

Sperm, Embryo or Oocyte Cryopreservation

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Funding for fertility preservation will be offered to patients who have a disease or a condition requiring urgent medically necessary treatment that has a significant likelihood of making them infertile and those whose medical treatment may compromise fertility.

The following fertility preservation methods will be considered for funding:

- Sperm retrieval and cryo-storage
- Ovarian stimulation, egg collection and either egg or embryo cryo-storage

M&SECCGs will fund storage of embryo, eggs and sperm:

- until the age of 25 if harvested before 20th birthday
- for 5 years if harvested between 20th and 38th birthday
- until 43rd birthday if harvested after the age of 38

<p>Patients can only be referred for funding if they meet <u>ALL</u> of the following criteria.</p> <p>Please indicate that the patient meets all criteria:</p>		<p>Please tick</p> <p>✓</p>
	<ul style="list-style-type: none"> • Patient has a disease or condition requiring urgent medically necessary treatment. <p>Please state the disease or condition: _____</p>	
AND	<ul style="list-style-type: none"> • Urgent treatment for the disease/condition has a significant likelihood of making the patient infertile. 	



	Please state the treatment required: _____	
	<ul style="list-style-type: none"> • Patient has commenced puberty and is aged up 43 years old. 	
	<ul style="list-style-type: none"> • Women need to be well enough to undergo ovarian stimulation and egg collection but this should not worsen their condition and sufficient time is available prior to starting treatment. 	

Embryo or oocyte cryo-storage will not be available where a woman:

- **Chooses to undergo medical or surgical treatment whose primary purpose is that it will render her infertile, such as sterilisation.**
- **Requests cryo-storage for personal lifestyle reasons, such as wishing to delay trying to conceive.**

Patients can choose to fund storage themselves beyond the NHS funded period.

If the patient dies whilst their embryos, eggs and sperm are in storage the CCGs will only fund storage 3 months from the date of the person dying. Extended storage beyond this time may be funded privately if applicable.

If the person is already deceased, the 3 months commences on the implementation date of the SRP.

NHS Funding for use of stored material for assisted conception in line with patient's CCG policy. Any further costs e.g. use of sperm/oocytes in private fertility treatment or transport to another clinic etc would need to be met by the patient.

CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined?		Name of Clinician	
<small>Please indicate:</small>			
Name		Contact number	
Signature		Date	
Date			