes?

Yes No

If you have answered 'yes', indicate how long you consent to storage of your eggs or sperm 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 the date of first storage):

6 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 or sperm if you lose the ability to decide for yourself (loss of capacity).

If you have previously given consent to **either**:

- ▶ continued storage of your eggs or sperm if the event you lose capacity, **and/or**
- ▶ the use of your eggs or sperm after your loss of capacity for artificial insemination or to create embryos for treatment of a named partner (including with a surrogate, where applicable) if you lose capacity

then the consent given on this form will replace your previous consent. Please note that the egg or sperm provider (your partner or egg or sperm donor) must also give consent to the creation of embryos.

In the event that you lose mental capacity, if you would like your partner to be able to use your eggs or sperm 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 or sperm 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 or sperm 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.

Continues on the next page >>

Page declaration

Your signature

Date

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For clinic use only (optional)

Patient number

RG(TP) Page 7 of 12
Version 2, 19 February 2024

6 In the event of your mental incapacity

Treatment and storage in the event of your mental incapacity

If you consent to your eggs or sperm being stored for treatment purposes in the event that you lose mental capacity, the law permits your eggs or sperm to be stored for 10 years from the date that a medical practitioner certifies in writing that you lack capacity. This storage period cannot be extended.

You can use this form to:

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

OR

- ▶ **Consent to your eggs or sperm 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 or sperm 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 or sperm to be **used** in the event that you lose capacity, you must also consent to continued **storage** of your eggs or sperm after your loss of capacity.

The law permits your eggs or sperm 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 do **not** consent to **either storage or use** of your eggs or sperm in the event of your mental incapacity, then:

- ▶ Your eggs or sperm 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 or sperm 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 or sperm from storage 10 years, or in the case of embryos 10 years and 6 months, from the date that a medical practitioner certified in writing that you lack capacity and dispose of them.
- ▶ If you **do** regain mental capacity within 10 years of being certified as lacking capacity:
 - **You may be able to use** your eggs or sperm in treatment.
 - **You may be able to renew** your consent to storage of your eggs or sperm 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 or sperm.
 - If you **do not** notify your clinic, then it will be required to remove all your unused eggs or sperm from storage 10 years, or in the case of embryos 10 years and 6 months, from the date that a medical practitioner certified in writing that you lack capacity and dispose of them.
 - Your embryos can only be used and stored during this 10 year period if there is also effective consent for use and storage from the egg or sperm provider (your partner or egg or sperm donor).

Continues on the next page »

Page declaration

Your signature

Date

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For clinic use only (optional)

Patient number

RG(TP) Page 8 of 12
Version 2, 19 February 2024

6 In the event of your mental incapacity continued

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

You can also consent to your eggs or sperm 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 or sperm being used in training, if they can no longer be lawfully stored they will be removed from storage and disposed of.

6.1 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 or sperm 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 or sperm 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):

If you have selected 6.1A, you should go to section 7 - 'Registration as legal parent after death', remembering to sign the declaration on every page.

B. In the event that I lose mental capacity, I consent to my eggs or sperm being stored and used in my named partner's treatment whilst I have lost capacity.

Please select all that apply (you must select **one or both** of the options below for your eggs or sperm to be used):

i. Without the creation of embryos outside the body (e.g artificial insemination).

Yes No

ii. To create embryos outside the body and those embryos being stored and used for your partner's treatment (including with a surrogate, where applicable).

Yes No

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.

Continues on the next page >>

Page declaration

Your signature

Date

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For clinic use only (optional)

Patient number

RG(TP) Page 9 of 12
Version 2, 19 February 2024

6 In the event of your mental incapacity continued

Please indicate how long you consent to storage of your eggs or sperm 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):

6.1

If you have answered 'yes' to ii) above, please indicate how long you consent to storage of embryos created from your eggs or sperm after your loss of capacity:

You should be aware that embryos can only be stored and used if the egg or sperm provider (your partner or egg or sperm donor) has also given consent.

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):

If you have selected 6.1B, you should go to section 7 - 'Registration as legal parent after death', remembering to sign the declaration on every page.

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

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

If you wish your eggs or sperm to be used in someone else's treatment 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 donating your eggs' (WD form)
- ▶ 'Your consent to donating your sperm' (MD form)
- ▶ 'Your consent to the use and storage of eggs or embryos for surrogacy' (WSG form)
- ▶ 'Your consent to the use and storage of sperm or embryos for surrogacy' (MSG form)

The egg or sperm provider (your partner or egg or sperm donor) will also need to consent to the donation of embryos or the use of embryos for research purposes.

Only complete section 7 if you are renewing consent to the storage of your sperm. If you are renewing consent to the storage of your eggs, please complete the declaration (section 8).

Page declaration

Your signature

Date

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For clinic use only (optional)

Patient number

RG(TP) Page 10 of 12
Version 2, 19 February 2024

7 Registration as legal parent after death

Complete section 7 if you consented to your sperm, or embryos created outside the body with your sperm, being used in your partner's treatment after your death. If you have given your consent to your sperm or embryos (to be created outside the body with your sperm) being used after your death, you may also wish to consent to being registered as the legal parent of any child that is born as a result of your partner's treatment.

7.1 **If you have provided sperm which is in storage, do you consent to being registered as the legal parent of any child born as a result of your partner's treatment with your sperm or embryos after your death?**

By ticking yes, you consent to the following:

- ▶ I consent to my name, place of birth and occupation being entered on the register of births as the legal parent of any child born from my partner's treatment using my sperm or embryos.

This register is kept under the Births and Deaths Registration Act 1953, or the Births and Deaths Registration (Northern Ireland) Order 1976, or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

- ▶ I also consent to information about my or my partner's treatment being disclosed to my partner and one of the following registrars:
 - the Registrar General for England and Wales
 - the Registrar General for Scotland
 - the Registrar for Northern Ireland.

You should be aware that being recorded in the register of births as the legal parent of a child born from your partner's treatment using your sperm or embryos does not transfer any inheritance or other legal rights to the child.

Yes No

Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

RG(TP) Page 11 of 12
Version 2, 19 February 2024

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 renewing my consent to storage have been fully explained to me.
 - I understand that I can make changes to, or withdraw, my consent to the storage of my eggs or sperm at any point until the time that my eggs or sperm have been used for treatment or the eggs or sperm have been disposed of.
 - I understand that before the end of the consent period that I have indicated at **section 3** 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 or sperm will be removed from storage and disposed of after 1 July 2024.
- ▶ 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 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.

However, if the person is consenting to being registered as the legal parent after death (that is if they ticked yes to question 7.1), they **must** sign the form for themselves.

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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