The donation process for known sperm donors: a best practice flowchart for fertility clinics

This flowchart sets out the key steps involved in the sperm donation process and is intended to be a broad guide for fertility clinics treating sperm donors who are known to the recipients.

START

1. Clinic offers the potential donor an appointment for a semen analysis and chance to discuss implications of donating sperm. Clinic suggests they seek legal advice.

2. Donor discusses feelings and practicalities and attends session with a counsellor, with and without recipient and possibly with partners (recommend minimum of three sessions). Donor completes consent form(s).

3. Clinic requests detailed medical history. Donor attends medical consultation where screening takes place and bloods/urine are taken.

4. Clinic books donation visits – number depends on treatment requested for recipient and post-thaw quality of samples and how many children he consented to.

5. Full quarantine: Re-screen six months after last donation – this is in line with professional guidance but in some cases a clinic may reduce this to two months using NAAT testing.


7. Final screen, register donor with HFEA and proceed with treatment.

FINISH

Communication between the clinic and the donor

- Clear information for people thinking about donation (via open evenings, HFEA and clinic websites, NGDT, Lifecycle etc.).
- Download the information leaflet about sperm donation and the law.
- Donor and recipient receive a quick response and helpful information on next steps and are given a single point of contact.

If semen analysis too low, donor and recipient informed and counselled (or given information on treatment options for men with lower sperm counts).

Personal approach to delivering the news to the donor and recipient that the donor cannot donate and the reasons why.

Ensure production room is comfortable and private to make the donor feel at ease, there is a choice of adult material and discrete handover of sample. Clear communication about compensation and flexible appointments.

If concerns are raised, share with donor and/or recipient and discuss at clinical meeting. Notify them of timescales for outcome.

Counselling is strongly advised. It should include discussion of wider implications of donating, such as impact on own family (including any future family) and the potential for future contact from person(s) born following his donation. Discuss with donor what to include in his personal description and goodwill message. Download the information leaflet to help him write about himself.

Be as flexible as possible with appointment times. Ensure the donor knows what is expected of him. Keep donor informed of timescales.

If a problem is identified, offer appointment with doctor to discuss implications and counselling. Refer to healthcare specialist or write to donor’s GP if donor consents.

Donor has completed the donation process and has had a positive experience. He knows where to get further information about any child born from his donation and to update contact details when necessary.

working together for donor conception lifecycle

Revised October 2014