



Patient Guide

The Hull IVF Unit
(within) The Women and Children's Hospital
Hull Royal Infirmary
Anlaby Road
Hull HU3 2JZ

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Welcome to the Hull IVF Unit



The Hull IVF Unit is East Yorkshire's only specialist fertility clinic. The Unit was established in 1986 and has a long history of success. Our success rates are amongst the highest in the country and over the years we have helped many couples to become parents.

This booklet will answer many of your questions regarding undergoing treatment at the Hull IVF Unit, and can be used in conjunction with our other publications listed below; please ask a member of the office team for a copy of the booklets you require for your individualised care and information.

Please read these carefully and ask the staff in the IVF Unit to explain anything that is unclear to you.

Our dedicated team will support you each step of the way.

List of publications:

IVF Information Booklet

ICSI Information Booklet

FET Information Booklet

IUI Information Booklet

Ovum Recipient Booklet

Egg Sharing Booklet

Legal Parenthood Booklet

Meet the team

Our friendly and very experienced team consists of specialist doctors, nurses, embryologists and administration staff.

Medical Director, Person Responsible to the HFEA

& Gynaecologist: Mr Steve D Maguiness MD FRCOG

Scientific Director: Dr John Robinson BSc PhD

Operations Director: Mr Philip Robinson

Consultant Gynaecologist: Mr Piotr Lesny, MD MRCOG

Consultant Nurse/Director: Denise Holland RGN

Quality Manager/

Consultant Embryologist/Director: Dr Christine Leary BSc, FRCPath

Office Manager: Caroline Frost

Nursing Staff: There is a team of five nurses

Laboratory Staff: There is a team of six embryologists

Administrative Staff: There is a team of six office staff

Ultrasound Staff: The Unit is supported by six Ultrasonographers

Our Aim

We aim to deliver safe, skilled care in a professional, caring manner, involving our patients in all aspects of treatment and decision making.

Statement of purpose

The Hull IVF Unit is East Yorkshire's only specialist fertility Unit, and it has provided a clinical service to the people of this region, and beyond, since 1986. It is our intention to continue this tradition, maintaining our position as one of the most successful and effective treatment centres within the UK.

We aim to provide financially viable private facilities and services for the investigation and treatment of couples having difficulty conceiving.

This provision will be of the standard and quality, which is perceived by its patients to match their expectations for excellence of service, to offer good value for money and meets the full criteria laid down by its regulatory bodies, the Human Fertilisation and Embryology Authority, ISO 15189 and ISO 9001.



Steve Maguiness, Medical Director

Confidentiality

All of the information about yourselves which is recorded in the Hull IVF Unit is completely confidential, and will not be released to any third party without your expressed written consent. Even letters written to your General Practitioner are sent to you so that you can forward them to your GP yourself.

Notes of patients held by the Unit are used for audit and research by members of staff named on the HFEA licence. Patients who have concerns about the use of their personal information for internal audit or research should make their concerns known, and these will be respected.

Regulation

Fertility treatment is closely regulated by Law. The HFEA (1990) Act governs all activities included in treatments involving human eggs, sperm and embryos. The Unit is regulated and inspected by the Human Fertilisation & Embryology Authority, Clinical Pathology Accreditation, ISO 9001 and ISO15189.

The Unit is inspected to European and international standards to enforce EU laws which ensure quality and safety.

It is the policy of the company to maintain a quality system designed to meet the requirements of EN ISO 9001. The policy is implemented and maintained throughout the Unit.

The quality of service offered has a direct influence on the Unit's ability to meet patients' expectations. The Unit endeavours to work with patients to define expectations and meet or exceed them through offering services which are effective, efficient and safe.

Organisational excellence is maintained at the Unit by implementing quality management principles. Quality control, assurance and improvement are integrated in our quality management system (QMS). The company's Quality HIU00125: rel doc; patient guide V1 (03/17) – operative from 03/03/2017-03/03/2018; change made 10/03/2017

Manual defines our quality objectives and key procedures. The Quality Policy is displayed on the website.

