

# Your consent to the use and storage of eggs or embryos for surrogacy

## 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**' will be used to refer to embryos which have been created outside the body using your eggs.

When an embryo is created outside the body using your eggs with sperm provided from your partner or a sperm donor, then the sperm provider (your partner or the sperm donor) must give consent to the use or storage of the embryos for surrogacy.

### Who should fill in this form?

Fill in this form if you are commissioning a surrogacy arrangement and are providing eggs or embryos (created outside the body with your eggs) to the surrogate.

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 or embryos to be used or stored for use for treatment with a surrogate. If you are storing your eggs or embryos, you must state in writing how long you consent to them remaining in storage.

You are also legally required to record what you would like to happen to your eggs or embryos if you were to die or lose the ability to decide for yourself (become mentally incapacitated). While this is perhaps not something you have considered, 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 embryos 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.

This form will record your consent (where applicable) to:

- ▶ Your eggs being transferred to the surrogate (eg, gamete intra-fallopian transfer, a technique which a small number of clinics use)
- ▶ Use of your eggs to create embryos and for these embryos to be transferred to the surrogate
- ▶ Your embryos being transferred to a surrogate for use in treatment
- ▶ Storage of your eggs and/or embryos for use in treatment with a surrogate
- ▶ Use and storage of your eggs and embryos for training purposes; and
- ▶ Use and storage of your eggs or embryos in the event of your death or mental incapacity.

### 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 entering into a surrogacy arrangement (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.**

**You are strongly advised to seek your own legal advice before entering into a surrogacy arrangement.**

If you are providing eggs or embryos to be transferred to a surrogate and wish to be the nominated legal parent of the resulting child at birth, you also need to fill in the '**Your consent to being the legal parent in surrogacy**' (SPP) form.

## For clinic use only (optional)

HFEA centre reference





Patient number

### What other uses are there for my eggs or embryos during the surrogacy treatment?

You may have eggs or embryos that you do not want to use in treatment with a surrogate (for example, because the eggs or embryos are not needed, or are not suitable, for treatment). On this form, you can consent to your eggs or embryos being used and stored to practice the techniques involved in fertility treatment.

Giving your consent to your eggs or embryos being stored and used for training purposes means that eggs or embryos which are not used, or not suitable for use, in each fresh cycle of treatment with a surrogate can be either used immediately for training or stored for use in training to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

**The decision to consent to your eggs or embryos being used for training purposes will not affect use in treatment with a surrogate in any way.**

### What other uses are there for my eggs or embryos after the surrogacy treatment has finished?

After surrogacy treatment has finished, you may have stored eggs or embryos. If you no longer wish to keep your eggs or embryos for use in treatment with a surrogate, you can withdraw your consent to storage, and they will be disposed of. Your clinic will provide you with a Withdrawal of Consent to Storage (WCS) form for this purpose.

Your other options include giving your consent to:

- ▶ the donation of unused eggs or embryos for use in someone else's treatment other than for surrogacy. Before doing this, there are lots of issues to consider, which your clinic should discuss with you.
- ▶ your unused eggs or embryos being used for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Your clinic can give you more information about this.
- ▶ your stored unused eggs or embryos being used for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

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 consent and information given. 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)

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# 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 the surrogate (if known at the time of consent)

2.1 **The surrogate's first name(s)** Place sticker here

2.2 **The surrogate's surname**

2.3 **The surrogate's date of birth**      2.4 **The surrogate's NHS/CHI/HCN/passport number** (please select)

    

# 3 Your partner's details (if applicable)

3.1 **Your partner's first name(s)** Place sticker here

3.2 **Your partner's surname**

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

    

# Page declaration

**Your signature** **Date**

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## 4 About the surrogacy arrangement

If you are providing eggs:

4.1 **Do you consent to your eggs being transferred to the surrogate (eg, gamete intra-fallopian transfer, a technique which a small number of clinics use)?**

Yes  No

4.2 **Do you consent to your eggs being used to create embryos outside the body (eg, through IVF treatment) and for these embryos to be transferred to the surrogate?**

You should be aware that the sperm provider (your partner or sperm donor) must also give consent for the embryos to be created and used.

Yes  No

If you are providing embryos:

4.3 **Do you consent to your embryos being transferred to the surrogate?**

You should be aware that the sperm provider (your partner or sperm donor) must also give consent for the embryos to be used.

Yes  No

## 5 Storing eggs and embryos

You may wish to store your eggs or embryos so they can be used in treatment with a surrogate in the future. To be stored, eggs or embryos are frozen. 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 stored eggs or embryos and the potential costs of storing – you should discuss this with your clinic.

