



PATIENT INFORMATION LEAFLET

STORAGE OF GAMETES & EMBRYOS

Before fertility treatment can begin, the law requires patients to give written permission. This permission explains how their reproductive cells called gametes (eggs and sperm) and embryos will be used and stored.

On 1 July 2022, new laws were introduced that changed how these cells can be stored. Because of these changes, it is particularly important that you understand what instructions you need to give and what your choices mean before you fill out any forms or begin treatment.

The information below explains the most important parts of these new rules. Please read it carefully to make sure you understand everything and feel confident about your decisions.

If anything is unclear or if you would like more details, please contact the clinic. We will be happy to answer your questions and help you understand everything fully.

Please note: for NHS-funded IVF/ICSI treatment, storage charges apply after the initial 2-year funded storage period. For NHS-funded fertility preservation, storage charges apply after the initial 10-year funded storage period.)

WHAT IS CRYOPRESERVATION?

Cryopreservation is the term used to freeze your gametes (eggs and sperm) or embryos. Frozen gametes and embryos are stored at very low temperatures in liquid nitrogen at -196°C . The DRM uses specialised equipment and storage vessels to ensure your samples are safely stored until you are ready to use them. All frozen material is carefully monitored and stored under strict conditions to maintain quality and safety.

Freezing your eggs

Egg freezing is a process where a woman's eggs are collected from her ovaries and frozen so they can be used in the future. This is often done if someone wants to delay pregnancy or needs treatment that might affect their fertility, such as chemotherapy. The eggs are frozen using a fast method called vitrification, which avoids damage from the formation of ice crystals and improves their chance of surviving the freezing and thawing processes. Once frozen the eggs remain in storage until you are ready for them to be thawed to create embryos.

Freezing your embryos

If there are good-quality blastocysts left after your treatment, they can be frozen for future use. At the DRM embryos are frozen at the blastocyst stage. A blastocyst is an embryo that has grown for about four or five days after fertilisation. Blastocysts are frozen using vitrification, which is the most

effective method for preserving them. Freezing blastocysts gives patients more chances to become pregnant from a single egg collection, and they can be safely stored until used in treatment in at 196°C using liquid nitrogen.

Freezing your sperm

Sperm freezing is a way to preserve a man's sperm so it can be used later for fertility treatment. This is often done if someone wants to delay pregnancy or needs treatment that might affect their fertility, such as like chemotherapy. The sperm is collected and then carefully frozen using a method that protects it from damage. This allows the sperm to be stored for many years at very cold temperatures. When needed, the sperm can be thawed and used to fertilize an egg, either through IVF (in vitro fertilisation) or other fertility techniques.

HOW ARE EGG, SPERM AND EMBRYOS FROZEN?

At the Department of Reproductive Medicine, we use advanced freezing techniques to preserve eggs, sperm, and embryos for future fertility treatment.

Eggs and embryos (Blastocysts)

These are frozen using a rapid method called vitrification. This technique is widely recognised as the most effective way to preserve eggs and blastocysts, as it helps prevent ice crystal formation and improves their chances of surviving the freezing and thawing process.

Sperm

Sperm is frozen using a slow freezing technique, which gradually lowers the temperature to protect the cells during the process. This method offers the best chance of maintaining sperm quality for use in future treatment.

All frozen material is stored securely in liquid nitrogen at –196°C and carefully monitored to ensure safety and quality until you are ready to use it.

Where will your gametes and embryos be stored?

Gametes and embryos will be stored at Saint Mary's Hospital Department of Reproductive Medicine. Occasionally it may be necessary to store your gametes or embryos at a different licensed centre. This would only happen in exceptional circumstances, and we will discuss the details with you beforehand to ensure you are fully informed about the arrangements.

Freezing and storing eggs, sperm, and embryos

After your eggs are collected and embryos are created, any good-quality embryos that are not transferred during that treatment cycle may be frozen (cryopreserved) and stored for use in a future cycle.

