

# Withdrawing your consent

## 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 wish to **withdraw your consent** to:

- **the use or storage** of your eggs, sperm or embryos, or
- **being the legal parent** of any child born as a result of your partner's treatment – you can only do this if donor sperm or embryos are being used in your partner's treatment and you are not married to/in a civil partnership with them, or
- **your partner being the legal parent** of any child born as a result of your treatment – you can only do this if donor sperm or embryos are being used in your treatment and you are not married to, or in a civil partnership with, your partner.

If you have already had an embryo transfer or insemination, you cannot withdraw your consent to your partner being the legal parent of any resulting child. You also cannot withdraw your consent to your partner being the legal parent of any child that has already been born.

If you are withdrawing your consent in a surrogacy arrangement, please instead complete the 'Surrogacy – withdrawing your consent' (SWC) 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 withdrawing your consent, and
- when you can withdraw consent.

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?

If you want to withdraw your consent to anything you previously consented to, by law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to do this in writing.

### When can I withdraw my consent?

If your consent relates to the use of sperm, eggs or embryos for treatment or donation then it can be varied or withdrawn using this form at any time until the point of sperm, egg or embryo transfer.

Consent to parenthood can also be varied and withdrawn with this form up to the point of transfer. Consent to the use of sperm, eggs and embryos for research and training can be varied and withdrawn with this form until they have been used for these purposes.

**When filling in this form, make sure you sign each page declaration and relevant section declarations. This is to confirm you have read the information and fully agree with the consent and information you have given. When you have completed this 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

Only complete this section if you are withdrawing consent in relation to treatment with a past or current 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 withdrawal of consent

3.1 Why are you completing this form?

- I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos (created outside the body with my eggs or sperm) in my treatment or my partner's treatment. ▶ Sign the page declaration below then complete section four.
- I am withdrawing my consent to the use(s) or storage of my eggs, sperm or embryos (created outside the body with my eggs or sperm) in the treatment of others (donation). ▶ Sign the page declaration below then complete section four.
- I am withdrawing my consent to being the legal parent of any child born from the treatment of my partner. ▶ Sign the page declarations on this page and the next page then complete section five.
- I am withdrawing my consent to my partner being the legal parent of any child born from my treatment. ▶ Sign the page declarations on this page and the next page then complete section six.

## Page declaration

Your signature

Date

     

For clinic use only (optional)

Patient number

WC page 2 of 6

## 4

### Withdrawing consent to use or storage

Only complete this section if you are withdrawing your consent to the use(s) or storage of your eggs, sperm or embryos.

#### 4.1 Are you withdrawing your consent to the use(s) of your eggs, sperm or embryos?

- No ►► now sign the page declaration below and go straight to section 4.2.
- Yes ► specify which use(s) you are withdrawing your consent to below (remember to sign the page declaration before continuing to the next page):

##### For your eggs

- My treatment
- The treatment of others (donation)
- Research purposes
- Training purposes

##### For your sperm

- The treatment of my partner (named in section two)
- The treatment of others (donation)
- Research purposes
- Training purposes

##### For embryos (created outside the body with your eggs or sperm)

- The treatment of myself or my partner (named in section two)
- The treatment of others (donation)
- Research purposes
- Training purposes

#### Withdrawing your consent to the storage of your eggs, sperm or embryos

When withdrawing your consent to storage, you automatically consent to allowing your eggs, sperm or embryos to perish.

If you withdraw your consent to the storage of embryos, and the embryos were to be used for your partner's or someone else's treatment, they will be notified of your withdrawal.

**Please note that the embryos may remain in storage for up to 12 months after your withdrawal if other interested parties do not agree to the embryos being allowed to perish. The embryos cannot be used during this 12 month period. At the end of the 12 months the embryos will be allowed to perish.**

►►►► Continues on the next page

#### Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

WC page 3 of 6

## 4 Withdrawing consent to use or storage *continued*

### 4.2 Are you withdrawing your consent to the storage of your eggs, sperm or embryos?

- No ►► go straight to section 4.3.
- Yes ► specify below what you are withdrawing your consent to then continue to section 4.3.
- The storage of my eggs
  - The storage of my sperm
  - The storage of embryos (created outside the body with my eggs or sperm)

### 4.3 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

## 5 Withdrawing consent to being the legal parent

**You can only complete this section if:**

- you are the partner of someone receiving treatment
- donor sperm or embryos (created outside the body with donor sperm) are being used in your partner's treatment, and
- you are not married or in a civil partnership.

### 5.1 Withdrawing your consent

**Please note that your partner will be informed of your withdrawal.**

NB: If your partner has already had an embryo transfer or insemination, you cannot withdraw your consent to being the legal parent of any resulting child. You also cannot withdraw your consent to being the legal parent of any child that has already been born.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

- I withdraw my consent to being the legal parent of any child born from the treatment of my partner (named in section two).

### 5.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

**6****Withdrawing consent to your partner being the legal parent**

**You can only complete this section if:**

- you are receiving treatment
- you are not married to, or in a civil partnership with, your partner, and
- donor sperm or embryos created outside the body with donor sperm are being used in your treatment.

**6.1 Withdrawing your consent**

**Please note that your partner will be informed of your withdrawal.**

NB: If you have already had an embryo transfer or insemination, you cannot withdraw your consent to your partner being the legal parent of any resulting child. You also cannot withdraw your consent to your partner being the legal parent of any child that has already been born.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

- I withdraw my consent to my partner (named in section two) being the legal parent of any child born from my treatment.

**6.2 Declaring your withdrawal**

Sign and date your withdrawal.

**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
  - the implications of withdrawing 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, sperm, or embryo transfer, their use in research or training, or until the eggs, sperm or embryos have been allowed to perish.
- I declare that the information I have given on this form is correct and complete.
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, donation or storage, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990, (as amended)), or for record storage and archiving purposes.

**Your signature**

**Date**

**If signing at the direction of the person withdrawing consent**

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**