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

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

You can give 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 change or if your circumstances change (eg, in the event of separation from your named partner or you change surrogate). If your clinic is unable to contact you to obtain your consent, then your eggs or embryos will be removed from storage and disposed of when they can no longer be lawfully stored.**

You should be aware 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 embryos for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

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## Page declaration

Your signature

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## 5 Storing eggs and embryos continued

### Storage for the first time

#### 5.1 Do you consent to your eggs being stored?

Yes  No

If you have answered 'yes', indicate how long you consent to storage:

For 10 years, or

For a shorter period - specify the number of years (not exceeding 10 years):

#### 5.2 Do you consent to your embryos being stored?

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

Yes  No

If you have answered 'yes', indicate how long you consent to storage:

For 10 years, or

For a shorter period - specify the number of years (not exceeding 10 years):

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

**The consent periods above will start from the date that your eggs or embryos are first placed in storage.**

### Additional storage prior to renewal

**Only** complete this section if you have already:

- ▶ Given your initial consent to storage of your eggs or embryos for a period less than 10 years from the date that your eggs or embryos were first placed in storage, or
- ▶ If you have renewed your consent but consented to a storage period of less than 10 years, and now wish to request an additional period of storage for up to another 10 years, before a further renewal is required.

You will be required to formally renew your consent to storage (on a renewal of consent form) no later than every 10 years after your eggs or embryos were first placed in storage. Your clinic will contact you about this at the appropriate time. If your clinic is unable to contact you, then your eggs or embryos will be removed from storage and disposed of when they can no longer be lawfully stored.

#### 5.3 Do you wish to consent to an additional period of storage of your eggs?

Yes  No

If you have answered 'yes', indicate how long you wish your additional period of storage to last. Any period you specify below will be in addition to your existing storage period. The total number of years of storage should not exceed 10 years from date of first storage or most recent renewal.

Specify the number of years:

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## 5 Storing eggs and embryos continued

### 5.4 Do you wish to consent to an additional period of storage of your embryos?

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

Yes  No

If you have answered 'yes', indicate how long you wish your additional period of storage to last. Any period you specify below will be in addition to your existing storage period. The total number of years of storage should not exceed 10 years from date of first storage or most recent renewal.

Specify the number of years:

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

## 6 Using eggs or embryos for training

During your treatment, you may have eggs or embryos that you do not want to use (for example, because the eggs or embryos are not needed, or are not suitable, for use in treatment with a surrogate). On this form, you can consent to your eggs or embryos being used and stored to allow designated healthcare staff to practice the techniques involved in fertility treatment.

Giving your consent to your eggs or embryos being used and stored for training purposes means that eggs or embryos which are not used, or are not suitable for use, in each fresh cycle of treatment can be either used immediately for training or stored for potential future use in training.

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

### Eggs

### 6.1 Do you consent to your unused eggs being used for training purposes?

Yes  No

If you give your consent to storing your eggs for training purposes, your clinic may store your eggs for these purposes for up to 55 years from the date that your eggs are first placed in storage.

### 6.2 If you consent to your eggs being used for training purposes, how long do you consent to storage?

For 55 years, or

For a shorter period - specify the number of years (not exceeding 55 years):

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## 6 Using eggs or embryos for training continued

### Embryos

#### 6.3 Do you consent to your unused embryos being used for training purposes?

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

Yes  No

If you give your consent to storing your embryos for training purposes, your clinic may store your embryos for these purposes for a maximum of 10 years from the date that you give consent on this form. This period cannot be extended.

#### 6.4 If you consent to your embryos being used for training purposes, how long do you consent to storage?

For 10 years, or

For a shorter period - specify the number of years (not exceeding 10 years):

## 7 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 embryos if you die. If you do not give your consent in this section, your eggs or embryos must be disposed of in the event of your death and cannot be used in treatment.

**It is 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.**

**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.**

**You need to be aware that in the event of your death, it may not be possible for your partner to apply for a parental order.**

### Treatment in the event of your death

If you consent to your eggs or embryos being used for use in **treatment with a surrogate** after your death, the law permits your eggs or embryos to be stored for **use** for 10 years from the date of your death. You must consent to both use and storage of your eggs or embryos continuing after death. This storage period cannot be extended.

If your eggs are not used in treatment with a surrogate within this 10 year period, then 10 years after your death, your clinic will be required to remove all your eggs from storage and dispose of them.

If your embryos, whether created before or after your death, are not used for treatment with a surrogate within this 10 year period, then 10 years and 6 months after your death, 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 sperm provider (your partner or sperm donor).

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Your signature

Date

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## 7 In the event of your death continued

### About the use of your eggs

7.1 In the event of your death, do you consent to your eggs being transferred to the surrogate (eg, through gamete intra-fallopian transfer, a technique which a small number of clinics use)?

Yes  No

If you have answered 'yes', indicate how long you consent to storage of your eggs 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):

7.2 In the event of your death do you consent to your eggs being used to create embryos outside the body (eg, through IVF), and for these embryos to be transferred to the surrogate?

You should be aware that the sperm provider (your partner or sperm donor) must also give consent for the embryos to be created and used.

