

Your consent to extending the storage of your embryos beyond 10 years



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 already have embryos in storage (created outside the body (in vitro) using your sperm or eggs) and wish to extend your current storage period beyond 10 years. By law, you can only do this if you, your partner, or the person to whom your embryos have been allocated, are, or are likely to become, prematurely infertile. Your clinic will need to attach a medical practitioner's statement confirming this to this form.

Please **do not** complete this form if you are:

- storing your embryos for the first time, **or**
- changing the period for which you consented to store them within the 10 year standard storage period. Instead you should revise the storage period on the original form by completing another copy of that form.

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.

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 to store your embryos. You must also state in writing how long you consent to your embryos remaining in storage.

How long can I extend storage by?

Providing you, your partner, or the person to whom your embryos have been allocated, meet the medical criteria for premature infertility, you can consent to store your embryos for up to 55 years.

If you have your embryos in storage and wish to extend storage beyond 10 years, a medical practitioner will need to certify in writing that you or your partner has met the medical criteria for premature infertility for storage to continue.

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 the 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.

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

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 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/HCN/passport number (please circle)

3 Storing embryos

3.1 Were the embryos created outside the body using your eggs or sperm?

My eggs My sperm

3.2 Embryo storage periods

If you, your partner, or the person to whom your embryos have been allocated, has been diagnosed as prematurely infertile or likely to become prematurely infertile, you can extend your consent to allow for a total storage period of up to 55 years. Your clinic should attach a medical practitioner's statement to this form to certify that you or your partner meets the medical criteria for premature infertility.

Your clinic should ensure that for every subsequent 10 year period that your embryos are stored, a medical practitioner certifies in writing that you, your partner, or the person to whom your embryos have been allocated, still meet the medical criteria for storage to continue.

▶▶▶ Continues on the next page

Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

3 Storing embryos *continued*

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 embryos for the period you have specified in this form to if you, or your funding provider, continue to pay the storage fees.

For how long do you consent to store your embryos?

Please specify the total number of years you consent to your embryos being stored for (up to a maximum of 55). For example, if your embryos have already been in storage for 10 years and you want to extend it by another 10, you should state 20 years below.

years

Section for clinic use only

Date embryos were placed in storage

Date embryos can remain in storage until

Please attach all relevant medical practitioners' statements to this form.

4 Declaration

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 to storage at any time until the embryos (created outside the body with my sperm or eggs) 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

▶▶▶ Continues on the next page

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date the declaration below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative's signature

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 in accordance with their direction.

Representative's name**Representative's signature****Relationship to the person consenting****Date****Witness's name****Witness's signature****Date**