

**Research Consent Form
Egg and Embryo Donation**

Furthering our understanding of early human development for the generation of stem cells

Medical Number:	Research Identification Number:	Both Partners Please initial to confirm	
<ul style="list-style-type: none"> We have read this Consent for Research and Storage form and the Patient Research information sheet IS119 Research Information and have had the opportunity to ask questions and receive counselling. We understand the purpose of the research project RO162, and how we will be involved. We understand that the research project may include genetic and other tests. We understand that as a consequence of steps taken to protect our identity and confidentiality, we will not receive any information about the outcome of the study of eggs/ embryos that we donate, whether they form stem cells or otherwise. We understand that we will not benefit financially or otherwise from the research discoveries, which could be published or patented by the researchers, or from the future uses of any stem cells generated in the study. We confirm that we will be taking part in this research of our own free will, and we understand that we may withdraw from it, or vary the terms of our consent at any time and for any reason up to the time our eggs/embryos are used in a research project. Any egg/embryo will be regarded as so used after it has become part of the research programme and it is being cultured/grown for use in research. We agree to storage of my eggs or embryos created from my eggs for research for a maximum of 10 years from the date of consent for storage for research purposes. We understand that my donated eggs may be stored at the clinic for up to 6 months before transport to the University of Cambridge and the Francis Crick Institute. <i>If less than 10 years please specify number of years _____</i> We understand that we are under no obligation to take part in this study and that my/our decision whether or not to participate will not alter our treatment in any way. We understand that a sample of any stem cells derived from the donated eggs/embryos will be deposited in the UK Stem Cell Bank. In this event the treatment clinic will send a copy of this consent form to the Secretary to the UK Stem Cell Steering Committee, who will maintain strict confidentiality about our identity and participation in the study. We understand that if stem cells are generated from the donated eggs/embryos, the stem cells could be distributed widely to other researchers well into the future and could be used for research by commercial organisations. We understand that we will have no control over any future use of the embryonic cells or any stem cell derived. 			
Egg provider (Full name printed)		Date of Birth:	
Egg provider (signature)		Date	
Sperm provider (Full name printed)		Date of Birth:	
Sperm provider (signature)		Date	
Witness (printed)			
Witness (signature)		Date	