

# Your consent to extending the storage of your embryos

HFEA  
ES form



## About this form

### Who should fill in this form?

Fill in this form if you have embryos in storage created in vitro using your sperm or eggs and wish to extend your current embryo storage period.

You can consent to the storage of your embryos for up to 55 years. If you wish to store your embryos for more than 10 years either yourself, your partner or someone to whom your embryos have been allocated to must meet medical criteria.

A medical practitioner must certify that the medical criteria are met when the storage period extends beyond the initial 10 years and subsequently every 10 years for the duration of storage. The medical practitioner's statement(s) should be attached to this form.

### How do I know if I am eligible?

For embryos to be stored for longer than 10 years:

- the egg or sperm provider, **or**
- the person to whom the embryos have been allocated to

must have, or be likely to develop, premature infertility.

### 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 embryos to be stored.

You can make changes to or withdraw your consent to storage 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 extending the storage period of your embryos. 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.

## Your consent

### 1 About you

1.1 **Your first name(s)** *Place clinic sticker here*

1.2 **Your surname**

1.3 **Your date of birth** 1.4 **Your NHS/CHI/passport number (please circle)**

1.5 **Your sex**  
 Male  Female

#### For clinic use only

##### HFEA centre reference

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

##### Date embryos were placed in storage

##### Date embryos can remain in storage until

##### Other relevant forms



## 2 About your partner

2.1 **Your partner's first name(s)** *Place clinic sticker here*

2.2 **Your partner's surname**

2.3 **Your partner's date of birth**      2.4 **Your partner's NHS/CHI/passport number** *(please circle)*

    

## 3 Storing embryos

3.1 **Were the embryos created in vitro using your eggs or sperm?**  
 My eggs     My sperm

3.2 **For how long do you consent to extending the storage period of your embryos (created in vitro with your eggs or sperm)?**

You can consent to the storage of your embryos for up to 55 years. Your embryos may only be stored for more than 10 years if you or someone to whom your embryos 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 a specific period (your total storage period must not exceed 55 years) ▶ *Specify the number of years*  
 years

## Page declaration

**Your signature** **Date**

For clinic use only

Patient number

## 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 embryos (created in vitro with my sperm or eggs) 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