

Your consent to the use of your eggs and embryos for your treatment and the storage of your embryos

HFEA
WT form



About this form

Who should fill in this form?

Fill in this form if you are a woman, and you are receiving treatment using embryos created in vitro with your eggs.

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, or embryos created in vitro with 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 embryo transfer or use of eggs or embryos 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 your treatment. You should also have been offered counselling about the implications of having treatment.

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.

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/passport number (please circle)**

2 About your 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/passport number (please circle)**

For clinic use only

HFEA centre reference

Patient number *Assigned by clinic*

Other relevant forms



Version 3 (12/05/10)

3 Your treatment

3.1 **Do you consent to your eggs being used to create embryos in vitro for your treatment?**
Please note that the sperm provider also has to give his consent for embryos to be created.
 No Yes

4 Storing embryos

4.1 **Do you consent to the embryos (created in vitro with your eggs) being stored?**
Please note that embryos can only be stored if the sperm provider has also given his consent.
 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

5 Using eggs and embryos for research and training

5.1 **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*)

5.2 **Are you willing to be approached about your embryos (already created in vitro with 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*)

Continues on next page

Page declaration

Your signature

Date

5 Using eggs and embryos for research and training *continued*

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

- No
- Yes

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

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

- No
- Yes

6 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 eggs, or embryos created in vitro with your eggs, 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.

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

If you die

If you become mentally incapacitated

- No Yes
- No Yes

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

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

If you die

If you become mentally incapacitated

- No Yes
- No Yes

Other uses for your eggs or embryos

If you wish your eggs or embryos to be used for the treatment of others ► Please complete **Your consent to the use and storage of your donated eggs** (WD form), **Your consent to the use of your donated embryos** (ED form) or **Your consent to the use and storage of your eggs or embryos for surrogacy** (WSG form).

However, if you do not give your consent in this section or on one of the forms mentioned above, **the eggs or embryos must be allowed to perish in the event of your death or mental incapacity.**

Page declaration

Your signature

Date

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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 time of embryo transfer, use of eggs or embryos in research or training or the eggs or embryos 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