HFEA CVS form

Your consent to extending the storage of your eggs, sperm or embryos as a result of the COVID-19 pandemic



About this form

This form allows you to consent to store your eggs, sperm or embryos for 12 years.

On 1 July 2020 the Human Fertilisation and Embryology (Statutory Storage Period for Embryos and Gametes) (Coronavirus) Regulations 2020 came into force. These Regulations, introduced in response to the Covid-19 pandemic, provide for eggs, sperm or embryos to be stored for 12 years in certain circumstances.

Who should fill in this form?

Fill in this form if you already have eggs, sperm or embryos (created outside the body (in vitro) using your sperm or eggs) in storage and wish to extend your current storage period to 12 years. The 12year storage period will be calculated from the date the eggs, sperm or embryos were originally placed in storage.

If you have donated your eggs, sperm or embryos (e.g. for use in someone else's treatment or for use in research) you can also use this form to consent to storage for a period of 12 years.

If you are storing embryos, both the egg provider and the sperm provider must fill in a copy of this form if they wish to consent to storing the embryos created with their gametes for 12 years.

You are only permitted to extend your storage to 12 years if:

- your eggs, sperm or embryos were in storage at a licensed clinic on 1 July 2020; and
- you have consented in writing, whether before, on or after 1 July 2020, to your eggs, sperm or embryos being stored for at least twelve years

Please do not complete this form if:

- your eggs, sperm or embryos will be stored for the first time after 1 July 2020; or
- you meet the medical criteria for premature infertility and have previously consented to storing your eggs, sperm or embryos for at least 12 years. For more information about this, please ask your clinic.

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 not consenting to storage for 12 years
 - 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 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. When you have completed the form, you may request a copy of it from your clinic.

For clinic use only (optional)

HFEA centre reference

Other relevant forms

Patient number

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) Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model Image: Dot model		
2	About your partner (you only need to complete this section if you are storing embryos and your partner is the egg or sperm provider)		
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) Image: Description of the sector of the		
3	Extending your storage to 12 years		
3.1	Are you storing: Eggs Sperm Embryos created with your sperm Embryos created with your eggs		
3.2	If your eggs, sperm or embryos created with your gametes were in storage on 1 July 2020, you can consent to storage for a total of 12 years.		
	Do you consent to store your eggs, sperm or embryos for 12 years? Yes No		
	Page declaration		
	Your signature Date X Image: Constraint of the second sec		
	For clinic use only (optional) Patient number CVS page 2 of 4 Version 1, 11 June 2020		

Section for clinic use only

If the conditions set out in the Human Fertilisation and Embryology (Statutory Storage Period for Embryos and Gametes) (Coronavirus) Regulations 2020 have been met, storage can continue for 12 years from the date the eggs, sperm or embryos were originally placed in storage.

Date gametes or embryos were first placed in storage

Number of year's storage patient originally consented

Years

Gametes or embryos could therefore remain in storage until

On completion of this form, the revised date the gametes or embryos can remain in storage until will be

Please attach all previous storage consent forms to this document

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 eggs, sperm or 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
	X	

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.

Continues on the next page

4 Declaration *continued*

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

Patient number