Patients with special needs

Please let us know as soon as possible if you have any special care needs. We endeavour to provide the best care possible in an environment suited to your needs. We may need to make adjustments to layout prior to your appointments. It may be that we need to arrange for a sign language specialist to interpret the consultation.

We can normally arrange most services or equipment quite quickly to ensure your experience is a positive one.

If English is not your first language and you feel you would benefit from an interpreter, please let the office staff know; they will be happy to arrange an interpreter for you.

How to contact us

General Enquires

The IVF Unit is open **8.00am** to **4.00pm** Monday to Friday. If your query is with a nurse please phone between **1.00pm** and **3.00pm**. If the member of staff you need to speak to is unavailable, arrangements will be made either to call you back, or give you a time when they will be able to speak to you. The nursing staff are usually busy in the mornings and cannot take calls, however if your call is urgent a member of the nursing team will call you back as soon as possible, if you leave a message.

There is an answer phone out of hours: **01482 382648**

The fax number of the Unit is: **01482 382672**

There are many people involved in the IVF programme. You will meet most of them on your various visits to the hospital. Some are behind the scenes, but without all of their support and enthusiasm it would be impossible to run the Unit. The staff will go to great lengths to keep you informed about your progress.

If there is anything that you do not understand, please ask.

The aim of the IVF Unit has always been to provide full and detailed information to all couples throughout every stage of their treatment. Whilst we feel that the support and information we provide to be of the highest standard, we also value feedback from our patients. If you have any suggestions which you feel may improve our service to you in any way, please put them forward to any member of our staff, or e-mail us at: enquiries@hullivf.org.uk

Urgent Enquires

If you have an urgent problem either on a weekend or out of the normal IVF Unit working hours that can't wait until the next working day, please contact the hospital switchboard on **01482 875875** - ask the switchboard staff to contact the IVF Unit nurse on call. Your call will be returned as soon as possible.

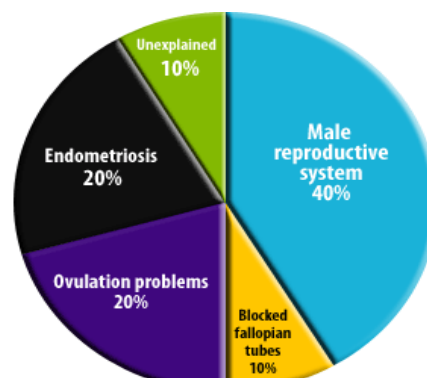
If your problem is not urgent then you can leave a message on the IVF Unit answer phone. Please leave your **name** and **telephone number**.

What investigations & treatments are available?

Approximately 1 in 6 couples will experience difficulty in achieving a pregnancy. There are a number of possible reasons.

The following treatment options are available;

- Ovulation induction
- Intra Uterine Insemination (IUI)
- Donor sperm insemination
- In Vitro Fertilisation (IVF)
- Intra Cytoplasmic Sperm Injection (ICSI)
- Embryo cryopreservation
- Sperm freezing
- Oocyte (egg) freezing
- Surgical sperm retrieval
- Oocyte (egg) donation
- Egg Sharing
- Sperm donation
- Embryo donation
- Surrogacy



Causes of infertility in couples undergoing fertility treatment

The following investigations are available:

- HyCoSy (a tubal patency investigation)
- Full detailed semen evaluation
- Pre assessment pelvic scan
- Fertility blood tests, including Anti-Mullerian Hormone testing.

Additional information booklets are available about specific treatments.

Getting started

The referral process

The first step is to obtain a referral letter from your General Practitioner or consultant. If you have difficulty organising this, we are happy for you to self-refer, but we would want to keep your GP informed of any tests etc. you are having in case they become involved.

Unfortunately not everyone will be suitable for treatment and selection criteria do apply.

Proof of Identity

All potential patients are required to provide us with proof of their identity using their Passport or Photographic Driving Licence.

