



About this form

Who should fill in this form?

Fill in this form if you are commissioning a surrogacy arrangement, or if you are a surrogate, or the partner of a surrogate, and you wish to withdraw your consent to:

- **the use or storage** of your eggs, sperm or embryos (created outside the body, in vitro, with your eggs or sperm), or
- **being the nominated legal parent** of any child born as a result of the surrogacy treatment, or
- **the intended parent** commissioning the surrogacy from being the nominated legal parent of any child born as a result of your treatment

If you are not in a surrogacy arrangement and you wish to withdraw your consent, please complete the **Withdrawing your consent (WC)** form.

Why should I fill in this form?

If you wish to withdraw your consent to anything you previously consented to on HFEA consent forms then you will need to fill in the relevant sections of this form so your clinic has a written record of this. If your consent relates to use of sperm, eggs or embryos for surrogacy then it can be varied or withdrawn at any time until the point of transfer.

Consent to parenthood can also be varied and withdrawn up to the point of sperm, egg or embryo transfer. Consent to the use of sperm, eggs and embryos for research and training can be varied and withdrawn until they have been used for these purposes.

Who should not fill in this form?

If you are a surrogate you cannot withdraw your consent to being the legal parent of any child born as a result of the surrogacy treatment. You will be the legal mother when the child is born.

You also cannot withdraw your consent to the biological father being the legal parent of any child born as a result of the surrogacy treatment (since at common law he will automatically be the legal parent if you are not married or in a civil partnership and no one else has been nominated as a parent).

If you are the biological father commissioning the surrogacy arrangement you cannot withdraw your consent to being the legal parent of the resulting child, unless someone else (such as your partner) has been nominated as the other legal parent.

Before filling in this form

Before you fill in this form, your clinic should make sure that you receive all the relevant information you need about withdrawing your consent.

Why is there a declaration on every page of this form?

There is a declaration on every page where you sign to confirm that you have completed the section or page and fully agree with the consent and information given.

After filling in this form

After you have filled in this form, make sure that you have a photocopy of it.

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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/passport number
(please circle)

For clinic use only

HFEA centre
reference

Patient number Assigned by clinic

Other relevant forms

4 Withdrawing consent to use or storage

Only complete this section if you are withdrawing your consent to the use(s) or storage of your eggs, sperm or embryos in a surrogacy treatment.

4.1 Are you withdrawing your consent to the use or uses of your eggs, sperm or embryos in surrogacy treatment?

- No ►► Go straight to section 4.2
- Yes ► Specify below which use or uses you are withdrawing your consent to

For your eggs

- My treatment as the surrogate
- The treatment of the surrogate (named in section 2)
- Research purposes
- Training purposes

For your sperm

- The treatment of the surrogate (named in section 2)
- Research purposes
- Training purposes

For embryos (created in vitro with your eggs or sperm)

- My treatment as the surrogate
- The treatment of the surrogate (named in section 2)
- Research purposes
- Training purposes

4.2 Are you withdrawing your consent to the storage of your eggs, sperm or embryos?

When withdrawing your consent to storage, you automatically consent to allowing your eggs, sperm or embryos to perish.

If you withdraw your consent to the storage of embryos, and the embryos were to be used for the surrogacy treatment, the intended parents commissioning the surrogacy or the surrogate will be notified of your withdrawal.

Please note that the embryos may remain in storage for up to 12 months after your withdrawal if other interested parties do not agree to the embryos being allowed to perish.

- No ►► Go straight to section 4.3
- Yes ► Specify below what you are withdrawing your consent to
- The storage of my eggs
- The storage of my sperm
- The storage of embryos (created in vitro with my eggs or sperm)

4.3 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

X

Date

DD MM YY

5 Withdrawing consent to being the legal parent

You can only complete this section if:

- you are the surrogate's partner (where you are not married or in a civil partnership and are not the biological father), or
- you are commissioning a surrogacy arrangement and you are the intended father (where you are not the biological father, unless someone else has been nominated), or
- you are commissioning a surrogacy arrangement and you are the intended female parent.

5.1 Withdrawing your consent

Please note that the surrogate will be informed of your withdrawal.

I withdraw my consent to being the legal parent of any child born from the treatment of the surrogate (named in section 2).

5.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

6 Withdrawing consent to your partner, or the nominated intended parent, being the legal parent

Only complete this section if you are a surrogate withdrawing consent to:

- your partner being the legal parent (if you are not married or in a civil partnership and you are using sperm or embryos created from a donor or a man other than your partner), or
- the intended father being the legal parent (where he is not the biological father, unless someone else has been nominated), or
- the intended female parent being the legal parent.

6.1 Withdrawing your consent

Please note that your partner or the nominated intended parent commissioning the surrogacy arrangement will be informed of your withdrawal.

I withdraw my consent to my partner or the nominated intended parent commissioning the surrogacy arrangement (named in section 2) being the legal parent of any child born from my treatment.

6.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

7 Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section 1 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, and
 - 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 research or training or until the eggs, sperm or embryos have been allowed to perish.
- 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 – as defined in section 1 of the Data Protection Act 1998) 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

If signing at the direction of the person withdrawing consent

If the person withdrawing their consent is unable to sign for him or herself because of physical illness, injury or disability, someone else representing the person can sign the form at his or her direction. There must also be a witness confirming that the person withdrawing consent is present when the representative signs the form.

Representative's declaration

- I declare that the person named in section 1 of this form is present at the time of signing this form and I am signing it in accordance with his or her direction.

Representative's name

Representative's signature

Relationship to the person consenting

Date

Witness's name

Witness's signature

Date