



The Human Fertilisation and Embryology Authority (HFEA) consent forms are for the use of patients, donors and their partners at HFEA licensed centres to record consent to various aspects of fertility treatment. This document contains background guidance to the HFEA consent forms.

## Consent to treatment, storage and/or donation

The Human Fertilisation and Embryology (HFE) Act 1990 (as amended) requires licensed centres to obtain written informed consent from a person before it stores or uses their eggs, sperm or embryos. The person must be given:

- enough information to enable them to understand the nature, purpose and implications of his or her treatment or donation
- a suitable opportunity to receive proper counselling about the implications of the steps which he or she are considering taking, and
- information about the procedure for varying or withdrawing any consent given, and about the implications of doing so.

The HFEA provides centres with the following consent forms, which they must use to obtain consent:

### Treatment

**MT** Consent to the use and storage of your sperm and embryos for your partner's treatment

**WT** Consent to the use and storage of your eggs and embryos for your treatment

**MGI** Consent to the use and storage of your sperm in IUI or GIFT

**WGI** Consent to the use and storage of your eggs in GIFT

### Storage

**GS** Consent to the storage of your eggs or sperm

**LGS** Consent to extending the storage of your eggs or sperm

**ES** Consent to extending the storage of your embryos

### Donation

**MD** Consent to the use and storage of your donated sperm

**WD** Consent to the use and storage of your donated eggs

**ED** Consent to the use and storage of your donated embryos

### Surrogacy

**MSG** Consent to the use and storage of your sperm or embryos for surrogacy

**WSG** Consent to the use and storage of your eggs or embryos for surrogacy

### Withdrawal

**WC** Withdrawing your consent or stating your lack of consent

## Consent to disclosure of information

The HFE Act 1990 (as amended) requires that any identifying information held by clinics or the HFEA about people in relation to their, or their partner's, treatment, their storage and donation of gametes and embryos, is not disclosed to third parties (eg, a researcher or patient's GP) without consent except in a medical emergency. The following form allows for clinics to obtain this consent:

### CD Consent to the disclosure of identifying information

Section 3 of the CD form relates to disclosure of information by clinics. A patient can consent for clinics to disclose identifying information about their or their partner's treatment, their storage or donation of gametes and/or embryos. This disclosure can be to his or her GP, other healthcare professionals (in order to provide the best possible medical care) and/or auditors and administrative staff (in order to perform functions designated to them in connection with the centre's licensable activities).

Section 4 relates to information held on the HFEA register. A patient can consent for the HFEA to disclose identifying information about their or their partners' treatment or their storage of gametes and/or embryos.

The purpose of this consent is to enable researchers to use information about people's treatment or storage to investigate the safety and effectiveness of fertility treatments.

Wherever possible, only anonymised information will be used for research, but at times researchers need to use identifying information (like a name or date of birth) in order to make connections between two separate data sets (for example the HFEA register on IVF with a general cancer register). This will enable researchers to investigate trends in the health of IVF patients. Further, it will enable research into outcomes for IVF children, or into factors that might make a difference to whether IVF works or not (for example whether giving up smoking impacts on IVF success rates).

The information on the HFEA register includes patient and treatment details and the outcome of the treatments. Whenever researchers access personal information this is governed by strict rules safeguarding the security of any data they hold. Where researchers publish their research findings, they make sure that no-one whose data was used for the research can be identified.

Donors and those receiving treatment using donated gametes or embryos are not being asked to provide their consent for research, because the governing legislation excludes research involving donor information.

## Consent to parenthood

Where fertility treatment involves the use of donor sperm, embryos created using donor sperm or donor embryos, the HFE Act 2008 requires licensed centres to obtain written informed consent to legal parenthood. Different consents are required depending on whether or not the patient is married/in a civil partnership or is unmarried/not in a civil partnership. For information about this please see [www.hfea.gov.uk](http://www.hfea.gov.uk)

The HFEA provides centres with the following consent forms so that patients and their partners can provide the right consent to parenthood:

**PP** Consent to being the legal parent

**WP** Consent to your partner being the legal parent

**WC** Withdrawing your consent or stating your lack of consent

## Withdrawing and varying consent

A person may vary or withdraw their consent until the point that eggs, sperm or embryos are used. Eggs, sperm and embryos are considered to be used when they are:

- transferred to a woman
- used in a research project (defined as being under the control of the researchers and being cultured for use in research)
- used for training (defined as being under the control of people training), or
- allowed to perish.

Consent can be withdrawn by completing the WC form, or giving written notification in another way.

When a person varies their consent it is advisable that a new consent form is completed. For example, if a patient with sperm in storage uses the WC form to withdraw consent to the use of this sperm after his death, then a new MT form should be completed.

