

Mitochondrial donation: Consent to donating your eggs

WDM Gender-neutral version

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 donating eggs and/or embryos created with your eggs for use in another person's mitochondrial donation treatment so that they can avoid passing on inheritable mitochondrial diseases to their children.

What does mitochondrial donation involve?

You will be donating eggs (containing your mitochondria) to women who have mitochondria containing gene abnormalities, for use in IVF-based treatment so that they can avoid passing on an inheritable mitochondrial disease to their child. The IVF-based techniques used to achieve this are called maternal spindle transfer (MST) and pronuclear transfer (PNT). On this form you can consent to MST, PNT or both.

What are MST and PNT?

In MST, your nuclear genetic material (the genes which make us who we are) will be removed from your eggs and replaced with the nuclear genetic material from the intended mother's egg. The nuclear genetic material removed from your eggs will be discarded.

Following MST, the eggs containing your mitochondria will be fertilised with the intended father's (or a donor's) sperm to create embryos which will be used in the intended mother's treatment. This means that the intended mother, not you, will be the genetic parent of any child that is born.

In PNT, your eggs will be fertilised with the intended father's (or a donor's) sperm to create embryos. The nuclear genetic material within these embryos will then be removed and discarded. It will be replaced with the nuclear genetic material removed from embryos created using the intended mother's eggs and father's (or donor's) sperm. This means that they, not you, will be the genetic parents of the child.

If you're unsure of anything, please ask your clinic for more information.

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

Before you fill in this form, you should have completed the 'Mitochondrial Donor Registration Form'. Make sure 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 and when you can make changes to, or withdraw, your consent.
- an opportunity to have counselling.

For clinic use only (optional)

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Other relevant forms

Date eggs were placed in storage

Date eggs can remain in storage until

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 before filling in this form. If you haven't 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, 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.

If your eggs or embryos containing your nuclear genetic material are going to be stored, you must consent to this and state in writing how long you consent to them remaining in storage. Once your nuclear genetic material has been removed and replaced with that of the intended mother and sperm provider, they will determine what happens to them, including how long they will be stored for.

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

There may be some eggs or embryos left after treatment. This form allows you to consent to donate eggs or embryos (containing your nuclear genetic material) for training purposes, helping embryologists to learn about, and practice, IVF techniques.

What if I want to donate my eggs for other purposes?

If you also wish to donate your eggs for 'regular' egg donation (where your eggs are donated to someone to help them conceive rather than avoid passing on a mitochondrial disease), you must complete the 'Your consent to donating your eggs' (WD form). If you have entered into an egg sharing agreement, you must complete the 'Your consent to your eggs and embryos being used in treatment and/or stored form (IVF and ICSI)' (WT form).

Eggs can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially developing new treatments. If you would like to donate any eggs or embryos (before your nuclear genetic material is removed) to research, speak to your clinic who will provide you with the relevant consent form(s).

What if I want to withdraw my consent?

You can make changes to or withdraw your consent at any point up until your genetic material is removed from your eggs, or in PNT, the embryos created with your eggs. After this point you will no longer have any rights over the eggs or embryos and cannot withdraw consent to their use in treatment, storage or training.

What happens to my eggs or embryos if I die?

By consenting to mitochondrial donation, you are also agreeing to your eggs or embryos (before your nuclear genetic material is removed) 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 2.3).

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.

