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.

Who should fill in this form?
Fill in this form if you are donating embryos for the treatment of others or for training purposes (to allow healthcare professionals to learn about, and practice, the techniques involved in fertility treatment).

What do I need to know before filling in this form?
Before you fill in this form, you should have registered as a donor and completed the ‘Donor information form’.

You should also 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 embryos created outside the body (in vitro) with your sperm or eggs to be used or stored (for example, for in vitro fertilisation (IVF) treatment). Embryos can only be used if both the egg and sperm provider have given their consent.

What if I want to donate embryos for research?
Embryos can also be donated for research purposes, helping to increase knowledge about diseases and serious illnesses and potentially develop new treatments.

This form only allows you to consent to donate embryos for the treatment of others or for training purposes. Your clinic can give you more information about donating for research and provide you with the relevant consent form(s).

What happens to my embryos if I die?
By consenting to donate your embryos, you are also agreeing for them to be used and stored if you were to die or lose the ability to decide for yourself (become mentally incapacitated). If you do not want your embryos to be used for the purposes outlined in this form if this were to happen, you can state this as a restriction (at section 2.3 of this form). You may also state here that you only want your embryos to be donated in the event of your death.

Please note that the clinic can only act on these wishes if they are informed about your death or mental incapacity. If you’re unsure of anything in relation to this, please ask your clinic.

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.
Information for sperm donors: Before you consent to an embryo created with your sperm being donated to a woman for treatment, you need to make sure you have read and understood HFEA guidance on the legal status of embryo donors. This is contained in guidance note 11 of the HFEA’s Code of Practice, available at www.hfea.gov.uk/498.html, and there are frequently asked questions on this issue on the HFEA website at www.hfea.gov.uk/1972.html.

Please note that embryos can only be used if both the egg and sperm provider have given their consent.

2.1 Do you consent to embryos (already created outside the body using your sperm or eggs) being used for the treatment of others?

☐ Yes  ☐ No

2.2 How many families may have children using your donated embryos?

The maximum number is 10 families. This is to minimise the possibility of two children from the same donor having a relationship with each other without knowing they are genetically related. It is also based on the perceived interests of donor-conceived people and their parents in maintaining a relatively small number of siblings. Consenting to 10 families will help the greatest number of families and maximise the potential of your donation. You should think about how many families you are comfortable donating to and the long-term implications of donation.

☐ families may have children using my donated embryos.
2 About your embryo donation continued

2.3 Do you have any restrictions that you would like to apply to your answer in 2.1?
You may want to put restrictions on who your embryos are used by, eg, a specified named recipient.

☐ Yes ➤ specify your restrictions below then continue to section 2.4.

☐ No ➤ go to section 2.4.

2.4 Do you consent to embryos (already created outside the body with your sperm or eggs) being used for training purposes?

☐ Yes ☐ No

3 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 at any point until the embryos have been transferred, used in 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 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 on the next page. There must also be a witness confirming that the person consenting is present when you sign the form.

➤➤➤ Continues on the next page
**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**