

# Your consent to the storage of your eggs or sperm

HFEA  
GS form



## About this form

### Who should fill in this form?

Fill in this form if you are:

- female, and you want your eggs to be stored, **or**
- male, and you want your sperm to be stored.

### Why do I have to fill in this form?

Under the Human Fertilisation and Embryology Act 1990 (as amended), you need to give your consent in writing if you want your eggs or sperm to be stored. You will also need to decide what will happen if you die or lose the ability to decide for yourself (become mentally incapacitated).

You can make changes to or withdraw your consent at any time. If you would like to change or withdraw your consent, you should ask your clinic for new forms.

### Before filling in this form

Before you fill in this form, your clinic should make sure that you receive all the relevant information you need about storing eggs or sperm. You should also have been given an opportunity to receive counselling about this.

### Why is there a declaration on every page of this form?

There is a declaration on every page where you sign to confirm that you have completed the section or page and fully agree with the consent and information given.

### After filling in this form

After you have filled in this form, make sure that you have a photocopy of it.

## 1 About you

1.1	<b>Your first name(s)</b>	<i>Place clinic sticker here</i>
	<input type="text"/>	
1.2	<b>Your surname</b>	
	<input type="text"/>	
1.3	<b>Your date of birth</b>	1.4 <b>Your NHS/CHI/passport number (please circle)</b>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
1.5	<b>Your sex</b>	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

### For clinic use only

#### HFEA centre reference

**Patient number** *Assigned to each patient registered at the clinic*

#### Date gametes were placed in storage

#### Date gametes can remain in storage until

#### Other relevant forms



## 2 Storing eggs or sperm

### 2.1 Do you consent to your eggs or sperm being stored?

My eggs     My sperm

### 2.2 For how long do you consent to your eggs or sperm being stored?

You can consent to the storage of your eggs or sperm for up to 55 years. Your eggs or sperm may only be stored for more than 10 years if you or someone to whom your eggs or sperm have been allocated to (including your partner) is prematurely infertile or is likely to become prematurely infertile. A medical practitioner must certify in writing that the medical criteria have been met.

Where the criteria have been met the storage period will be extended by ten years from the date the criteria are met. The storage period can then be extended by further 10 year periods if it is shown at any time within each extended storage period that the criteria continue to be met. There is a maximum storage period of 55 years. The medical practitioner's statement(s) should be attached to this form.

For 10 years  
 For 55 years  
 For a specific period (up to a maximum of 55 years) ▶ *Specify the number of years*  
 years

## Page declaration

Your signature

X

Date

For clinic use only

Patient number

### 3 In the event of your death or mental incapacity

As part of your consent, you also need to decide what you want to happen to your eggs or sperm if you die or lose the ability to decide for yourself (become mentally incapacitated).

If you do not give your consent on any of the forms mentioned above, **your eggs or sperm will be allowed to perish in the event of your death or mental incapacity.**

#### 3.1 Have you already consented to the use of your eggs or sperm in the event of your death or mental incapacity in another consent form?

Yes ▶ Go straight to section 4

No ▶ Please note that your eggs or sperm can remain in storage for these purposes:

- In the treatment of a partner ▶ If you wish your sperm to be used for this purpose please complete **Your consent to the use of your sperm and embryos for your partner's treatment and the storage of your embryos (MT form)**.
- In the treatment of others ▶ If you wish your eggs or sperm to be used for this purpose please complete (if you are female) **Your consent to the use and storage of your donated eggs (WD form)**, or (if you are a male) **Your consent to the use and storage of your donated sperm (MD form)**.

#### 3.2 Do you consent to your eggs and sperm being used for training purposes?

If you die

If you become mentally incapacitated

No  Yes

No  Yes

#### 3.3 Are you willing to be approached about your eggs or sperm being used in research projects in the event of your death or mental incapacity?

No

Yes (You will be asked to give specific consent for each research project that, in the event of your death or mental incapacity, your eggs or sperm may be used in)

### Page declaration

Your signature

X

Date

For clinic use only

Patient number

4

**Declaration**

**Please sign and date the declaration**

**Your declaration**

- I declare that I am the person named in section 1 of this form.
- I declare that:
  - before I completed this form, I was given information about the different options set out in this form, and I was given an opportunity to receive counselling,
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
  - I understand that I can make changes to or withdraw my consent to storage at any time until the eggs or sperm (or embryos created from them) have been used or allowed to perish.
- I declare that the information I have given on this form is correct and complete.
- I understand that information on this form may be processed and shared for the purposes of and in connection with the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that Act.

**Your signature**

**Date**

     

***If signing at the direction of the person consenting***

If the person consenting is unable to sign for him or herself because of physical illness, injury or disability, someone else representing the person can sign the form at his or her direction. There must also be a witness confirming that the person consenting is present when the representative signs the form.

**Representative's declaration**

- I declare that the person named in section 1 of this form is present at the time of signing this form and I am signing it in accordance with his or her direction.

**Representative's name**

**Representative's signature**

**Relationship to the person consenting**

**Date**

     

**Witness's name**

**Witness's signature**

**Date**