イギリス:ドナーの同意書式(A)

HFEA (00)7 FORM FOR CONSENT TO STORAGE AND USE OF EGGS AND EMBRYOS

N.B. Do not sign this form unless you have received information about these matters and have been offered counselling. You may vary the terms of this consent or withdraw this consent at any time except in relation to eggs or embryos which have already been used. Please insert numbers or tick boxes as appropriate.

Patients wishing to store their eggs should note that egg freezing and the use of frozen eggs in treatment are experimental techniques. Not all eggs will survive the freezing and thawing process, and sometimes no embryo will be created using frozen eggs. There have not yet been enough treatments to be able accurately to predict the chance of a baby being born using frozen eggs. You are strongly advised to read the HFEA's information leaflet on egg freezing before giving your consent.

Full Name (block capitals):

Any other name by which you have been known:

I. USE

a. I hereby consent to the use of my eggs for the following purposes:

i. in my own treatment YES ☐ NO ☐
ii. in treating others YES ☐ NO ☐
iii. in any project of research YES ☐ NO ☐

Please state any particular conditions as to use:

b. I hereby consent to my egg(s) being fertilised *in vitro* to develop embryo(s) and to the use of those embryo(s) for the following purposes:

i. in the treatment of myself YES ☐ NO ☐ **or**
in the treatment of myself with a named partner YES ☐ NO ☐
Full name of partner: