

Service Restriction Policy Prior Approval Application Form

Gamete and Embryo Storage

This form must be completed in full and submitted with the appropriate clinical information, by a specialist clinician who knows and has assessed this patient, or be based on documentary evidence of such assessments, sufficient to complete the form. Commissioners may withhold payment to providers for procedures that have not sought prior approval.

ALL requests should be submitted by an appropriate Consultant led NHS or locally commissioned service

Date of Request	Click or tap to enter a date.
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Patient Details	
Name	
NHS Number	
Date of Birth	Click or tap to enter a date.
GP Practice	
CCG	Choose an item.

Prior Approval Form Completed by	
Name	
Job Title	
Provider	

All patients should be made aware that provision of gamete preservation is made without prejudice to the future determination of any subsequent fertility treatment. Approval of preservation doesn't guarantee NHS funding for future fertility treatment, which will be determined by the relevant CCG policy at that time.

Clinical criteria for the procedure, as detailed in the Service Restriction Policy

Patients eligible for NHS-funded gamete or embryo cryopreservation should be about to commence treatment (which would be funded by the NHS) that may cause permanent infertility as a result of their treatment. Conditions considered appropriate for gamete or embryo cryopreservation include but are not limited to:

- malignancies or other autoimmune conditions requiring chemotherapy
- malignancies requiring total body irradiation or radiotherapy that may affect an individual's reproductive organs
- conditions requiring male urological or female gynaecological surgery (e.g. women with a BRCA 1 gene mutation not in a position to start a family and being prepared for bilateral salpingo-oophrectomy);
- conditions requiring specialist endocrinology services;
- rare mitochondrial disorders
- Transgender patients who are receiving treatment for gender dysphoria which may cause permanent infertility (hormone therapy, reconstructive surgery etc.) and who are on a transgender pathway.

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Other condition, please state (free text box below)

Individuals should also meet the following criteria:

Females of reproductive age up to 42 years old (stimulation treatment to take place prior to individual's 43rd birthday). There is no minimum age limit;

Males of reproductive age up to 55 years old (sperm retrieval to take place prior to individual's 56th birthday). There is no minimum age limit;

Patient has not previously been sterilised even if sterilisation has been reversed

Registered with a GP belonging to Nottingham and Nottinghamshire CCG (or unregistered but confirmed as the responsibility of the CCG);

Written informed consent to treatment and gamete or embryo storage has been gained.

Sperm will normally be stored for a maximum period of 10 years, or until a man reaches the age of 56 years old, whichever is sooner. Eggs and embryos will normally be stored for a maximum period of 10 years, or until a woman reaches the age of 43 years old, whichever is sooner.

Storage of sperm, eggs or embryos will not normally be funded for longer than 10 years, apart from in exceptional circumstances. If patients wish to continue to store their gametes beyond this or they no longer meet the eligibility criteria in this policy, they may choose to self-fund this.

- **A single cycle of treatment only will be funded i.e. not multiple attempts.**
- **Treatment will only be funded at centres licensed by the HFEA.**
- **Embryo storage using donor sperm is not routinely commissioned.**
- **The CCG will not fund any additional costs for the transportation of sperm, eggs or embryos if required.**

Additional information that may have a bearing on the application:

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I confirm that I have explained the prior approval process to the patient and that the patient has given consent to share their information with the commissioner	Choose an item.
I confirm that the patient meets the current clinical guideline / policy for the restricted procedure as detailed in the Restricted Policy 2020	Choose an item.

Completed form (*either electronic or scanned*) should be sent, with any other supporting documents to nnicb-nn.ifrteam@nhs.net

Please comply with Information Governance standards

THIS SECTION TO BE COMPLETED BY THE ASSESSOR			
Request outcome	Choose an item.		
Rationale			
Name of Assessor		Date	Click or tap to enter a date.