

# CONSENT TO THE USE OF EGGS 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 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. About your partner

If you are not receiving treatment together with a partner, please enter N/A  and go to section 4.

Your partner's surname:   
Your partner's forename(s):   
Your partner's date of birth: day  month  year   
Is your partner: male  female  Please tick.

Where donated sperm is used, a male partner may automatically become the legal father of any child born as a result of licensed fertility treatment.

## 3. Consent to the use of your eggs and the use of embryos created with your eggs – for treatment together with your partner

Please only complete this section if you are receiving treatment together with a partner. If you are receiving treatment without a partner, please enter N/A  and go to section 4.

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

- i) the use of my eggs in my own treatment
- ii) the use of my eggs for creating embryos in vitro
- iii) the use of those embryos in my own treatment
- 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 your male partner, or the sperm donor, if applicable, has also given his 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

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

## 4. Consent to the use of your eggs and the use of embryos created with your eggs – for treatment without a partner

Please only complete this section if you are receiving treatment without a partner.

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

- i) the use of my eggs in my own treatment
- ii) the use of my eggs for creating embryos in vitro
- iii) the use of those embryos in my own treatment
- iv) the use of those embryos 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 your male partner, or the sperm donor, if applicable, has also given his consent.

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

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

If the embryos created with your eggs 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, if he provided the sperm 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 eggs (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 egg and the sperm provider. Please be aware that your partner, if he provided the sperm, or the donor, if applicable, can change or withdraw consent to the storage of embryos created with his sperm at any time. If he withdraws his consent, the embryos must be allowed to perish.**

Please state any conditions which you would like to apply to 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 3.

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

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

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

If the embryos created with 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 embryos created with your eggs are stored, you have to decide in advance what should 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 in vitro with my eggs remaining in storage.

**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 eggs being used in the treatment of others.

**Please note that for this option (ii) to be valid you need to register as a donor.**

iii) I consent to embryos created with my eggs being used in a research project.

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 male partner, or the sperm donor, if applicable, has also given his 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 embryos created with your eggs are the same as specified by you in sections 3 or 4 (as applicable), and section 5.

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

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