

# Withdrawing your consent or Stating your lack of consent

HFEA  
WC form



## About this form

### Who should fill in this form?

Fill in this form if you wish to **withdraw your consent** to:

- **the use or storage** of your eggs, sperm or embryos (created outside the body, in vitro, with your eggs or sperm),
- **being the legal parent** of any child born as a result of your partner's treatment – you can only do this if donor sperm or embryos (created in vitro with donor sperm) are being used in her treatment, **or**
- **your partner being the legal parent** of any child born as a result of your treatment – you can only do this if you are not married to or in a civil partnership with your partner, and donor sperm or embryos (created in vitro with donor sperm) are being used in your treatment.

Also fill in this form if you wish to **state your lack of consent** to your wife or civil partner's treatment with donor sperm or embryos (created in vitro with donor sperm) and do not want to be the legal parent of any child born from her treatment.

### Why should I fill in this form?

If you wish to withdraw your consent to anything you previously consented to on HFEA consent forms, or if you want to state your lack of consent to your wife or civil partner's treatment,

then you will need to fill in the relevant sections of this form so your clinic has a written record of this. If your consent relates to use of sperm, eggs or embryos for treatment or donation then it can be varied or withdrawn at any time until the point of transfer.

Consent to parenthood can also be varied and withdrawn up to the point of sperm, egg or embryo transfer. Consent to the use of sperm, eggs and embryos for research and training can be varied and withdrawn until they have been used for these purposes.

### 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 withdrawing your consent or stating your lack of consent.

### 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>	Place clinic sticker here
	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### For clinic use only

HFEA centre reference

Patient number *Assigned by clinic*

Other relevant forms

## 2 About your partner

Only complete this section if you are withdrawing or stating a lack of consent in relation to treatment with a past or current 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 Your withdrawal or lack of consent

3.1 **Why are you completing this form?**

I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos (created in vitro with my eggs or sperm) ▶ *Complete section 4*

I am withdrawing my consent to being the legal parent of any child born from the treatment of my partner ▶ *Complete section 5*

I am withdrawing my consent to my partner being the legal parent of any child born from my treatment ▶ *Complete section 6*

I am stating my lack of consent to the treatment of my wife or civil partner ▶ *Complete section 7*

## 4 Withdrawing consent to use or storage

Only complete this section if you are withdrawing your consent to the use(s) or storage of your eggs, sperm or embryos.

4.1 **Are you withdrawing your consent to the use or uses of your eggs, sperm or embryos?**

No ▶ *Go straight to section 4.2*

Yes ▶ *Specify below which use or uses you are withdrawing your consent to*

**For your eggs**

My treatment

The treatment of others (donation)

Research purposes

Training purposes

*Continues on the next page*

## Page declaration

**Your signature**

**Date**

4

Withdrawing consent to use or storage *continued*

**For your sperm**

- The treatment of my partner (named in section 2)
- The treatment of others (donation)
- Research purposes
- Training purposes

**For embryos (created in vitro with your eggs or sperm)**

- The treatment of myself or my partner (named in section 2)
- The treatment of others (donation)
- Research purposes
- Training purposes

4.2 **Are you withdrawing your consent to the storage of your eggs, sperm or embryos?**

When withdrawing your consent to storage, you automatically consent to allowing your eggs, sperm or embryos to perish.

If you withdraw your consent to the storage of embryos, and the embryos were to be used for your partner’s or someone else’s treatment, they will be notified of your withdrawal.

*Please note that the embryos may remain in storage for up to 12 months after your withdrawal if other interested parties do not agree to the embryos being allowed to perish.*

- No ► Go straight to section 4.3
- Yes ► Specify below what you are withdrawing your consent to
  - The storage of my eggs
  - The storage of my sperm
  - The storage of embryos (created in vitro with my eggs or sperm)

4.3 **Declaring your withdrawal**

Sign and date your withdrawal.

**Your signature**

X

**Date**

DD MM YY

## 5 Withdrawing consent to being the legal parent

You can only complete this section if:

- you are the partner of a woman receiving treatment, and
- donor sperm or embryos (created in vitro with donor sperm) are being used in your partner's treatment.

### 5.1 Withdrawing your consent

Please note that your partner will be informed of your withdrawal.

- I withdraw my consent to being the legal parent of any child born from the treatment of my partner (named in section 2).

### 5.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

     

## 6 Withdrawing consent to your partner being the legal parent

You can only complete this section if:

- you are a woman receiving treatment,
- you are not married to or in a civil partnership with your partner, and
- donor sperm or embryos created in vitro with donor sperm are being used in your treatment.

### 6.1 Withdrawing your consent

Please note that your partner will be informed of your withdrawal.

- I withdraw my consent to my partner (named in section 2) being the legal parent of any child born from my treatment.

### 6.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

## 7 Stating your lack of consent to your wife or civil partner's treatment

Only complete this section if:

- you are the husband or civil partner of a woman being treated with donor sperm or embryos (created in vitro with donor sperm), and
- you do not wish to be the legal parent of any child born from her treatment.

If you do not state your lack of consent you will automatically become the legal parent of any child born from her treatment.

### 7.1 Stating your lack of consent

- I do not consent to the treatment of my wife or civil partner (named in section 2), and I do not want to be the legal parent of any child born from her treatment.

### 7.2 Declaring your lack of consent

Sign and date below.

Your signature

Date

## 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,
  - the implications of withdrawing consent have been fully explained to me, and
  - I understand that I can make changes to or withdraw my consent at any point until the time of sperm or embryo transfer, their use in research or training or the sperm or embryos have been allowed to perish.
- I declare that the information I have given on this form is correct and complete.
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, donation or storage, or a data controller – as defined in section 1 of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990, as amended), or for record storage and archiving purposes.

#### Your signature

#### Date

     

#### *If signing at the direction of the person withdrawing consent*

If the person withdrawing their consent 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 withdrawing consent 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