Record of information provided before obtaining consent – male



We recommend you use this form to record the information you have provided to men giving consent. There is also a version of this form for women. It is designed to help you demonstrate that you have met the requirements of the Human Fertilisation and Embryology Act (1990 (as amended) and 2008) before asking people to give consent. A completed copy of this form should be retained in the relevant medical records.

What information should be recorded?

Personal details

First name(s)

First record the personal details of the person giving consent. You should then tick the relevant consent forms that this person will need to complete and add notes about any verbal information that was given before obtaining their consent. If information was provided in any other way (eg, at an information evening or through information leaflets) then it is a good idea to note this too.

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Date of birth	Other	patient identifiers (optional)	
Name of consent form	Tick /	What relevant information in relation to each consen	
Treatment:			
MT			
Men's consent to treatment and storage form (IVF and ICSI)			
MGI		_	
Your consent to the use of your sperm in artificial insemination			
		Date information was provided	

By whom

>>>> Continues on the next page

Name of consent form	Tick	What relevant information was provided in relation to each consent and how?
Storage:		
GS		
Your consent to the storage of your eggs or sperm		
LGS		
Your consent to extending the storage of your eggs or sperm beyond 10 years		
ES		
Your consent to extending the storage of your embryos beyond 10 years		
		Date information was provided
		By whom
Donation:		
MD		
Your consent to donating your sperm		
ED		
Your consent to donating embryos		
		Date information was provided
		By whom
Disclosure of information:		
CD		
Your consent to disclosing identifying information		
(State if only 'part one – general purposes' or 'part two – research purposes' was provided instead of the full version).		
		Date information was provided
		By whom

>>>> Continues on the next page

Name of consent form	Tick	What relevant information was provided in relation to each consent and how?	
Parenthood:			
PP			
Your consent to being the legal parent			
		Date information was provided	YY
		By whom	
Surrogacy:			
MSG			
Men's consent to the use and storage of sperm or embryos for surrogacy			
SPP			
Your consent to being the legal parent in surrogacy			
SWC			
Surrogacy – withdrawing your consent			
		Data information was provided	
		Date information was provided	

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person's re	