

# CONSENT TO THE USE AND STORAGE OF EGGS 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 eggs, or embryos created with your eggs, have already been used.

## 1. About you

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

## 2. Consent to the use of your eggs and the use of embryos created from your eggs

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

- i) the use of my eggs in the treatment of others
- ii) the use of my eggs for creating embryos in vitro
- iii) the use of those embryos in the treatment of others
- iv) the use of embryos created with my eggs in research projects
- v) the use of my eggs 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 sperm provider has also given his consent.

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

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

I consent to  families having children with my eggs.

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

## 3. Consent to the storage of embryos created in vitro with your eggs

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 eggs (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  Patient number

Donor number (if different)

Please state which other forms the patient has completed

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## 4. Consent to the storage of your eggs

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

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

I consent to the storage of my eggs for  years.

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

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

The law requires that if embryos created with your eggs 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 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 eggs remaining in storage.	<input type="text"/>	<input type="text"/>
<b>If you have said No to both options, you do not have to complete the rest of this section.</b>		
ii) I consent to the use of my embryos in the treatment of others.	<input type="text"/>	<input type="text"/>
iii) I consent to the use of my embryos in a research project.	<input type="text"/>	<input type="text"/>

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 sperm provider has also given his consent.

Please state any conditions 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 eggs are the same as specified by you in sections 2 and 3.

## 6. Consent to the storage and use of your eggs in the event of your death or mental incapacity

If your eggs 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 your eggs are stored, you have to decide in advance what should happen to the eggs 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 eggs remaining in storage.	<input type="text"/>	<input type="text"/>
<b>If you have said No to both options, you do not have to complete the rest of this section.</b>		
ii) I consent to the use of my eggs in the treatment of others.	<input type="text"/>	<input type="text"/>
iii) I consent to the use of my eggs in a research project.	<input type="text"/>	<input type="text"/>

Please state any conditions 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 eggs are the same as specified by you in sections 2 and 3.

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  Patient number

Donor number (if different)

Please state which other forms the patient has completed