

Men's consent to the use and storage of sperm or embryos for surrogacy



About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK's independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are a man commissioning a surrogacy arrangement and providing sperm or embryos (created outside the body with your sperm) to the surrogate.

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
 - the different options set out in this form
 - the implications of giving your consent
 - the consequences of withdrawing this consent, and
 - how you can make changes to, or withdraw, your consent.
- an opportunity to have counselling about the implications of entering into a surrogacy arrangement.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

You are strongly advised to seek your own legal advice before entering into a surrogacy arrangement.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you. However, if you are consenting to being registered as the legal father of any child born as a result of treatment after your death (see section 6.6), you must sign the form yourself.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your sperm, or embryos created outside the body with your sperm, to be used or stored (eg, for in vitro fertilisation (IVF) treatment). If you are storing your sperm or embryos, you must also state in writing how long you consent to them remaining in storage.

You are also legally required to record what you would like to happen to your sperm and embryos if you were to die or lose the ability to decide for yourself (become mentally incapacitated). While this is perhaps not something you have considered, your clinic needs to know this so that they only allow your sperm and embryos to be used according to your wishes. If you are unsure of anything in relation to this, please ask your clinic.

Why are there questions about using my sperm and embryos for training purposes?

You may have some sperm and embryos left which you do not wish to be used in future surrogacy treatment, or which are not viable for treatment. On this form, you can consent to donate these for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

Unused sperm and embryos can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. Your clinic can give you more information about this and provide you with the relevant consent form(s).

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.

For clinic use only (optional)

HFEA centre reference

Patient number assigned to each patient registered at the clinic

Other relevant forms

Date sperm were placed in storage

Date sperm can remain in storage until

Date embryos were placed in storage

Date embryos can remain in storage until

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/HCN/passport number
(please circle)

2 About the surrogate (if known at the time of consent)

2.1 The surrogate's first name(s)

Place clinic sticker here

2.2 The surrogate's surname

2.3 The surrogate's date of birth

2.4 The surrogate's NHS/CHI/HCN/passport number
(please circle)

3 About the surrogacy arrangement

If you are providing sperm:

3.1 Do you consent to your sperm being transferred to the surrogate using artificial insemination (eg, intrauterine insemination (IUI) or gamete intra-fallopian transfer, a technique which a small number of clinics use)?

Yes No

3.2 Do you consent to your sperm being used to create embryos outside the body and for these embryos to be transferred to the surrogate?

Please note that the egg provider also has to give her consent for embryos to be created and used.

Yes No

▶▶▶▶ Continues on the next page

Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

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3 About the surrogacy arrangement *continued*

If you are providing embryos:

3.3 Do you consent to embryos (already created outside the body using your sperm) being transferred to the surrogate?

Please note that the egg provider also has to give her consent for embryos to be used.

Yes No

4 Storing sperm and embryos

4.1 Do you consent to your sperm being stored?

Only complete this section if you consented to your sperm being transferred to the surrogate ie, you answered yes to question 3.1 or 3.2.

Yes No

4.2 Do you consent to the embryos (created outside the body with your sperm) being stored?

Only complete this section if you consented to embryos being transferred to the surrogate ie, you answered yes to question 3.2 or 3.3.

Please note that embryos can only be stored if the egg provider has also given her consent.

Yes No

Sperm and embryo storage periods

Only continue reading and completing this section if you answered yes to either section 4.1 or 4.2.

You may wish to store any embryos left after your surrogate's treatment so they can be used in future surrogacy treatment. To be stored, embryos are frozen or 'vitrified'. When considering how long to store for, you may want to think about how far in the future you might want to use your stored sperm and embryos for surrogacy and the costs of storing – ask your clinic if you are unsure. The law permits you to store for any period up to 10 years but in cases where you or your partner are prematurely infertile, or likely to become prematurely infertile, you may store for longer (up to 55 years).

Please note that any arrangements you need to make regarding the practicalities of storage with your clinic or funding body are separate from this consent. For example, your clinic may only continue to store your sperm and embryos for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

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Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

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4 Storing sperm and embryos *continued*

4.3 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?

Causes of premature infertility can include chemotherapy treatment and early menopause. Please speak to your clinic if you are unsure. If your circumstances change and either you or your partner become prematurely infertile, or are likely to become prematurely infertile, you and your partner can change your consent to store your sperm and embryos for up to 55 years.

- Yes ▶ go straight to 4.6.
 No ▶▶ go to section 4.4

4.4 For how long do you consent to store your sperm?

Only complete this section if you answered yes to storing your sperm at 4.1.

You can consent to store your sperm for up to 10 years.

- For 10 years
 For a specific period (up to a maximum of 10 years) ▶ specify the number of years:
 years

4.5 For how long do you consent to store your embryos?

Only complete this section if you answered yes to storing embryos at 4.2.

You can consent to store your embryos for up to 10 years. Please note that the egg provider also has to give her consent to storage.

- For 10 years
 For a specific period (up to a maximum of 10 years) ▶ specify the number of years:
 years

The consent period will start from the date of storage. Remember you can always change the time period you consent to by completing this form again and specifying the new total time period you would like your sperm and embryos to be stored for. For example, if you consented to five years' storage on the original form and wish to consent for a further five years (10 years in total), you should complete another copy of this form but tick the box for 10 years. This second form would supersede the first form you completed.

