

Your consent to providing eggs or embryos created with your eggs for your partner's treatment (WPT form)



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:

- providing eggs for the creation of embryos for the treatment of your partner who will carry the pregnancy or
- providing embryos (created outside the body with your eggs) already in storage for the treatment of your partner who will carry the pregnancy. This applies regardless of your relationship status. Please note that consent given on this form will supersede any previously completed treatment forms eg, WT form.

You can also use this form to consent to your partner being able to use embryos created with your eggs if you die or become mentally incapacitated.

If you are not married or in a civil partnership with your partner and you wish to be registered as the legal parent of any child born from the treatment then you will both need to complete the appropriate legal parenthood forms (WP and PP).

If you are married or in a civil partnership with your partner, and you wish to be registered as the legal parent of any child born if you die before embryos (that were created before your death) are transferred to your partner, then you will need to complete the form, 'Your consent to being registered as the legal parent in the event of your death' (PBR form).

You should talk to your fertility clinic about completing these additional forms.

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 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 outside the body (in vitro) with your eggs, to be used or stored (for example, for in vitro fertilisation (IVF) treatment).

If you are storing your eggs or embryos, you must also state in writing how long you consent to them remaining in storage. While in storage, only the egg and/or sperm provider have legal rights over the use or continued storage of the eggs or embryos. Please speak to your clinic for more information about this.

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).

For clinic use only (optional)

HFEA centre reference

Other relevant forms

Date embryos were placed in storage

Date embryos can remain in storage until

Your consent to providing eggs or embryos created with your eggs for your partner's treatment (WPT form)



Why are there questions about using my eggs and embryos for training purposes? *continued*

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 to research or to another person (other than my partner)?

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 hfea.gov.uk/donation/donors. If you decide to donate, you will need to complete a separate form: 'Your consent to donating your eggs' (WD form) or 'Your consent to donating embryos' (ED 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 partner's treatment

3.1 **If you are providing eggs:**
 Do you consent to your eggs being used to create embryos outside the body (eg, through IVF treatment) and for these embryos to be used for the treatment of your named partner?
 Yes

3.2 **If you are providing embryos (already created outside the body with your eggs):**
 Do you consent to embryos already created with your eggs being used for your partner's treatment (eg, through IVF treatment)?
 Yes

4 Storing eggs or embryos

If you are providing eggs:

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 both the sperm provider and egg provider have given consent.
 Yes
 No – go straight to section five. ▶▶▶ Continues on the next page

Page declaration

Your signature **Date**

4 Storing eggs or embryos *continued*

If you are providing embryos (already created outside the body with your eggs):

4.2 Do you consent to the continued storage of embryos (created outside the body with your eggs)?

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

Yes

No – go straight to section five.

Embryo storage periods

Embryos may only be stored if you have consented to their storage. 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 on this form if you, or your funding provider, continue to pay the storage fees.

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

Causes of premature infertility can include chemotherapy treatment, early menopause and certain treatments for gender dysphoria. 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 can change your consent to store your embryos for up to 55 years

Yes – go straight to section 4.5

No – go to 4.4

4.4 For how long do you consent to store your embryos?

You can consent to store your embryos for up to 10 years from the date of first storage. If, for example, you already have embryos that were placed in storage five years ago, you can specify 10 years on this form, which would represent consent to storage for a further 5 years. Your consent to storage on this form will supersede any period given on any previously completed consent to storage form.

Please specify the total number of years you consent to store your embryos for (up to a maximum of 10 from the date of first storage): years.

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 specify 10 years. This second form would supersede the first form you completed.

▶▶▶ Continues on the next page

Page declaration

Your signature

X

Date

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Patient number

WPT page 4 of 7
version 1, 1 June 2021

4

Storing eggs or embryos *section 4.4 continued***Premature infertility**

If you are prematurely infertile, or likely to become prematurely infertile, you can consent to store your embryos for up to 55 years. In order to extend storage beyond 10 years, before the first 10-year storage period has expired, your medical practitioner will need to certify in writing that the medical criteria for premature infertility have been met. The extended storage period will be calculated from the date that the Medical Practitioner's Statement is signed. 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.

4.5

For how long do you consent to store your embryos? (You do not need to fill in this section if you have completed section 4.4).

If you already have embryos in storage, the storage period you consent to on this form will supersede the storage period given on any previously completed consent form. For example, if you stored your embryos five years ago and specified 55 years on a previous form, you can still specify 55 years on this form, but you may only store for a further 50 years.

Please specify the total number of years you consent to store your embryos for (up to a maximum of 55 from the date of storage): years.

For clinic use only

Date embryos were first placed in storage:

Date embryos can remain in storage until:

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 (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 their 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 that if you would like your partner to use your eggs or embryos in the event of your death or mental incapacity, your partner should be named on this form. Your embryos may only be used within the storage period you consented to above. ▶▶▶ Continues on the next page

Page declaration**Your signature**

Date

For clinic use only (optional)

Patient number WPT page 5 of 7
version 1, 1 June 2021

Note: If you are married or in a civil partnership with your partner and wish to be registered as the legal parent of any child born in the event of your death, you must fill out the PBR form (or the PP form if you are not married or in a civil partnership).

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.

Only complete this part of section six if you are providing eggs (i.e. if you answered yes to 3.1 above).

6.1 **Do you consent to your eggs being used to create embryos outside the body for your partner's treatment?**

Please note that the sperm provider also has to give their consent for embryos to be created.

If you die

Yes No

If you become mentally incapacitated

Yes No

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

If you die

Yes No

If you become mentally incapacitated

Yes No

Complete this section if you are providing eggs for the creation of embryos, or if you have embryos (already created outside the body with your eggs) in storage. (i.e. if you answered yes to question 3.1 or 3.2 above)

6.3 **Do you consent to embryos (already created outside the body using your eggs) being used for your partner's treatment?**

Note: the answer given on this form will supersede the answer given on any previously completed consent form.

If you die

Yes No

If you become mentally incapacitated

Yes No

6.4 **Do you consent to embryos (already created outside the body using your eggs) being used for training purposes?**

Please note that embryos can only be used if the sperm provider has also given their 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 other than your partner'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 or more of the following:

- 'Your consent to donating your eggs' (WD form),
- 'Your consent to donating embryos' (ED form), or
- 'Your consent to the use and storage of eggs or embryos for surrogacy' (WSG form).

Page declaration

Your signature

X

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 sperm or embryos in training, or the sperm 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 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 his direction.

Representative's name

Representative's signature

Relationship to the person consenting

Date

Witness's name

Witness's signature

Date