

CONSENT TO THE USE AND STORAGE OF SPERM AND EMBRYOS IN DONATION

Before you complete this form, you should have been given the information you need to be able to make a decision about the different options on this form. You should also have been offered counselling. You can change or withdraw your consent at any time except when your sperm, or embryos created with your sperm, have already been used.

1. About you

Your surname:

Your forename(s):

Your date of birth: day month year

2. Consent to the storage of your sperm

The law allows for donated sperm to be stored for 10 years. You may also specify a shorter storage period.

I consent to the storage of my sperm for years.

Please state any conditions which you would like to apply.

3. Consent to the use of your sperm and the use of embryos created from your sperm

I consent to (please write **Yes** or **No** to each of the following options):

- i) the use of my sperm in the treatment of others iv) the use of embryos created with my sperm in
ii) the use of my sperm for creating embryos in vitro research projects
iii) the use of those embryos in the treatment of others v) the use of my sperm in research projects

Each clinic has different research projects and most require a specific consent form to be signed. For example, embryos will not be used in stem cell research projects unless you have given separate consent to this. Embryos can only be used for research if the egg provider has also given her consent.

Please indicate the maximum number of families that may have children with your sperm.

You can specify the number of families that may have children with your sperm. The maximum number you can specify is 10.

I consent to families having children with my sperm.

Please state any conditions which you would like to apply to any of the above.

4. Consent to the storage of embryos created in vitro with your sperm

Normally, the law allows for embryos to be stored for 5 years. In certain circumstances this can be extended, for example, if the fertility of the woman who is receiving treatment is significantly impaired. The storage period can only be extended if you have given your consent to a longer storage period. You may also specify a shorter storage period.

I consent to the storage of embryos created with my sperm (please **tick and complete one** of the following options):

- i) for 5 years ii) for 10 years
iii) for a period determined by the medical circumstances of the woman (and/or her partner) receiving treatment This can vary please see the accompanying guidance
iv) for a period other than options i), ii) and iii) Please state the storage period: years.

Please state any conditions which you would like to apply to any of the above options.

When you have completed all the sections that apply to you on this page, please sign and date this page and go to page 2.

Signature Date

For clinic use only

HFEA centre reference number Donor number

Please state which other forms the patient has completed

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5. Consent to the storage and use of your sperm in the event of your death or mental incapacity

The law requires that if your sperm is stored, you have to decide in advance what should happen to the sperm if you lose the ability to decide for yourself (this is called mental incapacity), or in the event of your death.

Please write **Yes** or **No** to the following statements.

If I lose the ability to decide for myself, or in the event of my death:	Mental Incapacity	Death
i) I consent to my sperm remaining in storage.	<input type="checkbox"/>	<input type="checkbox"/>
If you have said No to both options, you do not have to complete the rest of this section.		
ii) I consent to the use of my sperm in the treatment of others.	<input type="checkbox"/>	<input type="checkbox"/>
iii) I consent to the use of my sperm in a research project.	<input type="checkbox"/>	<input type="checkbox"/>

Please state any conditions which you would like to apply to any of the above options. Otherwise, it will be assumed that the conditions that apply to the storage and use of your sperm are the same as specified by you in sections 2 and 3.

6. Consent to the use and storage of embryos created with your sperm in the event of your death or mental incapacity

The law requires that if embryos created with your sperm are stored, you have to decide in advance what happen to the embryos if you lose the ability to decide for yourself (this is called mental incapacity), or in the event of your death.

Please write **Yes** or **No** to the following statements.

If I lose the ability to decide for myself, or in the event of my death:	Mental Incapacity	Death
i) I consent to embryos created with my sperm remaining in storage.	<input type="checkbox"/>	<input type="checkbox"/>
If you have said No to both options, you do not have to complete the rest of this section.		
ii) I consent to the use of embryos created with my sperm in the treatment of others.	<input type="checkbox"/>	<input type="checkbox"/>
iii) I consent to the use of embryos created with my sperm in a research project.	<input type="checkbox"/>	<input type="checkbox"/>

Each clinic has different research projects and most require a specific consent form to be signed. For example, embryos will not be used in stem cell research projects unless you have given separate consent to this. Embryos can only be used for research if the egg provider has also given her consent.

Please state any conditions which you would like to apply to any of the above options. Otherwise, it will be assumed that the conditions that apply to the use and storage of your embryos are the same as specified by you in sections 3 and 4.

When you have completed all the sections that apply to you on this page, please sign and date this page.

Signature Date

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HFEA centre reference number Donor number
Please state which other forms the patient has completed