

# Women's consent to treatment and storage form (IVF and ICSI)



## 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 are a woman and you are having fertility treatment using embryos created outside the body (in vitro) with your eggs. This may be in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI).

### 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.

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?

By law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to give your written consent if you want your eggs, and embryos created using your eggs, to be used or stored (eg, for IVF or ICSI 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 are 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 after treatment which you do not wish to use (eg, because you do not want future treatment or the eggs and embryos 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.

### What if I want to donate my eggs and/or embryos?

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).

You could also think about donating viable unused eggs and embryos to another person for use in their treatment. Before doing this, there are lots of issues to consider. For more information, see [www.hfea.gov.uk/egg-and-sperm-donors.html](http://www.hfea.gov.uk/egg-and-sperm-donors.html). If you decide to donate, you will need to complete a separate form: 'Your consent to donating your eggs' (WD form).

**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

### Other relevant forms

### 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 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/HCN/passport number (please circle)

## 3 Your treatment

3.1 Do you consent to your eggs being used to create embryos outside the body for your treatment (eg, through IVF treatment)?

In order to create embryos for your treatment you must provide your consent by ticking the yes box below. Please note that the sperm provider also has to give his consent for embryos to be created.

Yes

## 4 Storing embryos

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

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

Yes ▶ after signing the page declaration below, continue on the next page.

No ▶ now sign the page declarations on this page and the next page then go straight to section five.

▶▶▶ Continues on the next page

## Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

### Embryo storage periods

You may wish to store any embryos left after treatment so they can be used in future 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/be able to use your stored embryos 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 embryos for the period you have specified in this form if you, or your funding provider, continue to pay the storage fees.

#### 4.2 Have you, or your partner, been diagnosed as prematurely infertile or likely to become prematurely infertile?

Causes of premature infertility can include chemotherapy treatment and early menopause. 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 embryos for up to 55 years.

No ▶ go to 4.3.

Yes ▶▶ go straight to 4.4.

#### 4.3 For how long do you consent to store your embryos?

You can consent to store your embryos for up to 10 years. Please note that the sperm provider also has to give his 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.**

#### 4.4 Premature infertility

If you or your partner are prematurely infertile, or likely to become prematurely infertile, you can consent to store your embryos for up to 55 years. Although you can consent up to a maximum of 55 years on this form, after the first 10 years 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.

▶▶▶ Continues on the next page

### Page declaration

Your signature

Date

## 4 Storing embryos *section 4.4 continued*

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 embryos?

**You do not need to fill in this section if you have completed section 4.3.**

Please specify the number of years you consent to store your embryos for (up to a maximum of 55):  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 his 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 would like 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 your 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 for treatment.**

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

**If you die**

Yes  No

**If you become mentally incapacitated**

Yes  No

### 6.2 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 his consent.

**If you die**

Yes  No

**If you become mentally incapacitated**

Yes  No

### Other uses for your eggs or embryos

If you wish your eggs or embryos to be used in someone else's treatment if you die or become mentally incapacitated, please speak to your clinic for more information. Depending on your circumstances, you will need to complete one of the following: • 'Your consent to donating your eggs' (WD form), • 'Your consent to donating embryos' (ED form), or • 'Women's consent to the use and storage of eggs or embryos for surrogacy' (WSG form).

## Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

**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 time of embryo transfer, use of eggs or embryos in 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 you have completed this form at the direction of the person consenting (because she is unable to sign for herself 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 her direction.

**Representative's name**

**Representative's signature**

**Relationship to the person consenting**

**Date**

**Witness's name**

**Witness's signature**

**Date**


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