

CONSENT TO THE USE OF SPERM AND USE AND STORAGE OF EMBRYOS IN OWN TREATMENT OR RESEARCH

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. About your partner

If you do not have a partner, please enter N/A and go to section 3.

Your partner's surname:

Your partner's forename(s):

Your partner's date of birth:

day month year

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

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

- i) the use of my sperm in my partner's treatment
- ii) the use of my sperm for creating embryos in vitro
- iii) the use of those embryos in my partner's treatment
- iv) the use of embryos created with my sperm in research projects
- 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 your partner, or the egg donor, if applicable, has also given her consent.

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

Patient number

Partner's patient number

Please state which other forms the patient has completed

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

If the embryos created with your sperm are not going to be stored, please enter N/A. You do not need to complete the rest of this section.

Normally, the law allows you to store embryos for 5 years. You can also store the embryos for less than 5 years. In certain circumstances the storage period can be extended, for example, if your fertility or the fertility of your partner, has or is likely to become significantly impaired. Your healthcare practitioner will be able to explain whether you qualify for this, and for how long you may be able to store the embryos.

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 other than 5 or 10 years Please state the storage period: years

In order to keep the embryos in storage, the law requires the consent and agreement of both the sperm and the egg provider. Please be aware that your partner, if she provided the eggs, or the donor, if applicable, can change or withdraw consent to the storage of embryos created with her eggs at any time. If she withdraws her consent, the embryos must be allowed to perish.

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

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

If the embryos created with your sperm are not going to be stored, please enter N/A. You do not need to complete the rest of this section.

The law requires that if embryos created with your sperm are stored, you have to decide in advance what should happen to the embryos 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** to the following statements

If I should lose the ability to decide for myself or in the event of my death:	Mental Incapacity	Death
i) I consent to the embryos created with my sperm remaining in storage.	<input type="text"/>	<input type="text"/>
If you have said NO to both options, you do not have to complete the rest of this section.		
ii) I consent to embryos created with my sperm being used in my partner's treatment.	<input type="text"/>	<input type="text"/>
iii) I consent to embryos created with my sperm being used in the treatment of others.	<input type="text"/>	<input type="text"/>
Please note that for this option (iii) to be valid you need to register as a donor.		
iv) I consent to embryos created with my sperm being used in a project of research.	<input type="text"/>	<input type="text"/>

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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 embryos created with your sperm 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 and go to page 3.

Signature Date

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6. Consent to birth registration

If you have given your consent to the posthumous use of your sperm, and/or embryos created with your sperm, you may also wish to consent to be registered as the father of any child that is born as a result of fertility treatment provided to your partner. Please complete this section if you wish to give your consent to this.

POSTHUMOUS TREATMENT – CONSENT TO BIRTH REGISTRATION

- A. I consent to the entry of my name, surname, place of birth and occupation as the particulars of the father of a child resulting from fertility treatment provided to my wife/partner after my death in '(as the case may be)' a register of births or still-births kept under the Births and Deaths Registration Act 1953 or the Births, Deaths Registration (Northern Ireland) Order 1976 or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.
- B. I also give consent for information about fertility treatment provided for myself and my wife/partner*, or fertility treatment using my gametes provided for my wife/partner* after my death, to be disclosed to:
- my wife/partner **AND**
 - the Registrar General for England and Wales **OR**
 - the Registrar General for Scotland **OR**
 - the Registrar General for Northern Ireland for the purpose indicated in paragraph 1 above and for no other purpose.
- C. I recognise that being recorded in the register of births as the father of a child born as a result of fertility treatment undertaken after my death will not confer any inheritance or other legal rights on the child.

***please delete as appropriate**

Signature

Date

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