## Change of circumstance

Patients and donors should inform the centre of any changes to their details, for example a change of address or a change of partner. Patients and donors should also consider what they would like to happen to their eggs, sperm or embryos in the event of their death or mental incapacity.

Consent to the storage or use of eggs, sperm or embryos after death or mental incapacity can be given using the consent forms. If no consent is given then the eggs, sperm or embryos will be allowed to perish.

## Counselling and information

Before completing any consent form, the person providing the consent must be given a suitable opportunity to receive proper counselling about the implications of the proposed steps and must be provided with all the relevant information as detailed in the HFEA Code of Practice. Centres may wish to make reference to the Code of Practice where this requirement is explained.

## Restricting consent

A person can restrict their consent to the storage or use of their eggs, sperm or embryos. For example, a donor may state their donation can only be used to treat a known recipient. Restrictions can be stated either on a consent form or on separate paper signed, dated and attached to the form.

## Donation

In order to donate eggs, sperm or embryos for another person's treatment, for research or for training donors need to fulfil certain criteria to establish suitability. For example age criteria and screening tests.

**Donation for treatment** - Donation of eggs, sperm and embryos for another person's treatment gives those who are otherwise unable to the opportunity to have children. Before beginning the process, the donor should be aware of all donor screening requirements and legal issues around parenthood and donation. For more information about donation for treatment see [www.hfea.gov.uk](http://www.hfea.gov.uk)

**Donation for research and training** - Donation of eggs, sperm and embryos for research and training purposes allows for research (eg, increasing knowledge about serious disease and its treatment), and training people in embryo biopsy, embryo storage or other embryological techniques. Before donors give consent to this, the centre should provide them with information about the specific research project or training and its aims. For more information about donation for research and training see [www.hfea.gov.uk](http://www.hfea.gov.uk)

## Clinic information

Clinic staff obtaining consent are required to record the patient or donor number in the footer of each consent form page. If pages become separated this will aid in the identification of the pages. However, recording the HFEA centre reference number, other relevant forms and the period of gamete or embryo storage is optional.

### Useful links

**Human Fertilisation and Embryology Authority** - [www.hfea.gov.uk](http://www.hfea.gov.uk)

**British Infertility Counselling Association** - [www.bica.net](http://www.bica.net)

**Infertility Network UK** - [www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)

**National Gamete Donation Trust** - [www.ngdt.co.uk](http://www.ngdt.co.uk)

**Donor Conception Network** - [www.dcnetwork.org](http://www.dcnetwork.org)

## Glossary

### Counselling

Aims to enable patients or donors and their partners to understand the implications of infertility treatment, to give emotional support and to help them cope with the consequences of treatment.

### Donation

The term 'donation' applies to the gifting of sperm, eggs or embryos for use in fertility treatment, for research or training.

### Donor Insemination (DI)

The introduction of donor sperm into the vagina, the cervix or the womb itself.

### Egg sharing

An arrangement where a woman seeking IVF treatment undergoes one cycle of treatment in which her eggs are recovered. She then uses a proportion of these eggs in her own treatment and donates the remaining eggs to another woman. The woman donating her eggs may receive benefits such as reduction in the cost of her treatment.

### Embryo

A fertilised egg that has the potential to develop into a fetus.

### Embryo freezing

Embryos not required for treatment in a cycle can be frozen and stored for future use. Freezing is also known as cryopreservation.

### Embryo storage

The storage of one or more embryos for future use by freezing.

### Embryo transfer

The replacement of embryos back into the female patient.

### Gametes

The male sperm or female egg which may fuse together to form a zygote.

### Gamete Intra Fallopian Transfer (GIFT)

A procedure in which eggs are retrieved from a woman, mixed with sperm and immediately replaced in one or other of the woman's fallopian tubes so that they fertilise inside the body (in vivo).

### Identifying information / Non-identifying information

Identifying information is information that allows an individual to be identified, or could lead to their identification (for example, name or date of birth).

Non-identifying information is information about an individual that could not lead to that individual's identification (for example, hair colour or ethnicity).

### Insemination

The placing of sperm in the female reproductive tract by artificial means. Can be performed using either freshly ejaculated sperm or sperm that has been frozen.

### Intra Uterine Insemination (IUI)

Insemination of sperm into the uterus of a woman.

### In vitro

Performed outside the body (ie, in the laboratory).

### In Vitro Fertilisation (IVF)

Where eggs and sperm are collected and mixed together in a laboratory to achieve fertilisation outside the body. The embryos produced may then be transferred into the female patient.

### In vivo

Performed in the body.

### Surrogacy

The process of a woman carrying a baby for another person. Full surrogacy involves the implantation of an embryo created using either the eggs and sperm of the intended parents, a donated egg fertilised with sperm from the intended father or an embryo created using donor eggs and sperm.

Partial surrogacy involves sperm from the intended father and an egg from the surrogate.

### Zygote

The cell formed as a result of fertilisation.