

Your consent to the use of your eggs in GIFT

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 having gamete intra-fallopian transfer (GIFT) using your eggs.

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 if you want your eggs to be used in fertility treatment.

If you are planning to store any eggs that are left after your treatment, you are legally required to record what you would like to happen to them

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 eggs to be used according to your wishes. You will need to complete an additional form if you want to store your eggs. If you are unsure of anything in relation to this, please ask your clinic.

Why are there questions about using my eggs for training purposes?

You may have some eggs left after treatment which you do not wish to use (eg, because you do not want future treatment or the eggs are not viable for treatment). On this form, you can consent to donate them for training purposes to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment.

What if I want to donate my eggs?

Unused eggs 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).

You could also think about donating viable unused eggs to another person for use in their treatment. Before doing this, there are lots of issues to consider. For more information, see www.hfea.gov.uk/donation/donors/donating-your-eggs. If you decide to donate, you will need to complete a separate form: 'Your consent to donating your eggs' (WD form).

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 by 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 Your treatment

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

In order to use your eggs for your treatment you must provide your consent by ticking the yes box below.

Yes

4 Using eggs for training

4.1 **Do you consent to your eggs being used for training purposes?**

Yes No

Page declaration

Your signature **Date**

5**In the event of your death or mental incapacity**

If you are planning to store any eggs that are left after your treatment, you also need to decide what you would like to happen to these if you were to die or lose the ability to decide for yourself (become mentally incapacitated).

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

5.1 Do you consent to your eggs being used for training purposes?**If you die** Yes No**If you become mentally incapacitated** Yes No**Other uses for your eggs**

If you wish your eggs to be used in someone else'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 either:

- 'Your consent to donating your eggs' (WD form), or
- 'Your consent to the use and storage of eggs or embryos for surrogacy' (WSG form).

6**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 at any point until the time of egg transfer, use of the eggs in training, or until the eggs 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

▶▶▶▶ 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 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 their direction.

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