While freezing and thawing techniques are carefully managed, it is important to understand that there is a small risk that eggs, sperm, or embryos may deteriorate or lose viability during this process. This means that we cannot guarantee that frozen material will survive thawing or be suitable for fertilisation or transfer.

These possibilities will be discussed with you during your appointment, and you will receive information tailored to your individual treatment plan.

VIRAL SCREENING

Viral screening (for Hepatitis B, Hepatitis C, HIV and HTLV) is required on all gamete providers (patient, partner, or donor) before cryopreservation takes place to mitigate the risk of cross contamination between samples. If a patient tests positive for any of these viruses, their samples will be safely stored in specially designated viral-positive tanks. In such cases, alternative storage arrangements will take place to manage viral-positive samples. If this applies to you, your care team will discuss the arrangements with you in full.

UNDERSTANDING CONSENT FOR FERTILITY TREATMENT

Giving consent before treatment

Before starting fertility treatment, UK law requires that you give written consent. This ensures you understand and agree to how your eggs, sperm and any embryos created will be stored and used.

All gamete providers, whether you are the patient, a partner, or a donor, must complete the HFEA consent forms before any treatment or freezing can begin.

The consent forms allow you to specify:

- How long your eggs, sperm or embryos will be stored.
- Whether they can be used in your own treatment
- Whether they can be donated for research, training, or to another person.
- You can change or withdraw your consent at any time, as long as your material has not already been used.

How long can eggs, sperm and embryos be stored?

Your eggs, sperm and embryos can be stored for up to 55 years, depending on your individual circumstances and treatment plans.

Renewing your consent every 10 years

To continue storage beyond 10 years, you will need to renew your written consent every 10 years from the date your samples were first frozen. This renewal must be completed by the person who provided the eggs or sperm (known as the gamete provider).

If your embryos were created using donor eggs or sperm, the donor is not required to renew their consent. In these cases, embryos can be stored for the length of time originally agreed by the donor.

Storage should only continue if you plan to use the embryos for your own treatment.

How will we contact you?

We will get in touch with you more than 12 months before your 10-year consent period ends to ask if you would like to continue storing your samples for another 10 years. You will have the opportunity

to speak with our medical and counselling team to discuss your options and ask any questions before renewing your consent.

To ensure we can reach you, please make sure you keep your contact details up to date with St Mary's Hospital, Department of Reproductive Medicine (Centre 0067). This includes your current address, phone number, and email. If we are unable to contact you and do not receive renewed consent, we are legally required to stop storage and dispose of your eggs, sperm, or embryos.

What happens if consent is not renewed?

If renewal forms are not completed, this is treated as withdrawal of consent. By law, we must then cease storage and dispose of any eggs, sperm, or embryos.

Embryos created with donor eggs or sperm.

If your embryos were created using donor gametes, we will inform you of the maximum storage period the donor has agreed to. Donors are not required to renew their consent, and storage will continue according to the original agreement.

Changes in personal circumstances

Life changes, such as separating from a partner or starting a new relationship, may affect your consent decisions. Please inform St Mary's Hospital, Department of Reproductive Medicine (0067) of any changes as soon as possible so your wishes can be respected.

STORAGE FEES

Please note that giving consent for the storage of your gametes and embryos is separate from making financial arrangements for storage. Storage fees help cover the costs of maintaining secure cryostorage facilities, including specialist equipment, liquid nitrogen supplies, continuous monitoring systems, and compliance with regulatory requirements. The Department of Reproductive Medicine will store your gametes and embryos for the period specified in your signed consent forms.

- Self-funded patients are responsible for paying the storage fees that apply to their treatment and storage arrangements.
- For NHS-funded IVF/ICSI treatment, storage charges become payable after 2 years of storage.
- For NHS-funded fertility preservation, storage charges become payable after 10 years of storage.

Details of any applicable storage fees will be provided to you during your treatment and before charges become due. Please be aware that storage fees are subject to review and may change over time. If you are considering long-term storage, it is important to consider the potential financial commitment involved.