Selection criteria

1. The success rates are very poor once a woman is aged 40 years or over. We may only offer to treat women over 40 years of age following counselling and tests to ensure the ovaries are functioning satisfactorily. Subject to the Medical Director's discretion, we are able to commence treatment up until the date of the lady's 46th birthday. We will not offer treatment to anyone under the age of 18. Women over the age of 44 cannot be put on the waiting list for donated eggs.
2. Independent counselling is offered to all patients no matter what treatment you are having. Implications counselling is mandatory for all patients considering the use of donated sperm, eggs, or embryos.

3. We have a legal obligation to the welfare of existing children, and any child born as a result of any treatment, and must refuse treatment if doubts about such welfare exist. In order to assess the welfare of the child we will give you a letter to take to your General Practitioner who will sign it to indicate to us that he knows no reason why you should not be treated. We will also ask each partner to complete a questionnaire from the HFEA.

4. **Female Body Mass Index (BMI)** – BMI is a measure of body “fatness”.

Currently the IVF Unit does not treat any new female patient with a body mass index greater than 35 at the time of treatment.

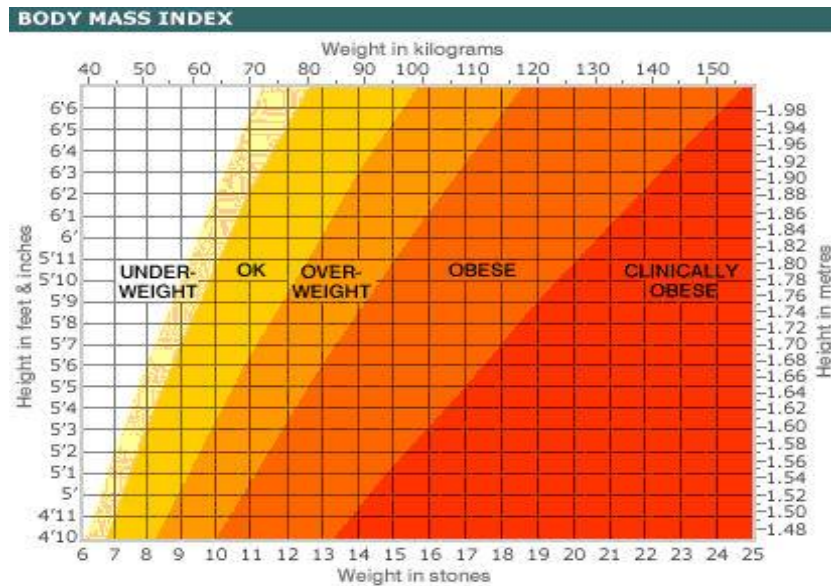
If you are funded by one of the Yorkshire and Humber CCGs, you will not receive funding unless your BMI is less than 30.

BMI is calculated by dividing your weight in kilograms, by your height in metres squared: $\text{Weight (kg)} / [\text{height (m)}]^2$.

Normal Range: 18.5 - 25: Overweight: 25 - 30: Obese: >30

The reason for this restriction is that increased BMI is associated with a decreased pregnancy rate and increased risk of miscarriage and other complications if pregnancy is achieved.

If you have problems calculating your BMI before we see you, you could ask the practice nurse at your GP surgery to work out the BMI for you.



Preparation for your treatment cycle:

Your general health is very important. Remember treatment is designed to get you pregnant so eat a healthy, well-balanced diet.

If you smoke, **STOP NOW**, as it can seriously affect your chances of success. Alcohol should be avoided before the treatment programme is started. Alcohol taken in the three months prior to producing a semen sample may affect its quality.

A BMI (Body Mass Index) of less than 35 is critical – see above. We cannot commence treatment if the females' BMI is over 35.

Folic acid: Trials have confirmed that there is an association between reduced folic acid intake and the development of neural tube defects in infants. We advise all patients to take 400 mcg of folic acid daily to reduce the risk of spina bifida in the newborn.

