

# Withdrawing your consent to the storage of your own eggs, sperm and embryos

## 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 the HFEA, visit [www.hfea.gov.uk](http://www.hfea.gov.uk).

### Who should fill in this form?

Fill in this form if you wish to **withdraw your consent** to:

- ▶ the storage of your eggs, sperm or embryos for use in your own treatment, someone else's treatment (including storage for treatment with a surrogate), training or research.

In this form, the terms '**your embryos**' or '**embryos**' means embryos which have been created outside the body using your eggs or sperm.

### What are my options if I withdraw my consent for storage of my eggs, sperm or embryos?

- ▶ If you no longer wish to store your eggs, sperm or embryos, you can withdraw your consent on this form to storage and your eggs, sperm or embryos will be removed from storage and disposed of

### OR

- ▶ You can also use this form to give consent for your eggs, sperm or embryos to be stored and used in training if they are currently being stored for use in treatment.

Other options include donation of your eggs, sperm or embryos for the treatment of others or use for research purposes. **If you are interested in these options, ask your clinic for further information and do not complete this form. Other consent forms will be required.**

### Who should not fill in this form?

**Do not** fill in this form if you wish to keep your eggs, sperm or embryos in storage for your own treatment or want to consider donation for someone else's treatment or research.

Different forms can be used to **withdraw** your consent to:

- ▶ your eggs, sperm or embryos being used for the treatment of others (for a named partner, a surrogate or in donation) where you wish for it to remain in storage
- ▶ being a legal parent, or your partner being a legal parent.

Your clinic can provide the appropriate form(s) to complete.

## 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 withdrawing your consent, and
  - when you can withdraw consent.
- ▶ And a suitable opportunity to have proper 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 ask someone else to complete and sign it for you in your presence and at your direction.

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

If you want to vary or withdraw your consent, by law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to do this in writing.

## When can I withdraw my consent?

If your consent relates to the storage of sperm, eggs or embryos then it can be varied or withdrawn using this form at any time until the point of sperm, egg or embryo transfer.

**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 information provided and the consent that you are giving. When you have completed the form, you may request a copy of it from your clinic.**

## For clinic use only (optional)

### HFEA centre reference

   

### Patient number

## 1 About you

- 1.1 **Your first name(s)** Place sticker here
- 1.2 **Your surname**
- 1.3 **Your date of birth** 1.4 **Your NHS/CHI/HCN/passport number** (please select)
- 

## 2 About your partner

Only complete this section if you are withdrawing consent to the storage of your eggs, sperm or embryos in relation to treatment with a past or current partner.

- 2.1 **Your partner's first name(s)**
- 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 select)
- 

## Page declaration

**Your signature**

**Date**

     

**For clinic use only (optional)**

Patient number

### 3 Withdrawing your consent to the storage of your eggs, sperm or embryos

If you no longer wish to keep your eggs, sperm or embryos, they can either be removed from storage and disposed of, or you may wish to consider consenting to your stored eggs, sperm or embryos being used for training purposes.

Training allows designated healthcare professionals to learn about, and practice, the techniques involved in fertility treatment. Please note that embryos can only be used if both the egg and sperm provider have given consent.

If you withdraw your consent to the storage of embryos, and the embryos were to be used for your named partner's or someone else's treatment, they will be notified that you have withdrawn your consent.

If you are withdrawing your consent to the storage of embryos you should be aware that if the egg or sperm provider does not wish to withdraw their consent to the storage of the embryos, the embryos may remain in storage for up to 12 months after you withdraw your consent. The embryos cannot be used during this 12 month period. At the end of the 12 months the embryos will be removed from storage and disposed of.

**Please tick the box next to the statement(s) below to confirm your choice (please select all that apply):**

#### 3.1 Withdrawal of consent to storage and disposal of eggs, sperm or embryos

☐

**A** I **withdraw** my consent to storage of my **eggs or sperm** for any purpose and agree that my eggs or sperm will be disposed of.

☐

**B** I **withdraw** my consent to storage of my **embryos** for any purpose and agree that my embryos will be disposed of.

#### 3.2 Withdrawal of consent to storage and consent to storage for training

☐

**A** I **withdraw** my consent to storage of my **eggs or sperm** for use in my treatment or the treatment of others and I give consent to the use and storage of my eggs or sperm for **training purposes**. Please complete section 4.1.

☐

**B** I **withdraw** my consent to storage of my **embryos** for use in my treatment or the treatment of others and I give consent to the use and storage of my embryos for **training purposes**. Please complete section 4.2.

### Page declaration

Your signature

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

For clinic use only (optional)

Patient number

WCS Page 3 of 5  
Version 1, 1 July 2022

## 4 Storage of eggs, sperm or embryos for training purposes

If you have not consented to the storage of your eggs, sperm or embryos for training purposes, please do not complete this section and go to the Declaration at Section 5.

### Storage of your eggs or sperm for training purposes

If you selected **option A in section 3.2** on page 3, please answer this question.

Your eggs or sperm may be kept in storage for up to 55 years (from the date the eggs or sperm were first placed in storage) for potential future training purposes.

#### 4.1 How long do you consent to your eggs or sperm being used and stored for training purposes?

☐

For up to the maximum of 55 years from when they were first placed in storage, or

☐

For a shorter period - please specify the total number of years (not exceeding 55 years). This period includes the number of years that your eggs or sperm have already been in storage:

For example, if your eggs or sperm have already been stored for 10 years, and you wish to store your eggs or sperm for training purposes for a further 10 years, then you should write 20 years in the box. The total period of storage cannot exceed 55 years.

If you do not wish to store for the maximum period of 55 years and are not sure how to calculate your preferred storage period, please speak to your clinic.

### Storage of your embryos for training purposes

If you selected **option B in section 3.2** on page 3, please answer this question.

Your embryos may be kept for up to 10 years from the date this form is signed for potential future training purposes. Please note that embryos can only be used if both the egg and sperm provider have given consent.

#### 4.2 How long do you consent to your embryos being used and stored for training purposes?

☐

For up to the maximum of 10 years from the date you sign this form, or

☐

For a shorter period from the date you sign this form - specify the total number of years (not exceeding 10 years):

If you withdraw your consent to the storage of embryos, and the embryos were to be used for your partner's or someone else's treatment, they will be notified that you have withdrawn your consent.

## Page declaration

Your signature

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

For clinic use only (optional)

Patient number

WCS Page 4 of 5  
Version 1, 1 July 2022

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.
  - the implications of withdrawing consent have been fully explained to me.
  - I understand that I can make changes to, or withdraw, my consent at any point until the time of egg, sperm, or embryo transfer, their use in training, or until the eggs, sperm or embryos have been removed from storage and disposed of.
  - I confirm that if I have withdrawn my consent to the storage of my eggs, sperm or embryos by selecting option A and/or B in section 3.1, then I understand that by eggs, sperm or embryos will be removed from storage and disposed of.
- ▶ I declare that the information I have given on this form is correct and complete.
- ▶ I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, donation or storage, or a data controller in line with the Data Protection Act 2018 and UK General Data Protection Regulation) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990, (as amended)), or for record storage and archiving purposes.

Your signature

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

### If signing at the direction of the person withdrawing consent

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 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 their direction.

Representative's name

Representative's signature

Relationship to the person consenting

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Witness's name

Witness's signature

Date

D	D	M	M	Y	Y
---	---	---	---	---	---