DONATING TO RESEARCH OR TRAINING

At any point during the storage of your eggs, sperm, or embryos, you may choose to donate them to approved research or training programmes. This is a voluntary decision and can be made whether you are planning to discontinue treatment or simply wish to support scientific and educational progress.

During the consented storage period

If you decide not to use your stored material for treatment, you can consent for it to be used in ethically approved research or for training purposes. This may help improve fertility treatments, support scientific discovery, or assist in the education of future fertility professionals.

In the event of death or mental incapacity

You may also choose to allow your stored material to be used for research or training if you pass away or lose mental capacity. To enable this, you must give explicit consent using the relevant HFEA consent forms. Without this consent, your material cannot be used in this way.

You can update or withdraw your consent at any time, provided you remain mentally capable. If your wishes change, please inform St Mary's Hospital, Department of Reproductive Medicine (0067) so we can ensure your records reflect your current wishes.

POSTHUMOUS USE & MENTAL INCAPACITATION

When you consent to store your eggs, sperm, or embryos, you will be asked to give instructions about what should happen to them if you lose mental capacity or pass away.

Use by a partner.

- If you wish for your partner to use your stored eggs, sperm, or embryos after your death or mental incapacitation, you must name them on the relevant HFEA consent forms.
- If no partner is named, they will not be allowed to use your stored material. **Updating your consent**
- If you do not have a partner at the time of storage but later enter a relationship, you can update your consent forms to include their name, this must be done while you are still alive and mentally capable.

Legal time limits for storage after death or incapacity

- Gametes (eggs or sperm) must be removed from storage within 10 years of the date of death or confirmed mental incapacity.
- Embryos must be removed within 10 years and 6 months of that date.
- The total storage period cannot exceed 55 years from the date of first storage.

Shorter consent periods

If you choose to consent to a shorter storage period (less than 10 years), this will be the legal limit for how long your material can remain in storage after death or incapacity.

Creating Embryos After Death

If you want your partner to be able to conceive a child after your death, you must give specific consent for your eggs or sperm to be used to create embryos (see HFEA MT & WT Forms, sections 6.1 & 6.2).

If you select “No” to these questions, embryos cannot be created or used in treatment, and pregnancy will not be possible.

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Legal Parenthood

You can choose to be registered as the legal parent of a child conceived using your stored material after your death by completing the appropriate HFEA consent form.

Ongoing Embryo Storage

If embryos are jointly stored, the living gamete provider must give consent for continued storage after the other person’s death or incapacitation.

You will be contacted 12 months before the storage period ends to renew your consent.

Withdrawing Consent

If the living gamete provider withdraws their consent at any time during the 10-year posthumous or incapacitation period, any unused eggs, sperm, or embryos will be removed from storage and respectfully disposed of.

SURROGACY ARRANGEMENTS

It is possible for your gametes and embryos to be used in the treatment of others following your death or mental incapacitation via donation or within surrogacy arrangements. However, you should be aware that doing so requires the completion of further consents forms and screening tests which are not covered by your NHS entitlement, and you are required to pay for these tests. Total costs will be discussed with you at an appointment upon request and a costed treatment plan provided.

If you wish for your gametes or embryos to be used in this way, it is essential to contact the clinic at your earliest convenience to complete the relevant tests and documentation. You will also be offered counselling from our specialist fertility counsellors, information on the process, costs for surrogacy arrangements and a costed treatment plan provided.

If you have any questions about your consent, storage options, or future use of your eggs, sperm, or embryos, including donation to research or training, our team is here to support you. We understand that these choices can be difficult and may change over time. For further information, guidance, or to update your consent forms, please speak to a member of the clinical team at St Mary’s Hospital, Department of Reproductive Medicine (0067). You can also visit the Human Fertilisation and Embryology Authority (HFEA) website at www.hfea.gov.uk for detailed information about your rights, responsibilities, and the consent process.

CONTACT DETAILS

Telephone: 0161 276 6000

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Website: <https://mft.nhs.uk/saint-marys/services/gynaecology/reproductive-medicine/> Email: hfeaconsent.enquiries@mft.nhs.uk