Contraceptive pill / Norethisterone: In order to regulate your cycle and plan your individual treatment cycle we may prescribe the contraceptive pill or Norethisterone.

Caffeine: Stop drinking all drinks containing caffeine (coffee, tea, carbonated drinks) before treatment.

Fatty acids: There is some evidence that taking Omega 3 and Omega 6 supplements can help fertility.

Alternative therapies: We are often asked whether patients would benefit from Acupuncture, Reflexology or other complimentary therapies. It is unlikely that it will change the outcome of your treatment. However, if you are wishing to pursue a complimentary type treatment that involves taking oral preparations please check with the nursing staff before you start. Some herbal remedies may not be appropriate.

Perfumes, deodorants, cosmetics: Human embryos are very sensitive to volatile organic compounds – which include the solvents and other agents contained in all of the above. We therefore ask that patients attending the IVF Unit reduce to a minimum their use of these on the day of their appointments. This is particularly important during oocyte retrieval and embryo transfer procedures.

Abandoned cycles: There are several stages in the treatment cycle. Each stage is carefully monitored, but problems can occur which mean that the cycle has to be abandoned. These problems are unavoidable. This does not necessarily mean that another IVF cycle could not be attempted.

Intimate examination: Due to the nature of sub-fertility treatment, some of the investigations and procedures are of an intimate nature. We understand that you may sometimes have to come alone for your appointments; if you feel you need a chaperone please ask one of the nurses and one will be provided for you. We must insist a chaperone is present if you attend alone for an examination by a male member of staff.

Funding of treatments by Clinical Commissioning Groups (CCGs):

Some CCGs may be willing to fund your treatment within our Unit. This is not automatic: eligibility criteria, and also the numbers and types of treatment fundable, vary with different Health Authorities. We can advise you about this.

The Hull IVF unit currently provides NHS funded treatment for the following Clinical Commissioning Groups:

Hull
East Riding of Yorkshire,
Vale of York
Scarborough and Ryedale
North Lincolnshire
Northeast Lincolnshire

No matter where your investigations have taken place, **you** are entitled to **choose** the IVF unit where you have your treatment.

If you think you might be eligible for funding from your CCG **you must inform the IVF Unit administrative staff, and they will make an application on your behalf.**

Once your CCG has given approval we will inform you; your treatment cannot be started until authorisation is received.

The IVF Unit administrative staff will be happy to advise you further regarding your eligibility for funding: please telephone **(01482) 382648** or ask at the reception desk.

Private charges for consultations, investigations and treatments

For private patient costs relating to consultations, investigations and treatments at the Hull IVF Unit, please see our separate charge sheet or visit www.hullivf.org.uk and select the Fees tab.

Once a treatment has been confirmed, we will provide you with a costed treatment plan including an estimation of drug costs.

Methods of payment are via:

Credit/debit card (telephone payments are also acceptable - please note the person whose name is on the card must be the person who contacts the Unit to make the payment)

Cheques (made payable to East Riding Fertility Services Ltd or E.R.F.S. Ltd.) and cash are also accepted.

If you would like any further information relating to the costs involved with your treatment, please do not hesitate in contacting us at the Hull IVF Unit on 01482 382648.

Success Rates at the Hull IVF Unit

We understand that clinic success rates are important when choosing which IVF Unit to attend. The Hull IVF Unit has a long history of success, with pregnancy and live birth rates above or consistent with the national average success rate across all clinics.

The Human Fertilisation and Embryology Authority (HFEA) publish success rates for every licensed clinic. Although the results are usually updated every 6 months, there is at least a nine month wait required before outcomes are known and the results then need to be verified for accuracy, hence the data presented often relates to treatments conducted two years prior. We present data here from the HFEA and more recent clinical data.

The results show the number of treatments cycles carried out in a particular year and the number of clinical pregnancies and live births. However, success rates can be shown in a number of different ways and we understand that this can be confusing.



















