

DONOR INFORMATION FORM

Version 2009

Issue 3 – Published 11/02/2010

GUIDANCE NOTES ON COMPLETING HFEA FORMS

Donor Information Form

Version 2009/3



These guidance notes replace all previous versions

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The HFEA will normally expect to receive only one Donor Information form for each donor (unless reporting changes or corrections). In the exceptional case of a donor making donations at more than one centre, each centre must complete a separate Donor Information form for that donor.

Please note that all sections within pages 1 & 2 must be completed by the centre using information provided by the donor. Pages 3 & 4 should be completed by the donor. Please check to ensure that the form number on pages 1 & 2 matches those on pages 3 & 4 for the form which you are using.

HFEA centre reference number	This is the unique number issued to each physical clinic/centre by the HFEA upon receipt of an initial licence application. The centre number must be included on all forms returned to the HFEA. Centre numbers should be quoted in the format of four numerics – i.e. 0000. The EDI application will automatically populate this field.
HFEA form number	Each Donor Information form has a single unique number to identify it, (top right hand corner starting with the letter D). If, after submitting a form, a correction needs to be made, it is essential that the unique form number of the form being corrected or updated be quoted on any new form in section 2. Original forms using duplicate form numbers will be rejected and returned to the centre. Paper forms supplied by the HFEA are unique, and it is the responsibility of the centre to ensure that where forms are generated from Electronic Patient Records systems, that form numbers are not repeated. The EDI application will automatically populate this field.

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Donor Information		Centre <input style="width: 50px;" type="text" value="9004"/>	Form D <input style="width: 50px;" type="text"/>
1 This form is registering		<input checked="" type="radio"/> is registering a new individual <input type="radio"/> Replaces all details previously registered	
Section 1	<p>This form:-</p> <p>Tick ✓ which box is applicable. If all or none of the boxes are ticked ✓, the form will be rejected and returned to the centre.</p> <p>If the person is a new Donor who has never been registered at this centre before, then please tick ✓ – REGISTERING A NEW DONOR</p> <p>If you wish to make changes or corrections to a previous donor information form, then the number of the original form which is now being replaced must be supplied.</p>		
For changes complete section 2 and any other relevant sections below.			
2 This form replaces form		D <input style="width: 50px;" type="text"/>	
Section 2	<p>Notifying Corrections</p> <p>To send a correction form the original form should be opened on EDI, and the 'EDIT' button along the bottom should be clicked. The EDI system will automatically populate the 'notifying correction to' form number.</p>		
3 Form completed on		<input style="width: 50px;" type="text" value="___/___/___"/>	
Section 3	<p>Form Completed Date</p> <p>The date on which this form is completed.</p>		
4 Donor number.		<input style="width: 50px;" type="text"/>	Previous donor number (if changed) <input style="width: 50px;" type="text"/>

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Section 4

Donor Number

The Donor number (which may be the same as the patient number for egg donors) should remain constant throughout all treatments in which the donated gametes are used, and it should always be quoted in the same format on any subsequent registration or treatment forms.

Previous Donor Number (if changed)

If you have to change the number of a donor that has already been registered, record the **previous** number in this field.

5 This donor was also registered as patient/partner no.

Section 5

The donor was also registered as patient/partner no.

Ideally a donor who is also a patient or partner should be given a single number by a licensed centre for all these roles. However, it is permissible for them to have different numbers for different purposes. Licensed centres should ensure that they submit the relevant Donor Information Form together with (or before) any relevant treatment form using the person gametes or embryos.

If an egg donor has also been registered as a patient, please record their patient number in this field.

If a sperm donor has also been registered as a partner, please record their partner number in this field.

Any personal details supplied for the donor must match those supplied on the relevant Patient or Partner Registration Form.