▶ **Now sign the page declaration below and go straight to section five.**

4.6 Premature infertility

If you or your partner are prematurely infertile, or likely to become prematurely infertile, you can consent to store your sperm or embryos for up to 55 years. Although you can consent up to a maximum of 55 years on this form, after the first 10 years your medical practitioner will need to certify in writing that the medical criteria for premature infertility have been met for storage to continue for more than 10 years. When the criteria have been met, the storage period will be extended by 10 years from the date the criteria are met. The storage period can then be extended by further 10 year periods (up to a maximum of 55 years) at any time within each extended storage period if it is shown that the criteria continue to be met. For more information about this, please ask your clinic.

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Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

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4

Storing sperm *continued***For how long do you consent to store your sperm?**

Only complete this question if you answered yes to storing your sperm at 4.1.

Please specify the number of years you consent to store your sperm for (up to a maximum of 55): years

For how long do you consent to store your embryos?

Only complete this question if you answered yes to storing your embryos at 4.2. Please note that the egg provider also has to give her consent to storage.

Please specify the number of years you consent to store your embryos for (up to a maximum of 55): years

Clinic staff: please attach all relevant medical practitioners' statements to this form.

5

Using sperm and embryos for training

5.1

Do you consent to your sperm being used for training purposes?

Yes No

5.2

Do you consent to embryos (already created outside the body with your sperm) being used for training purposes?

Please note that embryos can only be used if the egg provider has also given her consent.

Yes No

6

In the event of your death or mental incapacity

As part of your consent, you also need to decide what you want to happen to your sperm or embryos (created outside the body with your sperm) if you die or lose the ability to decide for yourself (become mentally incapacitated). Please note that your sperm and embryos may only be used within the storage period you consented to above.

If you do not give your consent in the below section, your sperm or embryos must be allowed to perish in the event of your death or mental incapacity and cannot be used in treatment.

You also need to be aware that in the event of your death, it may not be possible for your partner to apply for a parental order. One of the conditions for applying for a parental order is that you must be in a couple (either married, civil partners or living together as partners).

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Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

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About the use of your sperm

Only complete this part of section six if you are providing sperm.

- 6.1 **Do you consent to your sperm being transferred to the surrogate using artificial insemination (eg, intrauterine insemination (IUI) or gamete intra-fallopian transfer, a technique which a small number of clinics use)?**

If you die

Yes No

If you become mentally incapacitated

Yes No

- 6.2 **Do you consent to your sperm being used to create embryos outside the body (eg, through IVF), and for these embryos to be transferred to the surrogate?**

Please note that the egg provider also has to give her consent for embryos to be created and used.

If you die

Yes No

If you become mentally incapacitated

Yes No

- 6.3 **Do you consent to your sperm being used for training purposes?**

If you die

Yes No

If you become mentally incapacitated

Yes No

About the use of embryos

Only complete this part of section six if you answered yes to question 3.2 or 3.3.

- 6.4 **Do you consent to embryos (already created outside the body using your sperm) being transferred to the surrogate?**

Please note that the egg provider also has to give her consent for embryos to be used.

If you die

Yes No

If you become mentally incapacitated

Yes No

- 6.5 **Do you consent to embryos (already created outside the body with your sperm) being used for training purposes?**

Please note that embryos can only be used if the egg provider has also given her consent.

If you die

Yes No

If you become mentally incapacitated

Yes No

▶▶▶ Continues on the next page

Page declaration

Your signature

Date

Other uses for your sperm or embryos

If you wish to donate your sperm or embryos to others for use in their treatment, or for your partner's treatment, if you die or become mentally incapacitated, please speak to your clinic for more information. Depending on your circumstances, you will need to complete one of the following:

- 'Your consent to donating your sperm' (MD) form, if you want to donate your sperm
- 'Your consent to donating embryos' (ED) form, if you want to donate embryos, or
- 'Men's consent to treatment and storage (IVF and ICSI)' (MT) form, if you want your partner to use your embryos.

Consent to birth registration

Only complete this part of section six if you consented to your sperm, or embryos created outside the body with your sperm, being used in the surrogacy treatment after your death and you intend on being the legal parent of the child on birth.

If you have given your consent to your sperm or embryos (to be created outside the body with your sperm) being used after your death, you may also wish to consent to being registered as the legal father of any child that is born as a result of the surrogacy treatment.

Please note that the law concerning posthumous conception and surrogacy is complex and it may not be straightforward for your surviving partner to pursue a surrogacy arrangement after your death. We recommend you seek legal advice.

6.6 Do you consent to being registered as the legal father of any child born as a result of the surrogacy treatment after your death?

By ticking yes, you consent to the following:

- I consent to my name, place of birth and occupation being entered on the register of births as the legal father of any child born from the surrogate's treatment.

This register is kept under the Births and Deaths Registration Act 1953, or the Births and Deaths Registration (Northern Ireland) Order 1976, or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

- I also consent to information about my or the surrogate's treatment being disclosed to the surrogate and one of the following registrars:
 - the Registrar General for England and Wales
 - the Registrar General for Scotland
 - the Registrar for Northern Ireland.

Please note that being recorded in the register of births as the legal father of a child born from the surrogate's treatment does not transfer any inheritance or other legal rights to the child.

Yes No

Page declaration

Your signature

Date

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section one 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 have 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 at any point until the sperm or embryos have been transferred, used in training, or have been 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 you have completed this form at the direction of the person consenting (because he is unable to sign himself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

However, if the person consenting consented to being registered as the legal father after his death (that is if he ticked yes to question 6.6), he must sign the form himself.

Representative's declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with his direction.

Representative's name

Representative's signature

Relationship to the person consenting

Date

Witness's name

Witness's signature

Date