For example the data may be presented to show;

- a) How likely it is that each treatment cycle started (fertility drugs started or embryos thawed) will lead to a clinical pregnancy or live birth. However not all cycles started will result in embryos being available for transfer. A cycle could be abandoned or postponed for several reasons (inappropriate response to stimulation, no eggs collected or embryos created, or for the purpose of fertility preservation and oocyte/ embryo freeze requirements)
- b) Or how likely it is that an embryo transfer cycle of one or two embryos will result in a pregnancy or live birth.
- c) Or how likely each embryo transferred during treatment will lead to a live birth. This takes into account how many embryos have been transferred in a cycle and therefore results can appear lower than 'per cycle' because two embryos can be transferred in some cycles.

A Clinical Pregnancy (CP) is defined as one in which at least one foetal heartbeat has been detected by ultrasound at around 6 weeks of pregnancy.

Live births (LB) may be presented as live birth events (i.e. the number of patients with live births) or the actual number of live births (i.e. number of babies born).

For example 4 women start fertility drugs, 1 woman ops not to have embryos transferred, of the 3 who have embryos transferred 1 has two embryos replaced and the other women have single embryos replaced, two achieve pregnancies, resulting in the delivery of twins and a singleton respectively. The clinical pregnancy data could be reported as 2/4 per cycle started, 2/3 per embryo transfer cycle or 3/4 per embryo transferred. The live birth data could be reported as 2/4 live birth events per cycle started or 3/4 live births per embryo replaced.

Number of cycles started					
Number of embryo transfer cycles	x				
Number of embryos transferred	x		 		
Number of clinical pregnancies	x			x	
Number of live birth events					
Number of live births			 		

Multiple pregnancy is the single biggest risk of fertility treatment to both mother and baby. The birth of a single, healthy child is the safest, most desirable outcome of fertility treatment.

Therefore it is important to look for clinics that have a high proportion of single births, as well as a good overall success rate. The Hull IVF Unit has consistently low multiple birth rates.

For this reason we report here firstly whether treatment results in a live birth and secondly whether the live birth is composed of a single baby, twins or triplets.

For more information regarding our most up to date success rates, please visit our website at www.hullivf.org.uk

Screening investigations

Before you commence treatment, **some** investigations must be performed to ensure that you are suitable for this type of treatment. If you feel that you have already had any of these investigations please let us know. Separate charges may apply so please ask a member of the office staff if you are unsure.

AMH: AMH is a hormone measured from a blood test. This blood test needs to have been carried out recently to help us judge what drug regimens will suit you.

Antral Follicle Count (for the woman):

An Antral follicle count is performed by ultrasound scan between day 2 and day 5 of your menstrual cycle to see how many eggs are developing.

The AMH and antral follicle count are used to assess the "ovarian reserve".

Prolactin (for the woman): Prolactin is a hormone measured from a blood test.

Rubella (for the woman): A blood sample will be taken to confirm your immunity to rubella (German Measles). It is important to have the result of this test before your treatment starts. If you are shown to be "not immune" you must discuss the need for immunisation with your own general practitioner or infertility specialist. Any immunisation, or repeat immunisation, must be done before starting the treatment cycle.

Screening for HIV and Hepatitis B and C: Before treatment can commence, both partners must be screened for Hepatitis B surface antigen, Hepatitis B core antibody, Hepatitis C, and HIV infections.

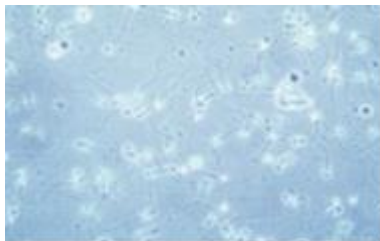


The Hull IVF Unit does not have the facilities required to treat all those patients who are HIV and Hepatitis positive. Arrangements may need to be made for referral to a centre equipped to meet their needs. The implications of this testing will be explained to you, and counselling will be available, prior to being tested.

