

Your consent to extending the storage of your eggs or sperm

HFEA
LGS form



About this form

Who should fill in this form?

Fill in this form if you have eggs or sperm in storage and wish to extend your current storage period.

You can consent to the storage of your eggs or sperm for up to 55 years. If you wish to store your eggs or sperm for more than 10 years either yourself, your partner or someone to whom your eggs or sperm 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 eggs or sperm to be stored for longer than 10 years:

- the egg or sperm provider, **or**
 - the person to whom the eggs or sperm have been allocated to
- must have, or be likely to develop, premature infertility.

Your consent

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 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 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	Your first name(s) <i>Place clinic sticker here</i> <input type="text"/>
1.2	Your surname <input type="text"/>
1.3	Your date of birth D D M M Y Y
1.4	Your NHS/CHI/passport number (please circle) □ □ □ □ □ □ □ □ □ □ □ □

For clinic use only	Date gametes were placed in storage □ □ □ □ □ □
HFEA centre reference □ □ □ □ □	Date gametes can remain in storage until □ □ □ □ □ □
Patient number <i>Assigned to each patient registered at the clinic</i> <input type="text"/>	Other relevant forms <input type="text"/>



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 a specific period (your total storage period must not exceed 55 years) ▶ *Specify the number of years*

years

Page declaration

Your signature

X

Date

For clinic use only

Patient number

3

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 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