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Date	of birth	/	NHS/CHI/HCN/passport number (please circle					
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2.	About your	mitochondri	al donation					
2.1.	-							
2.1.	Do you consent to your eggs undergoing MST and for embryos created from eggs following MST being used for the treatment of others?							
	This process will involve:							
	 your eggs undergoing the MST process (this means that your nuclear genetic material will be removed from your eggs and replaced with the intended mother's nuclear genetic material. Your nuclear genetic material will be discarded), 							
		,	g your mitochondria and the intended mother's nuclear ate embryos outside of the body, and					
	 those embryos 	s being used in the in	ntended mother's treatment (embryo transfer).					
	☐ Yes	☐ No						
2.2.	-		ng used to create embryos outside of the body whic the treatment of others?					
	This process will in	volve:						
	 your eggs being used to create embryos outside of the body (those embryos will contain your and the sperm provider's nuclear genetic material), 							
	 the embryos undergoing the PNT process (this means that your nuclear genetic material will be removed from the embryo, discarded, and replaced with the intended mother's and sperm provider's nuclear genetic material), and 							
		,	tochondria and the intended mother's and sperm provider's ed in the intended mother's treatment (embryo transfer).					
	☐ Yes	☐ No						
2.3.	Would you like t	o apply any restri	ctions to your answers to 2.1 and 2.2 above?					
	be used by (eg, a seggs or embryos to next page. Please	pecified named recipobe used in the even	by your eggs, or in PNT, embryos created with your eggs, can bient). Another example may be that you do not wish for your at of your death or mental incapacity. If so, please state on the ly place restrictions on eggs or embryos that still contain your have undergone the MST or PNT process).					
Page	e declaration signatur	e	Date					
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	☐ Yes - spe	ecify your i	estrictions in the	e box	belov	/ then	conti	inue t	o sec	tion 3	3.
	☐ No - go	to section	3.								
3. 3.1		sent to you purposes	embryos i ur eggs (contai ?				ear ge	enetic	: mate	erial)	being used
3.2.	Do you cons	sent to you	ur embryos (co ody with your e					_			
	☐ Yes	☐ No									
4.	Storing e	eggs an	d embryo	5							
-			to be stored before this and state in v			•	-	•			
whom	•	embryos ha	o 10 years but in s ve been allocated up to 55 years.								•
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time w	• .	ded storage	ktended by furthe e period if it is sho your clinic.	-	-		-				
mothe			erial has been re gether with the c								e intended or embryos will
4.1.	Do you cons	sent to yo	ur eggs (contai	ning	your	nucle	ear ge	enetic	mate	erial)	being stored?
	☐ Yes	□ No									
Page o	declaration signa	ature			Date						
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Donor	number										
4.2.	being stored	? Only co	consent to eg emplete this s ou're unsure c	ection if y	you	ans	were	d yes	_		•
	☐ 10 years	☐ 55 ye	ears								
	☐ A specific	period (u	p to 55 years)	. Specify n	num	ber c	of yea	rs			
	PNT only	,									
4.3.	Do you cons	ent to em	bryos (conta	ining you	r nı	uclea	ır ger	netic	mate	rial) b	eing stored?
	☐ Yes	☐ No									
4.4.	4.4. For how long do you consent to embryos (containing your nuclear genetic material) being stored? Only complete this section if you answered yes to question 4.3. Please talk to your clinic if you're unsure of how long to store for.										
	☐10 years	☐ 55 ye	ears								
	☐ A specific	period (u	p to 55 years)	. Specify n	num	ber c	of yea	rs			
conser and er wish to	onsent period wil nt to by completion mbryos to be stor o consent for a fu e box for 10 year	ng this form red for. For urther five y	n again and spe example, if you ears (10 years i	cifying the r consented n total), you	new I to t u sh	total five ye ould	time p ears' s compl	period storage ete ar	you v e on t nother	vould li he orig	ke your eggs inal form and
5.	Declarati	on									
Ple	ease sign and d	late the de	claration								
• I d	eclare that I am	the perso	n named in se	ection one	of t	his fo	orm.				
	eclare that:										
	before I completed form, and I was		•				ut the	diffe	rent c	ptions	set out in this
	the implications have been fully		•	ınd the cor	nse	quen	ices o	of with	ndraw	ing thi	s consent,
	I understand th nuclear genetion my eggs.		•	•					•	•	
• I d	eclare that the i	information	n I have given	on this for	m i	s cor	rect a	ind co	omple	ete.	
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Your	signature			Da	te						
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Donor number

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If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because that person is 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.

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						
B. I. i. i. i. i. i. i.	D .						
Relationship to person consenting	Date						
	D D M M Y Y						
Witness's name	Witness's signature						
Date							