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6 Donor details	Current surname	<input type="text"/>		
	Current forename(s)	<input type="text"/>		
	Surname at birth (if different from current)	<input type="text"/>		
	Forenames at birth (if different from current)	<input type="text"/>		
	DOB	<input type="text" value="/ /"/> <input type="text" value=""/>		Sex <input type="radio"/> Male <input type="radio"/> Female
	Marital Status	<input type="text"/>		
	Town or district of birth	<input type="text"/>		
	Country of birth	<input type="text"/>		
	NHS number for UK resident (if known)	<input type="text"/>		
	OR Passport/ID card number	<input type="text"/>		
	Country of issue	<input type="text"/>		
	Donor address at date of form completion:	House name or number		<input type="text"/>
		Street Name		<input type="text"/>
		Town		<input type="text"/>
	County	<input type="text"/>		
	Postcode	<input type="text"/>		
	Country	<input type="text"/>		

Section 6

Donor Contact Details

Where a donor has been registered as a patient or partner, the relevant fields on the two forms will be compared and the form may be returned if they do not match.

The following donor's personal details should be recorded:

- Current names
- Names at birth (if different from current name).
- Date of birth. The donor's age should be between 18 and 35 for female donors. The donor's age should be between 18 and 55 for male donors.
- Sex
- Marital status
- Place of birth. The town or district and country of birth must be recorded.
- NHS Number for UK residents (if known) OR
- Their Passport/ID Card number & Country of Issue for non UK residents.

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	<ul style="list-style-type: none"> The donor's house name or number and relevant street address details on the date of form completion. <p>The name fields can only contain alpha characters, apostrophes and hyphens, or they will be rejected.</p>
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7 Own biological children	<input type="radio"/> Yes <input type="radio"/> No	If yes, how many	Girls <input style="width: 40px;" type="text"/>	Boys <input style="width: 40px;" type="text"/>
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<p>Section 7</p>	<p>Does the donor have children of their own?</p> <p>Please provide details of the donors own genetic children.</p> <p>The options are Yes or No. Tick ✓ as applicable. If this field is left blank, the form will be rejected and returned.</p> <p>If yes, how many girls and boys?</p> <p>If the box stating that the donor has children is ticked ✓, but the number of girls and boys is left blank, the form will be rejected and returned to the centre.</p>
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8 Your current height (m)	<input style="width: 80px;" type="text"/>	Current weight (kgs)	<input style="width: 80px;" type="text"/>
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<p>Section 8</p>	<p>Current Height (m) and Weight (kgs)</p> <p>Height and weight for the donor <u>must</u> be given in metric units. These fields are mandatory and must not be left blank unless the form is correcting errors.</p>
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9 Eye colour	<input style="width: 95%; height: 20px;" type="text"/>
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<p>Section 9</p>	<p>Eye Colour</p> <p>Please select from the following:</p> <ul style="list-style-type: none"> • Blue • Brown • Green • Grey or • Hazel
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	<p>Tick ✓ as applicable or complete 'Other'. This field is mandatory and must not be left blank unless the form is correcting errors.</p>
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10 Natural hair colour	<input style="width: 90%; height: 20px;" type="text"/>
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<p>Section 10</p>	<p>Hair Colour</p> <p>Please select from the following:</p> <ul style="list-style-type: none"> • Black • Brown Dark • Brown Light • Blonde Light • Blonde Dark • Red <hr/> <p>Tick ✓ as applicable. This field is mandatory and must not be left blank unless the form is correcting errors.</p>
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11 Skin colour	<input style="width: 90%; height: 20px;" type="text"/>
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<p>Section 11</p>	<p>Skin Colour</p> <p>Please select from the following:</p> <ul style="list-style-type: none"> • Light/Fair • Medium • Dark • Freckles • Olive <hr/> <p>Tick ✓ as applicable. This field is mandatory and must not be left blank unless the form is correcting errors.</p>
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12 Date gametes first used (or supplied for use) in treatment	<input style="width: 80%; height: 20px;" type="text"/>
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<p>Section 12</p>	<p>Date gametes first supplied for use</p> <p>Please enter the date that this donor made their first donation.</p>
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This field must not be left blank unless the form is correcting errors.