Yes  No

If you have answered 'yes', indicate how long you consent to storage of your eggs 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):

### About the use of embryos

7.3 In the event of your death, do you consent to your embryos being transferred to the surrogate?

You should be aware that the sperm provider (your partner or sperm donor) must also give consent for the embryos to be used.

Yes  No

If you have answered 'yes', indicate how long you consent to storage of your 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 embryos for training purposes in the event of your death

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

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## 7 In the event of your death continued

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

Yes  No

If you have answered 'yes', indicate how long you consent to storage of your eggs 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):

7.5 In the event of your death, do you consent to embryos that were being stored for treatment purposes being used and stored for training purposes?

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

Yes  No

If you have answered 'yes', indicate how long you consent to storage of your embryos for training purposes after your death:

For 10 years from the date you sign this form, or

For a shorter period - specify the number of years (not exceeding 10 years from the date you sign this form):

## 8 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 embryos if you lose capacity. If you do not give your consent in this section, your eggs or embryos must be disposed of in the event of your loss of capacity and cannot be used in treatment.

**It is vitally important that you and your clinic discuss use in the event you lose capacity and the different treatment options in those circumstances. Please ask your clinic if they have not already discussed this with you.**

**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.**

**You need to be aware that in the event of your loss of capacity, it may not be possible for your partner to apply for a parental order.**

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## Page declaration

Your signature

Date

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### Treatment in the event of your mental incapacity

You can use this form to:

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

OR

- ▶ **Consent to your eggs or embryos being stored and used for your named partner's treatment with a surrogate 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 embryos in treatment with a surrogate in the event that you lose mental capacity, your partner **must** be named in section 3 of this form. If you wish to consent for your eggs or embryos to be **used in treatment with a surrogate** in the event that you lose capacity, you must also consent to continued **storage** of your eggs or embryos after your loss of capacity.

The law permits your eggs or embryos 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 **select on this form** that you do **not** consent to **either storage or use** of your eggs or embryos in the event of your mental incapacity, then:

- ▶ Your eggs or embryos 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 embryos 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 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 embryos in treatment with a surrogate.
  - **You may be able to renew** your consent to storage of your eggs or embryos for treatment with a surrogate. 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 embryos.
  - If you **do not** notify your clinic, then it will be required to remove all your unused eggs 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 sperm provider (your partner or sperm donor).

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

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

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## Page declaration

Your signature

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## Eggs

8.1

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 being stored for possible use in future treatment with a surrogate, but not used by another person whilst I have lost capacity.**

Please indicate how long you consent to storage of your eggs 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 8.1A, the next question you need to answer is 8.2. Remember to sign the declaration on every page.**

**B. In the event that I lose mental capacity, I consent to my eggs being stored and used in treatment with a surrogate to:**

(you **must** tick 'yes' to **one** or **both** of the options below to consent to option B)

i) **be transferred to the surrogate (eg, through gamete intra-fallopian transfer, a technique which a small number of clinics use).**

Yes       No

ii) **be used to create embryos outside the body (eg, through IVF), and for these embryos to be stored and transferred to the surrogate.**

Yes       No

**Only select option B if you have a partner named at section 3 of this form.**

You should be aware that the sperm provider (your partner or sperm donor) must also give consent for the embryos to be created and used.

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

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## 8 In the event of your mental incapacity continued

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

You should be aware that embryos can only be stored and used if the sperm provider (your partner 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 question 8.1B, the next question you need to answer is 8.2. Remember to sign the declaration on every page.

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

### Embryos (created before your loss of capacity)

8.2 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 embryos created before my loss of capacity being stored for possible use in future treatment with a surrogate, but not used by another person whilst I have lost capacity.

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

Please indicate how long you consent to storage of your embryos 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 8.2A, the next section you need to complete is the declaration at the end of the form. Remember to sign the declaration on every page.

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Date

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**B. In the event that I lose mental capacity, I consent to my embryos created before my loss of capacity being used in my named partner's treatment with a surrogate whilst I have lost capacity.**

**Only select option B if you have a partner named at section 3 of this form.**

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

Please indicate how long you consent to storage of your embryos 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 question 8.2B, the next section you need to complete is the declaration at the end of the form. Remember to sign the declaration on every page.**

**C. In the event that I lose mental capacity, my embryos created before my loss of capacity should no longer be stored for my (or my partner's) treatment with a surrogate.**

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

If you wish your eggs or embryos to be used in the treatment of someone else (including your partner's treatment with a surrogate) 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 embryos' (ED form)

## Page declaration

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Date

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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 for the purposes I have indicated above at any point until the time that my eggs have been used for treatment or training, or my eggs 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 embryo transfer, use of embryos in training, or my embryos have been disposed of.
  - I understand that before the end of the consent period that I have indicated at section 5 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 embryos will be removed from storage and disposed of.
  - 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

### 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

Witness's name

Witness's signature

Date