Chlamydia screening: Chlamydia is a micro-organism that can lead to damage of the fallopian tubes. It is tested using a urine test for the male partner and a vaginal swab for the female partner. A blood test will be taken to investigate the presence of antibodies to Chlamydia. This will tell us whether you have ever had an infection in the past.

Cervical smear (if you are over 25): It is necessary for you to have had a cervical smear within the last three years. If you have not had a recent smear, please visit your GP to arrange this before your treatment starts. If you are not on a normal recall with your smear tests then we need a clear smear test within your recall, e.g. 6 months, 12 months etc. We will require confirmation of the result of your last smear before we can commence treatment.

Semen evaluation: Although you may have had a Semen Analysis carried out recently in the hospital, we may still require this to be repeated. Prior to treatment the sample is produced on site, is more detailed and gives us more information. This allows us to determine which treatment options are available. (This may not be necessary for those patients requesting treatment with donor sperm).



Lupus Anticoagulant, Anticardiolipin antibody screening, B2 Glycoprotein antibody screening and TSH: These blood tests may help the clinician assess whether you have an increased risk of a miscarriage or an increased risk of problems during pregnancy. There are many reasons why ladies may have a miscarriage and not all risks can be assessed by a blood test. However, if these blood tests show any abnormalities, the clinician can initiate treatment to reduce the risk for you.

Zika virus declaration: You and your partner will be asked to sign a declaration stating you have not travelled to a ZIKA virus infected area within the last 6 months. If you have your treatment will have to be postponed for six months. It is extremely important that you advise a member of the Hull IVF Unit team if this affects you. The number of Countries affected and advice is available and updated weekly online at:

http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/zika-outbreak/pages/zika-countries-with-transmission.aspx

Tubal patency test: This investigation can be done in one of two ways;

- HyCoSy - an ultrasound investigation of the fallopian tubes. A fluid, which is opaque when viewed by ultrasound, is infused through the tubes. The sonographer will observe the fluid to determine if it spills freely from the end of the tubes and over the ovaries. If the fluid is not seen to pass through the tubes a laparoscopy and dye (see below) may be organised to assess your tubes further.
- Laparoscopy and Dye- Performed in theatre under a general anaesthetic. An endoscope is passed into pelvic cavity through the navel. Dye is passed through the cervix into the uterus. The surgeon will then watch the dye pass through the tubes. If the fluid is not seen to pass through the tubes we would assume the tubes may be blocked. If any other disease such as endometriosis is found this will be treated at the same time.

Ultrasound scan: All patients having IVF will have an ultrasound scan carried out to exclude cysts in the ovaries, fluid within in the fallopian tubes (hydrosalpinges), fibroids in the uterus and polyps in the lining of your womb.

The management of these, if necessary, will be discussed with you before treatment commences.

All investigations must be up to date before commencing a treatment cycle and the office staff will liaise with you regarding any investigations that are outstanding. If you have any queries regarding this please do not hesitate in contacting us.

Giving consent to treatment

All investigations, examinations and treatments within the IVF Unit are only carried out with your consent. This is a general statement regarding the types of consent you will be required to give in order for us to provide you with treatment. Most of the official HFEA consent forms will be discussed with you when you see one of the nurses at your appointment to discuss down regulation. Treatment will then commence once the forms are satisfactorily completed. Some other consent will be sought and discussed as you progress through the treatment process.

1. Consent to disclosure

a) To your GP/Healthcare Professionals outside the clinic to provide medical care -

This enables us to obtain information about you, which will help us independently confirm your identity, and enable your GP to advise us of any medical conditions that may be relevant during your treatment. We also take the view that it is best for your GP to know what is going on, which is why we ask for a referral letter from your GP before being seen in the clinic.

b) Information from the HFEA Register being disclosed to researchers -

During the course of your treatment information is collected and recorded for the HFEA. This information may be of use to researchers investigating how to improve treatments. You will be given more detailed information about this and you have the option to opt out of disclosing this information to researchers if you wish.