13 Any donations at other centres? Yes No If yes, last UK or overseas centre for donor (if known)

Section 13

Any donation at other centres?

Please tick ✓ the appropriate box for the donor.

Last UK or overseas centre for donor (if known)

This section should be completed if any donations at previous centres is ticked ✓ and applies if you believe the donor has:

- Previously donated elsewhere within the U.K. or overseas
- Been treated elsewhere as a patient, or
- Registered elsewhere as a partner.

Please supply either the full name of the centre or its appropriate HFEA Centre number (if known).

14 Was the donor adopted? Yes No Was the donor conceived by donation? Yes No

Section 14

Was the donor adopted?

Please tick ✓ the appropriate box.

Was the donor conceived by donation?

If the donor was conceived as a result of assisted conception involving the use of donated gametes or embryos, then please tick ✓ the Yes box.

15 Donors own ethnic group

16 Biological mother's ethnic group (if known)

17 Biological father's ethnic group (if known)

Section 15

Donor's own ethnic group

Please select the group which most closely reflects the donor's ethnicity from the current list in Appendix 1.

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Section 16	<p>Donor's Biological Mother's ethnic group (if known)</p> <p>Please select the group which most closely reflects the ethnicity of the donor's biological mother from the current list in Appendix 1.</p>
Section 17	<p>Donor's Biological Father's ethnic group (if known)</p> <p>Please select the group which most closely reflects the ethnicity of the donor's biological father from the current list in Appendix 1.</p>

18 Would the donor like to limit the number of live birth events using their donated gametes to less than the maximum of 10?

Yes No

If yes, please supply the number

Section 18	<p>Limiting the number of families allowed to use the donors gametes.</p> <p>If a donor wishes to limit the number of families who may use their gametes below the maximum number specified in the HFEA Code of Practice (and thereby reduce the number of potential offspring resulting from their donations), this box should be ticked ✓. The lower limit should be specified in both numbers and words. If the Yes box is ticked ✓, but no associated value specified, the form will be rejected and returned.</p>
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19 Please list any physical illness or disability, history of mental illness or learning difficulties. Please also list any known medical conditions within the donor's biological family.

Section 19	<p>Medical Background</p> <p>If the donor has any physical illness or disabilities, or has a history of mental illness or learning difficulties, please specify them within this section. Also, if there are any known relevant medical conditions within the donor's biological family background, then please provide further information within this section.</p>
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20 Please list below any screening tests carried out for this donor

Cystic Fibrosis

HIV

Karyotype

Cytomegalovirus (CMV) antibodies

STDs

Hepatitis B & C

Sickle cell anaemia

Thalassaemia

Tay Sachs

Other

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Section 20	<p>Screening Test Carried Out</p> <p>Please tick ✓ the appropriate boxes and provide additional items within the “Other” section for each of the screening tests carried out for the donor.</p>
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The following sections of the form (pages 3 & 4) are to be completed by the donor so that any person born as a result of their donation may have access to a fuller picture of their genetic origin. Information which may identify the donor cannot be disclosed if the donor registered before the 1st April 2005.

Donor Information	Centre: <input style="width: 50px;" type="text" value="0017"/>	Form D <input style="width: 100px;" type="text"/>
Donor Number: <input style="width: 150px;" type="text"/>		
In the spaces below please supply a description of your:-		
21. Religion or belief systems: <input style="width: 500px;" type="text"/>		

Section 21	<p>Religion or belief systems</p> <p>This section must include details of the donor’s faith, religions or belief systems. If none please state “none”.</p>
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22. Occupation:	<input style="width: 500px;" type="text"/>
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Section 22	<p>Occupation</p> <p>This section must include details of the donor’s current occupation. If none please state “none”.</p>
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23. Interests:	<input style="width: 500px;" type="text"/>
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Section 23	<p>Interests</p> <p>This section must include details of the donor’s interests or hobbies. If none please state “none”.</p>
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24. Skills:	
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Section 24	<p>Skills</p> <p>This section must include details of any skills or talents that the donor possesses. If none please state "none".</p>
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25. Reasons for donating:	
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Section 25	<p>Reasons for donating</p> <p>People born as a result of donated gametes or embryos are usually interested in the motivation behind the decision to donate, and donors should therefore be encouraged to complete this section as honestly as possible. This field cannot be left blank.</p>
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Optional Additional Information

You may wish to provide in these sections a goodwill message and description of yourself. This information is not compulsory but it is recommended you complete these sections as the information you provide can help parents tell children about their origins and answer some questions a donor-conceived person may have.

