

# Your consent to donating your eggs



## 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](http://www.hfea.gov.uk).

### Who should fill in this form?

Fill in this form if you are a woman donating eggs for the treatment of others or for training purposes (to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment).

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

Before you fill in this form, you should have registered as a donor and completed the 'Donor information form'. If you have entered into an egg sharing agreement, you must also complete the 'Women's consent to treatment and storage form (IVF and ICSI)' (WT form).

You should also 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.

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.

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.

### 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 eggs, or embryos created outside the body (in vitro) with your eggs, to be used or stored (for example, for in vitro fertilisation (IVF) treatment).

If you are storing your eggs or embryos, you must also state in writing how long you consent to them remaining in storage.

### What if I want to donate my eggs for research?

Eggs can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments. This form only allows you to consent to donate eggs for the treatment of others or for training purposes. Your clinic can give you more information about donating for research and provide you with the relevant consent form(s).

### What happens to my eggs or embryos if I die?

By consenting to donate your eggs or embryos, you are also agreeing to them being used and stored if you were to die or lose the ability to decide for yourself (become mentally incapacitated). If you do not want your eggs or embryos to be used for the purposes outlined in this form if this were to happen, you can state this as a restriction (at section 2.4 of this form). You may also state here that you only want your eggs or embryos to be donated in the event of your death.

Please note that the clinic can only act on these wishes if they are informed about your death or mental incapacity. If you're unsure of anything in relation to this, please ask your clinic.

**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

### Date eggs were placed in storage

### Other relevant forms

### Date eggs 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 your egg donation

2.1 **Do you consent to your eggs being used for the treatment of others, without the creation of embryos outside the body (ie, gamete intra-fallopian transfer, a technique which a small number of clinics use)?**

Yes  No

2.2 **Do you consent to your eggs being used to create embryos outside the body (eg, through IVF treatment) and for these embryos to be used for the treatment of others?**

Yes  No

2.3 **How many families may have children using your donated eggs?**

The maximum number is 10 families. This is to minimise the possibility of two children from the same donor having a relationship with each other without knowing they are genetically related. It is also based on the perceived interests of donor-conceived people and their parents in maintaining a relatively small number of siblings. Consenting to 10 families will help the greatest number of families and maximise the potential of your donation. You should think about how many families you are comfortable donating to and the long-term implications of donation.

families may have children using my donated eggs.

▶▶▶ Continues on the next page

## Page declaration

**Your signature**

**Date**

For clinic use only (optional)

Donor number

## 2 About your egg donation *continued*

### 2.4 Do you have any restrictions that you would like to apply to any of your answers to 2.1 or 2.2?

You may want to put restrictions on who your eggs or embryos are used by, eg, a specified named recipient.

Yes ► specify your restrictions below then continue to section 2.5.

No ► go to section 2.5.

### 2.5 Do you consent to your eggs being used for training purposes?

Yes  No

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

Yes  No

## 3 Storing eggs and embryos

### 3.1 Do you consent to your eggs being stored?

Yes  No

### 3.2 Do you consent to embryos (created outside the body with your eggs) being stored?

**Only complete this section if you answered yes to section 2.2.** Please note that embryos can only be stored if the sperm provider has also given his consent.

Yes  No

► **If you have answered no to both 3.1 and 3.2,** sign the page declaration on this page and the next page then go to section four.

►► **If you have answered yes to 3.1 or 3.2, or both,** sign the page declaration below then continue on the next page.

►►► Continues on the next page

## Page declaration

Your signature

Date

For clinic use only (optional)

Donor number

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**Egg and embryo storage periods**

In this section you must state how long you consent to your eggs and/or embryos being stored for. You may want to think about how far in the future you want others to use your stored eggs and embryos – ask your clinic if you are unsure.

The law permits you to store for any period up to 10 years but in some cases where you, your partner, or the person to whom your eggs and embryos have been allocated, is prematurely infertile, or likely to become prematurely infertile, you may store for longer, up to 55 years.

A 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.

**Once your eggs or embryos have been allocated to someone else's treatment, the patient (together with the clinic) will determine how long the eggs and embryos are stored for within the boundaries of what you have consented to in this form.**

**3.3 For how long do you consent to your eggs being stored?**

**Only complete this section if you answered yes to section 3.1.**

- 10 years  
 55 years  
 A specific period (up to a maximum of 55 years) ▶ specify the number of years:  
 years.

**3.4 For how long do you consent to embryos (created with your eggs) being stored?**

**Only complete this section if you answered yes to section 3.2.** Please note that the sperm provider also has to give his consent to storage.

- 10 years  
 55 years  
 A specific period (up to a maximum of 55 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 eggs 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 would complete another copy of this form but tick the box for 10 years. This second form would supersede the first form you completed.

**Page declaration****Your signature**

**Date**
     

For clinic use only (optional)

Donor number

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 eggs 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 she is unable to sign for herself 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.

### 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 her direction.

### Representative's name

### Representative's signature

### Relationship to the person consenting

### Date

### Witness's name

### Witness's signature

### Date