2. Consent for examination

If we decide that an examination is required, verbal consent will be obtained. If a trainee/observer is in the Unit we may ask you for your consent for them to observe. You have a right to decline.

3. Consent for Assisted conception treatment

a) Before treatment commences

Treatments have specific consent forms issued by the Human Fertilization & Embryo Authority. The process of filling these in will take place prior to commencing down regulation.

Both partners should sign these consents, even when donated gametes/embryos are being used. This is because the commissioning partners will be the legal parents.

We will make you aware that any partner, including a donor, can withdraw their consent at any time during the treatment process, prior to the replacement of embryos.

Please read the “Legal Parenthood” booklet, which explains all aspects of consent in more detail.

b) During treatment

At the time of embryo replacement, you will sign a consent form for embryos to be replaced. This form includes the number of embryos to be replaced.

c) After treatment

If there are spare embryos that can be frozen, and you have not already completed the relevant HFEA form, then consent to storage can be obtained. This will include details of the permitted storage period. Please note that when you consent for storage (of embryos, sperm or eggs), this will be for a defined period of time: once that time has expired we are required by law to dispose of the stored embryos, sperm or eggs.

These consents will also detail what may happen in the unfortunate circumstance of the demise of either partner.

You can, if you wish, choose for the agreed storage period to be ended early: we would then dispose of your stored embryos (or eggs, or sperm) – but we would need your written consent in order to do this.

4. Consent for use of sperm or eggs

This consent dictates the circumstances in which your sperm or eggs can be used in future. You can put conditions on its use, and change these at any time.

5. Counselling (both sections)

If you have any concerns about the consent process, and want to discuss this with our independent counsellor, this can be arranged.

Counselling services supporting treatment

We offer two sorts of support counselling: Implications and Support counselling

In addition, some patients are required to have a counselling assessment, to support welfare of the child issues.

As part of the contact you will enter into with the counsellor, the exact type of counselling you will have will be made clear from the outset.

Implications counselling

If you are having treatment with donated eggs, sperm, or embryos, then implications counselling is mandatory. This is to help you understand the implications of the treatment for you, your extended family and for any child born as a result of treatment. The counsellor will advise the best ways to tell a child about their origins, and will suggest other resources which may be of help to you with this process.

Support counselling

All of the staff in the IVF unit can provide you with support. But occasionally patients want to have access to an independent and confidential support system, specifically if you are having difficulty coping with the stresses of treatment and the effects this may be having on your work, relationships etc. Patients can access this support system individually, or as a couple. The IVF Unit would not be made aware of any issues which arose during counselling, unless both you and your counsellor felt otherwise.

Counselling assessments

When patients requesting treatment have issues which may affect the wellbeing of any child born as a result of treatment, we are required by the HFEA to make an assessment to determine whether or not to offer treatment. A counselling

assessment is carried out, and along with a social background report, presented for discussion at the IVF Unit Ethics Committee. They advise the patient's consultant whether they think it is reasonable to offer treatment. The final decision rests with the consultant.

Accessing counselling

If we require you to have counselling, an appropriate referral form will be completed.

If you think you would benefit from counselling and wish to make an appointment, please telephone the IVF Unit office on 01482 382648.

The counselling support service is available to you once you have been placed on the waiting list for treatment, as well as during and after.

Support groups

IVF and related treatments are complicated procedures, and the details may seem confusing, particularly if this is your first treatment cycle. Many of your medical queries will have been answered during your consultations with the Unit medical and nursing staff. It is quite normal for couples to find IVF emotionally stressful.

Experience has shown that self-help groups can provide patients with effective support during this time. Patients may find it beneficial to be put in touch, on a one-to-one basis with past patients who have shared common experiences. With this in mind, past and present patients have found advice and support from the following networks / online support groups;

- Fertility network UK – <http://fertilitynetworkuk.org/>
- Fertility friends - www.fertilityfriends.co.uk

- The DC network - www.donor-conception-network.org

Get in touch



We are always happy to see past patients and take great joy in sharing in your celebrations.

