

# CONSENT TO THE STORAGE OF EGGS

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 eggs 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 eggs

Normally, the law allows you to store your eggs 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 eggs.

I consent to the storage of my eggs (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 eggs

The law requires that if your eggs are stored, you have to decide in advance what should happen to your eggs 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 eggs to be allowed to perish	<input type="text"/>	<input type="text"/>
ii) my eggs 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 eggs to be used. Your eggs 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.