Consent Form
Meiosis in Unfertilised Human Oocytes

Bourn Hall
FERTILITY CLINIC

NRES Ethics Reference Number: 11/EE/0346

Lead Investigator: Dr Melina Schuh (Max Planck Society)

Co-investigators: Dr Kay Elder and Martyn Blayney (Bourn Hall Clinic)

Please Initial

1. I confirm that I have read and understand the Information Sheet Meiosis in unfertilised human oocytes (BHC ref IS118 Research ref V2 December 2023) for the above study. I have had the opportunity to consider the information and ask questions and have had any questions answered to my satisfaction. ☐

2. I understand the purpose of the study, and how I will be involved. ☐

3. I understand that my participation in this study is voluntary, and a decision not to participate will not alter the treatment that I would normally receive. ☐

4. I understand that I am free to withdraw at any time prior to my eggs being used in research without giving any reason, and without my medical care or legal rights being affected. ☐

5. I understand that my participation in this research study will involve the usual and routine collection of information about my clinical care. All such data collected will be anonymised to remove personal details prior to passing on to the research team so that it will never be possible for the research team to identify me. ☐

6. I agree to take part in the above study and for my immature unfertilised eggs to be studied by the research team using microscopy and other imaging techniques. ☐

7. Some of the eggs that do not develop and hence will not be used for fertility purposes are likely to be faulty at the level of their DNA. I agree for my unused immature eggs to be investigated at the level of their DNA so that the researchers may study in detail what caused that particular egg to fail. This analysis will also be performed in an anonymised manner and the research team will never identify me as a donor of the analysed eggs. No specific genetic tests will be carried out. I understand that I may exclude my immature eggs from DNA analysis while still donating my eggs for research. ☐ Yes ☐ No

8. Before starting fertility treatment, did you use any kind of hormonal contraceptive (pill, gel, injection or implant; please circle as appropriate) at any time? ☐ Yes ☐ No

- If yes, for how many months/years? …………………………………..

Name of Donor

(Please print): ______________________

Signature: _________________________ Date: _______________________

Medical Number: ____________________ Date of Birth: ____________________

Witness

(Please print): ______________________

Signature: _________________________ Date: _______________________

1 copy required: it will be scanned to be included in the patient's electronic record
(Ref: V2 December 2023)