Non-identifying information provided in the following sections can, upon request, be shared with patients requiring treatment with donor gametes/embryos, parents of children conceived using your donated gametes/embryos and children conceived using your donated gametes/embryos, once they reach the age of 16.

The full content of this form can be made available to donor-conceived people when they reach the age of 18.

I understand that by completing these sections I have consented to the information therein being shared with patients, parents and donor-conceived people, as outlined above. (Please tick to confirm)

26. You may wish to write a goodwill message to be shown to anyone born as a result of your donation.

Section 26	<p>Goodwill message</p> <p>This section is provided for the donor to write a message</p>
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which would be made available on request to anyone born as a result of their donation. Unlike all other sections of the form which contain factual information about the donor, this section allows the donor to communicate their wishes and aspirations to potential offspring.

If a donor is completing this section ensure they have read the information supplied and ticked the box to confirm that they understand who the data will be shared with.

Donor Information

Centre: 0017

Form D

Donor Number:

27. The space below is provided for you to give a description of yourself as a person. This information may be passed to anyone born as a result of your donation, and to parents intending to talk to children about their origins. The type of information that may be helpful could include your education, achievements, values, and life experiences. Try to imagine yourself as a donor conceived person, and think about what you might wish to know.

I

Section 27

Pen Portrait

This will be an important section for donor offspring.

This information may be passed to anyone born as a result of their donation and possibly the parents of those offspring. Donors may wish to include a range of subjects. Suggestions include their education and qualifications, achievements, personal values and life experiences. Donors should be encouraged to imagine themselves in the position of a person born as a result of their donated gametes and to consider what information they would want to know about their origins. This section

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may be continued on further pages as required, provided the associated form number is written at the top of each additional page.

Centres are reminded to keep copies of the pen portrait statement together with the appropriate form within their records.

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SAMPLE FORM - DO NOT COPY OR USE

Donor Information	Centre	9004	Form D	
1 This form is registering	<input checked="" type="radio"/> is registering a new individual <input type="radio"/> Replaces all details previously registered			
For changes complete section 2 and any other relevant sections below.				
2 This form replaces form	D			
3 Form completed on	_ / _ / _			
4 Donor number.			Previous donor number (if changed)	
5 This donor was also registered as patient/partner no.				
6 Donor details	Current surname			
	Current forename(s)			
	Surname at birth (if different from current)			
	Forenames at birth (if different from current)			
	DOB	_ / _ / _		Sex <input type="radio"/> Male <input type="radio"/> Female
	Marital Status	▼		
	Town or district of birth			
	Country of birth	▼		
	NHS number for UK resident (if known)			
	OR Passport/ID card number			
	Country of issue	▼		
Donor address at date of form completion:	House name or number			
	Street Name			
	Town			
	County			
	Postcode			
	Country	▼		
7 Own biological children	Yes <input type="radio"/> No <input type="radio"/>	If yes, how many	Girls	Boys
8 Your current height (m)		Current weight (kgs)		
9 Eye colour	▼			
10 Natural hair colour	▼			

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SAMPLE FORM - DO NOT COPY OR USE SAMPLE FORM - DO NOT COPY OR USE

11 Skin colour

12 Date gametes first used (or supplied for use) in treatment

13 Any donations at other centres? Yes No If yes, last UK or overseas centre for donor (if known)

14 Was the donor adopted? Yes No Was the donor conceived by donation? Yes No

15 Donors own ethnic group

16 Biological mother's ethnic group (if known)

17 Biological father's ethnic group (if known)

18 Would the donor like to limit the number of live birth events using their donated gametes to less than the maximum of 10? Yes No If yes, please supply the number

19 Please list any physical illness or disability, history of mental illness or learning difficulties. Please also list any known medical conditions within the donor's biological family.

