Policy · FRT-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 8.1, 8.2

At a glance

- Before treatment, each patient gets written and verbal information on the options, success rates, risks, costs and alternatives.
- Success rates are stated accurately, with the basis for the calculation.
- Consent is obtained for each stage, including handling, storage, use and future use or disposal of gametes and embryos.
- Consent can be changed or withdrawn, and the change is recorded.
- Stop and get help straight away if: treatment starts with no written information, or a stage starts with no consent for that stage.

1. Purpose

To make sure each patient understands and agrees to each stage of treatment, not one signature for all (8.1, 8.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Consent for fertility treatment is not one signature. Each stage, including the storage and use of gametes and embryos, needs its own informed decision, because each raises different questions.

5. Responsibilities

Role	Responsibility	Competence
Clinical director	Owns the policy and the success-rate statement	Clinician
Counsellor and nurse	Give the information and record the consent	Clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Inform.

- Give the written and verbal information on options, success rates, risks, costs and alternatives (FRT-FRM-001).

Key point: Written and verbal, before treatment.

Step 2. Consent by stage.

- Obtain consent for each stage separately, including what happens to any gametes and embryos (FRT-FRM-002).

Key point: Each stage, its own consent.

Step 3. Review.

- Review consent when the plan changes, and record any change or withdrawal.

Key point: Consent follows the plan.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients with written information before treatment	100%	Monthly	Clinical director	Escalate to chief executive
Stages with consent recorded	100%	Monthly	Clinical director	Escalate to chief executive

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
FRT-FRM-001	Treatment information and options record	Record
FRT-FRM-002	Stage-specific consent record	Consent
CON-SOP-001	Informed consent before significant care	Consent

17. Evidence

Reference	Note
E-009	Success-rate statement to follow the ESHRE add-ons good practice recommendations (2023).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Fertility & IVF Accreditation Training** (AMB-13)

- **Patient Identification, Informed Consent and Patient Rights** (T-07)
- Healthcare Ethics for ASF Accreditation (A-07)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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