

Your consent to the use and storage of eggs or embryos for surrogacy



Human
Fertilisation &
Embryology
Authority

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 commissioning a surrogacy arrangement and are providing eggs or embryos (created outside the body with your eggs) 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 providing eggs or embryos to be transferred to a surrogate and wish to be the nominated legal parent of the resulting child on birth, you also need to fill in the 'Your consent to being the legal parent in surrogacy' (SPP) form.

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 with your eggs, to be used or stored (eg, 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.

You are also legally required to record what you would like to happen to your eggs 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 eggs and embryos to be used according to your wishes. If you're unsure of anything in relation to this, please ask your clinic.

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

You may have some eggs 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 eggs 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 eggs were placed in storage

Date eggs 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 eggs:

- 3.1 **Do you consent to your eggs being transferred to the surrogate (ie, gamete intra-fallopian transfer, a technique which a small number of clinics use)?**
☐ Yes ☐ No

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

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

☐ Yes ☐ No

If you are providing embryos:

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

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

☐ Yes ☐ No

Page declaration

Your signature

Date

4 Storing eggs and embryos

4.1 Do you consent to your eggs being stored?

Only complete this section if you consented to your eggs being used 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 eggs) 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 sperm provider has also given consent.

☐ Yes ☐ No

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

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, early menopause and certain treatments for gender dysphoria. 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 eggs and embryos for up to 55 years.

☐ Yes ► now sign the page declaration below and go straight to section 4.6.

☐ No ►► after signing the page declaration below, continue to section 4.4.

►►►► Continues on the next page

Page declaration

Your signature

Date

4 Storing eggs and embryos *continued*

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

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

You can consent to store your eggs 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 sperm provider also has to give their 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 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 eggs or embryos for up to 55 years. Although you can consent up to a maximum of 55 years on this form, before the first 10-year period has expired, 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.

For how long do you consent to store your eggs?

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

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

►►►► Continues on the next page

Page declaration

Your signature

Date

4 Storing eggs and embryos *continued*

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 specify the number of years you consent to store your embryos for (up to a maximum of 55). Please note that the sperm provider also has to give their consent to storage.

years

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

5 Using eggs and embryos for training

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

☐ Yes ☐ No

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

Please note that embryos can only be used if the sperm provider has also given 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 eggs or embryos (created outside the body with your eggs) if you die or lose the ability to decide for yourself (become mentally incapacitated). Please note that your eggs 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 eggs 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.

About the use of your eggs

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

6.1 Do you consent to your eggs being transferred to the surrogate (ie, through 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

▶▶▶▶ Continues on the next page

Page declaration

Your signature

Date

6.2 **Do you consent to your eggs 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 sperm provider also has to give consent for the 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 eggs 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 eggs) being transferred to the surrogate?**

Please note that the sperm provider also has to give consent for the 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 eggs) being used for training purposes?**

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

If you die

☐ Yes ☐ No

If you become mentally incapacitated

☐ Yes ☐ No

Other uses for your eggs or embryos

If you wish to donate your eggs or embryos to others for use in their treatment, or for your partner's treatment (where applicable), 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, if you want to donate your eggs, or
- 'Your consent to donating embryos' (ED), if you want to donate your embryos.

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 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 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