

# Your consent to the use of your sperm and embryos for your partner's treatment and the storage of your embryos

HFEA  
MT form



## About this form

### Who should fill in this form?

Fill in this form if you are a man, and your partner is receiving treatment using embryos created in vitro with your sperm.

### 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 sperm, or embryos created in vitro with your sperm, 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 the use of 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, and your partner's 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

HUMAN  
FERTILISATION  
&  
EMBRYOLOGY  
AUTHORITY

Version 2 (06/04/10)

### 3 About your treatment

#### 3.1 Do you consent to your sperm being used to create embryos in vitro for your partner's treatment?

Please note that the egg provider also has to give her consent for embryos to be created.

☐ No ☐ Yes

### 4 Storing embryos

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

Please note that egg provider also has to give her consent for embryos to be stored.

☐ No ▶ Go straight to section 5

☐ Yes ▶ Continue below

#### For how long do you consent to the embryos (created in vitro with your sperm) 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 sperm and embryos for research and training

#### 5.1 Are you willing to be approached about your sperm being used in research projects?

☐ No

☐ Yes (You will be asked to give specific consent for each research project that the sperm is used in)

#### 5.2 Are you willing to be approached about embryos (already created in vitro with your sperm) being used in research projects?

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

☐ No

☐ Yes (You will be asked to give specific consent for each research project that the embryos are used in)

Continues on the next page

### Page declaration

#### Your signature

X

#### Date

## 5 Using sperm and embryos for research and training *continued*

### 5.3 Do you consent to your sperm being used for training purposes?

- ☐ No  
☐ Yes

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

Please note that embryos can only be used if the egg provider has also given her 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 sperm, or embryos created in vitro with your sperm, if you die or lose the ability to decide for yourself (become mentally incapacitated). Please note that if you consent to your sperm or embryos being used in the event of your death or mental incapacity, your consent to their storage may also be required.

### *Your sperm*

### 6.1 Do you consent to your sperm being used to create embryos in vitro for your partner's treatment?

Please note that the egg provider also has to give her consent for embryos to be created.

#### If you die

- ☐ No ☐ Yes

#### If you become mentally incapacitated

- ☐ No ☐ Yes

### 6.2 Do you consent to your sperm being used for training purposes?

#### If you die

- ☐ No ☐ Yes

#### If you become mentally incapacitated

- ☐ No ☐ Yes

### *Embryos created in vitro*

### 6.3 Do you consent to embryos (already created in vitro with your sperm) being used for your partner's treatment?

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

#### If you die

- ☐ No ☐ Yes

#### If you become mentally incapacitated

- ☐ No ☐ Yes

### 6.4 Do you consent to embryos (already created in vitro with your sperm) being used for training purposes?

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

#### If you die

- ☐ No ☐ Yes

#### If you become mentally incapacitated

- ☐ No ☐ Yes

*Continues on the next page*

## Page declaration

### Your signature

X

### Date

DD MM YY

## 6 In the event of your death or mental incapacity continued

### Other uses for your sperm or embryos

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

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

### Consent to birth registration

Only complete this part of section 6 if you consented to your sperm, or embryos created in vitro with your sperm, being used in your partner's treatment after your death.

If you have given your consent to your sperm or embryos (to be created in vitro with your sperm) being used after your death, you may also wish to consent to being registered as the legal father of any child that is born as a result of your partner's treatment.

### 6.5 Do you consent to being registered as the legal father of any child born as a result of your partner's treatment after your death?

By ticking yes, you consent to the following:

- I consent to my name, place of birth and occupation being entered on the register of births as the legal father of any child born from my partner's treatment.

*This register is kept under the Births and Deaths Registration Act 1953, or the Births and Deaths Registration (Northern Ireland) Order 1976, or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.*

- I also consent to information about my or my partner's treatment being disclosed to my partner and one of the following registrars:
  - the Registrar General for England and Wales
  - the Registrar General for Scotland
  - the Registrar for Northern Ireland.

*Please note that being recorded in the register of births as the legal father of a child born from your partner's treatment does not transfer any inheritance or other legal rights to the child.*

☐ No ☐ Yes

## Page declaration

Your signature

X

Date

DD MM YY

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Patient number

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## 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 sperm or embryos in research or training or until the embryos or sperm 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

X

### Date

### If signing at the direction of the person consenting

If the person consenting is unable to sign for himself because of physical illness, injury or disability, someone else representing the person can sign the form at his direction. There must also be a witness confirming that the person consenting is present when the representative signs the form.

However, if the person consenting consented to being registered as the legal father after his death (that is if he ticked yes to question 6.5), he **must** sign the form himself.

### 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 his direction.

### Representative's name

### Representative's signature

X

### Relationship to the person consenting

### Date

### Witness's name

### Witness's signature

X

### Date