

# Your consent to the use and storage of your donated eggs

HFEA  
WD form



## About this form

### Who should fill in this form?

Fill in this form if you are a woman donating eggs for the treatment of others, for research or for training.

### Why do I have to fill in this form?

Under the Human Fertilisation and Embryology Act 1990 (as amended), you need to give your consent in writing if you want your eggs to be used or stored. You will also need to decide what will happen if you die or lose the ability to decide for yourself (become mentally incapacitated).

You can make changes to or withdraw your consent at any point until the time of egg or embryo transfer or their use in research or training. If you would like to change or withdraw your consent, you should ask your clinic for new forms.

### Before filling in this form

Before you fill in this form, your clinic should make sure that you receive all the relevant information you need about donating eggs.

You should also have been given an opportunity to receive counselling about the implications of donating.

### Why is there a declaration on every page of this form?

There is a declaration on every page where you sign to confirm that you have completed the section or page and fully agree with the consent and information given.

### After filling in this form

After you have filled in this form, make sure that you have a photocopy of it.

### Other forms you will also need to fill in

Before donating, you need to register as a donor and complete the **Donor information form**.

If you have entered into an egg-sharing agreement, you must also complete **Your consent to the use of your eggs and embryos for your treatment and the storage of your embryos (WT form)**.

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## About you

1.1	<b>Your first name(s)</b>	Place clinic sticker here
	<input type="text"/>	
1.2	<b>Your surname</b>	
	<input type="text"/>	
1.3	<b>Your date of birth</b>	1.4 <b>Your NHS/CHI/passport number (please circle)</b>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### For clinic use only

HFEA centre reference

Donor number *Assigned by clinic*

Other relevant forms

HUMAN FERTILISATION & EMBRYOLOGY AUTHORITY

Version 3 (06/04/10)

## 2 About your egg donation

### For the treatment of others

2.1 Do you consent to your eggs being used for the treatment of others, without the creation of embryos in vitro (ie, gamete intra-fallopian transfer)?

No  Yes

2.2 Do you consent to your eggs being used to create embryos in vitro, and for these embryos to be used for the treatment of others?

No  Yes

2.3 How many families may have children using your donated eggs?

The maximum number is 10 families.

families

### Additional restrictions

2.4 Do you have any restrictions that you would like to apply to your answers to 2.1 or 2.2, eg, use for a named recipient?

No ▶ Go straight to section 2.5  
 Yes ▶ Specify your restrictions below

### For research or training purposes

2.5 Are you willing to be approached about your eggs being used in research projects?

No  
 Yes (You will be asked to give specific consent for each research project that the eggs are used in)

2.6 Are you willing to be approached about your embryos (already created in vitro using your eggs) being used in research projects?

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

No  
 Yes (You will be asked to give specific consent for each research project that the embryos are used in)

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

No  Yes

2.8 Do you consent to your embryos (already created in vitro with your eggs) being used for training purposes?

No  Yes

## Page declaration

Your signature

Date

### 3 Storing eggs

3.1 Do you consent to your eggs being stored?

- No ► Go straight to section 4
- Yes ► Continue below

**For how long do you consent to your eggs being stored?**

You can consent to the storage of your eggs for up to 55 years. Your eggs may only be stored for more than 10 years if you or someone to whom your eggs have been allocated to (including your partner) is prematurely infertile or is likely to become prematurely infertile. A medical practitioner must certify in writing that the medical criteria have been met.

Where the criteria have been met the storage period will be extended by ten years from the date the criteria are met. The storage period can then be extended by further 10 year periods if it is shown at any time within each extended storage period that the criteria continue to be met. There is a maximum storage period of 55 years. The medical practitioner’s statement(s) should be attached to this form.

- For 10 years
  - For 55 years
  - For a specific period (up to a maximum of 55 years) ► Specify the number of years
- years

### 4 Storing embryos

Only complete this section if you answered yes to section 2.2.

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

4.1 Do you consent to the embryos (created in vitro with your eggs) being stored?

- No ► Go straight to section 5
- Yes ► Continue below

**For how long do you consent to your embryos being stored?**

You can consent to the storage of your embryos for up to 55 years. Your embryos may only be stored for more than 10 years if you or someone to whom your embryos have been allocated to (including your partner) is prematurely infertile or is likely to become prematurely infertile. A medical practitioner must certify in writing that the medical criteria have been met.

Where the criteria have been met the storage period will be extended by ten years from the date the criteria are met. The storage period can then be extended by further 10 year periods if it is shown at any time within each extended storage period that the criteria continue to be met. There is a maximum storage period of 55 years. The medical practitioner’s statement(s) should be attached to this form.

- For 10 years
  - For 55 years
  - For a specific period (up to a maximum of 55 years) ► Specify the number of years
- years

### Page declaration

Your signature

Date

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

As part of your consent, you also need to decide what you would like to happen to your donated eggs or embryos if you die or lose the ability to decide for yourself (become mentally incapacitated). Please note that if you consent to your eggs or embryos being used in the event of your death or mental incapacity, your consent to their storage may also be required.

If you do not give your consent in any of the questions in this section, **the eggs or embryos must be allowed to perish in the event of your death or mental incapacity.**

5.1 **Do you consent to your eggs being used for the treatment of others, without the creation of embryos in vitro (ie, gamete intra-fallopian transfer)?**

If you die

No  Yes

If you become mentally incapacitated

No  Yes

5.2 **Do you consent to your eggs being used to create embryos in vitro, and for these embryos to be used for the treatment of others?**

If you die

No  Yes

If you become mentally incapacitated

No  Yes

5.3 **Do you consent to embryos (created in vitro with your eggs) being used in the treatment of others?**

If you die

No  Yes

If you become mentally incapacitated

No  Yes

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

If you die

No  Yes

If you become mentally incapacitated

No  Yes

5.5 **Do you consent to your embryos (already created in vitro using your eggs) being used for training purposes?**

If you die

No  Yes

If you become mentally incapacitated

No  Yes

### Page declaration

Your signature

X

Date

For clinic use only

Donor number

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**Declaration**

**Please sign and date the declaration**

**Your declaration**

- I declare that I am the person named in section 1 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 receive 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 research or 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 the person consenting is unable to sign for herself because of physical illness, injury or disability, someone else representing the person can sign the form at her direction. There must also be a witness confirming that the person consenting is present when the representative signs the form.

**Representative's declaration**

- I declare that the person named in section 1 of this form is present at the time of signing this form and I am signing it in accordance with her direction.

**Representative's name**

**Representative's signature**

**Relationship to the person consenting**

**Date**

     

**Witness's name**

**Witness's signature**

**Date**