

CONSENT TO THE STORAGE OF SPERM

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 to the storage of your sperm at any time.

1. About you

Your surname:
Your forename(s):
Your date of birth: day month year

2. Consent to the storage of your sperm

Normally, the law allows you to store your sperm for 10 years. In certain circumstances the storage period can be extended. Your healthcare practitioner will be able to explain whether you can do this, and for how long you may be able to store your sperm.

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

- i) for 10 years
ii) for a period other than 10 years Please state the storage period years

3. Posthumous storage of your sperm

The law requires that if your sperm is stored, you have to decide in advance what should happen to the sperm should 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** for each of the following options.

If I lose the ability to decide for myself, or in the event of my death, I give my consent for:

	Mental Incapacity	Death
i) my sperm to be allowed to perish	<input type="text"/>	<input type="text"/>
ii) my sperm to continue in storage for later use	<input type="text"/>	<input type="text"/>

There is a separate form on which you can say how you want your sperm to be used. Your sperm can only be used if you have also completed the other form.

Signature Date

For clinic use only

HFEA centre reference number Patient number

NHS number

Please state which other forms the patient has completed

For extension of 10 year storage period only:

Statement from medical practitioner received and attached. Please tick.