



CONSENT TO TREATMENT INVOLVING EGG RETRIEVAL AND EGG/EMBRYO REPLACEMENT

Full name of Woman:

Address:

This consent form is in two parts. These may be signed separately. When frozen embryos are being replaced a separate form should be signed.

Part I

1. I consent to *[delete/complete as applicable]*:

- i. be prepared for egg retrieval;
- ii. the removal of eggs from my ovaries with the aid of ultrasound
- iii. the administration of any drugs and anaesthetics which may be found necessary in the course of the procedure(s);
- iv. the mixing of the following *[tick relevant box]*:

<input type="checkbox"/> my egg(s)	<input type="checkbox"/> with the sperm of my husband/partner
<input type="checkbox"/> eggs donated by	<input type="checkbox"/> with sperm donated by.....
<input type="checkbox"/> an anonymous donor's egg(s)	<input type="checkbox"/> with an anonymous donor's sperm

2. I understand that if donated gametes are used, the donor has given effective consent under the Human Fertilisation and Embryology Act 1990, and the donor will not be the legal parent of any resulting child.

3. I have discussed with the procedures outlined above. I have been given information orally and in writing about them.

4. I have been given a suitable opportunity to take part in counselling about the implications of the proposed treatment.

Patient's Signature:

Date:

Part II

1. I consent to:

- The placing in my uterus, as may be appropriate, of not more than (*tick as applicable*):
 - 1 embryo created in accordance with the consent given in part 1 (iv) above
 - 2 embryos created in accordance with the consent given in part 1 (iv) above
 - 3 embryos created in accordance with the consent given in part 1 (iv) above (only for women over the age of 40 using her own eggs)

- The administration of any drugs and anaesthetics which may be found necessary in the course of the procedure(s);

2. I understand that only the egg[s] from one woman and sperm from one man will be used in any one treatment cycle.

3. I have discussed with the procedures outlined above. I have been given information orally and in writing about them.

4. Other remarks (if required):
.....

Patient's Signature: Date:

HUSBAND'S CONSENT

I am the husband of and I consent to the course of treatment outlined above. I understand that I will become the legal father of any resulting child.

Any other remarks:
.....

Signature of husband: Date:

Full name in block capitals:

Address:
.....

MALE PARTNER'S ACKNOWLEDGEMENT

I am not married to, but I acknowledge that she and I are being treated together, and that I will become the legal father of any resulting child.

Any other remarks:
.....

Signature of male partner: Date:

Full Name in block capitals:

Address:
.....