20 Please list below any screening tests carried out for this donor

Cystic Fibrosis	<input type="checkbox"/>	HIV	<input type="checkbox"/>	Karyotype	<input type="checkbox"/>
Cytomegalovirus (CMV) antibodies	<input type="checkbox"/>	STDs	<input type="checkbox"/>	Hepatitis B & C	<input type="checkbox"/>
Sickle cell anaemia	<input type="checkbox"/>	Thalassaemia	<input type="checkbox"/>	Tay Sachs	<input type="checkbox"/>

Other

21 Comments

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SAMPLE FORM - DO NOT COPY OR USE

Donor Information	Centre: <input type="text" value="0017"/>	Form D <input type="text"/>
Donor Number: <input type="text"/>		
In the spaces below please supply a description of your:-		
21. Religion or belief systems:	<input type="text"/>	
22. Occupation:	<input type="text"/>	
23. Interests:	<input type="text"/>	
24. Skills:	<input type="text"/>	
25. Reasons for donating:	<input type="text"/>	
26. You may wish to write a goodwill message to be shown to anyone born as a result of your donation.	<input type="text"/>	

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Donor Information

Centre:

Form D

Donor Number:

27. The space below is provided for you to give a description of yourself as a person. This information may be passed to anyone born as a result of your donation, and to parents intending to talk to children about their origins. The type of information that may be helpful could include your education, achievements, values, and life experiences. Try to imagine yourself as a donor conceived person, and think about what you might wish to know.

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Appendix 1 – National Ethnicity codes

WHITE		Category includes
A	White British	English, Scottish, Welsh, Cornish
B	White Irish	
C	Any other White background	Former USSR, Baltic States, Former Yugoslavia, Other European, White South African, American, Australian, New Zealander, Mixed White
CF	Greek	
CG	Greek Cypriot	
CH	Turkish	
CI	Mediterranean	Italian, Portuguese and Spanish
CJ	Turkish Cypriot	
CN	Jewish	
CY	Other White European	
MIXED		
D	White & Black Caribbean	
E	White & Black African	
F	White & Asian	
G	Any other mixed background	
ASIAN OR ASIAN BRITISH		
H	Indian	British Indian, Punjabi
J	Pakistani	British Pakistani, Kashmiri
K	Bangladeshi	British Bangladeshi
L	Any other Asian background	British Asian, East African Asian, Sri Lankan, Tamil, Sinhalese, Caribbean Asian, Nepalese, Mixed Asian
BLACK OR BLACK BRITISH		
M	Black Caribbean	Caribbean, West Indian islands (and also Guyana) apart from Puerto Rican, Dominican and Cuban, which are Latin America
N	Black African	Nigerian, Kenyan, Black South African, Other Black African Countries
P	Other Black background	Black American, Mixed Black
PA	Somali	
PE	Black British	
OTHER ETHNIC GROUPS		
R	Chinese	Hong Kong
S	Any other ethnicity	Japanese, Filipino, Malaysian, Aborigine, Afghani, Burmese, Fijian, Inuit, Maori, Native American Indian, Thai, Tongan, Samoan, Buddhist, Hindu, Iranian, Israeli, Kurdish, Latin American (inc, Cuban, Puerto Rican, Dominican, Hispanic), Moroccan, Multi Ethnic Islands (inc, Seychellois, Maldivian, St. Helena), Muslim, Other Middle Eastern (inc, Iraqi, Lebanese, Yemeni), Other North African, Sikh, South American (inc. Central America)
SA	Africa – colour not defined	
SB	Middle East	
SC	Arab	
SD	Vietnamese	
Z	Not stated	