Our team is dedicated and enthusiastic – we care about the individual and we are always looking for ways in which we can improve the service that we offer.

We are always pleased to hear your comments.

Copy of IVF Notes

If you would like a copy of your medical case notes, please contact the IVF Unit who will forward an "Application for Access to Health Records" form along with an invoice for the photocopying fee to you. Once the completed and signed form, along with the required payment is received at the Hull IVF Unit, we will commence the process of photocopying your case notes.

Please note that it takes approximately two weeks, from the date we receive the completed application form, to process each request. If you and your partner have received treatment with us at the IVF Unit, the application form will need to be completed and signed by you **both** before we can commence the photocopying of your medical records. The cost for the administration fee and copying of the notes is available on request.

Due to the confidential nature of the request, notes may only be collected in person from a HFEA licensed clinic. Once the notes are ready for collection you will be contacted by a member of the office team and a mutually convenient appointment will be made for you to attend to collect the case notes. If the notes are in both your and your partner's names, both of you will have to attend to collect the case notes from the Unit. We will not be able to release the notes without taking a copy of photographic ID for each of you so please ensure you bring either your photographic driving licence or passport to this appointment.

We do understand that it may not always be possible for you to collect the photocopied notes in person, i.e., if you have moved out of the area. If you specifically request that your notes are posted, you will need to arrange for the notes to be posted to a licensed fertility clinic nearby to where you live. You will need to notify us in writing of the full postal address of the clinic and the person who will be expected your notes to be delivered. There is an additional charge of £10.00 to cover the cost of the "special delivery".

If you require any further information regarding obtaining a copy of your notes, please contact us on 01482 382648.

Changes to your personal & contact details

If your personal circumstances change it is important that you contact the clinic to determine whether consent previously given is still valid or **needs to be withdrawn and new consent given.**

For example;

- Relationship changes; marriage, separation, divorce, new partner.
- Changes to health, death of a partner.
- Change of mind, change of treatment needed, i.e. using a donor rather than own eggs/sperm.

If your address or contact telephone number change, it is extremely important for you to let us know, specifically if we have eggs, sperm or embryos stored for you.

If we cannot contact you, and your consent for storage expires, we have a **legal obligation** to dispose of any material we may have stored for you

Complaints procedure

If you have a complaint regarding either a member of staff or the treatment you have received in the Unit, it should be reported to the Consultant Nurse as soon as possible. In most cases it may be possible to resolve these problems immediately with the staff who have dealt with your treatment within the Unit.

However, if you feel that your complaint needs more detailed investigation, please send your complaint in writing addressed to:

- Dr J Robinson at The Hull IVF Unit, Women & Children's Hospital, Hull Royal Infirmary, Anlaby Road, Hull, HU3 2JZ.

This formal complaint will be fully investigated. You will receive an immediate acknowledgement to your complaint and in most cases you can expect a detailed response within three weeks of receipt of your letter, although this may on occasion take longer if information is required from several members of staff.

If you feel that there is any way we can improve the service that we provide please let us know. Comments made to us are extremely valuable; they enable us to assess continually the service we provide, and as we always strive to provide a high standard of care, any comment given is always welcome.

All patients of the IVF Unit have the right to access their patient records. An application should be made in writing to the consultant responsible for your care.

Complaints can also be made via The Parliamentary and Health Service Ombudsman at Millbank Tower, Millbank, London, SW1P 4QP

The Human Fertilisation and Embryology Authority, (HFEA), our licensing body, will also investigate any complaint which suggests that a clinic has failed to keep to their licence.

Their address is:

10 Spring Gardens
London
SW1A 2BU

Tel: 020 7291 8200

Fax: 020 7291 8201

Email us: enquiriesteam@hfea.gov.uk

Opening hours: 9:00 - 17:00 Monday to Friday