**CLINICAL ETHICS SERVICE**

**REFERRAL FORM 3**

**FERTILITY PRESERVATION**

**CHECKLIST**

 **Pre-pubertal child – use Referral Form 3A (FP Pre-pubertal)**

 **Post-pubertal – use Checklist below**

 If one or more items ticked below, clinical ethics meeting **will** be held

**- use Referral Form 3B (FP Post-pubertal)** attached

 If **no** items ticked, no clinical ethics referral needed, **no** meeting required.

**Post-Pubertal FP CHECKLIST**

* The procedure will delay or interfere with the cancer treatment
* The procedure is itself of greater than usual risk (eg because of a co-morbidity)
* The procedure has a significant risk of not leaving one gonad intact (eg if the child has only one gonad)
* The risk of loss of fertility due to chemotherapy is low
* The potential for retrieving tissue that might be useable in the future is lower than usual, for any reason
* The treatment for cancer is not being undertaken with the intent of cure or long-term survival
* The child or adolescent is unlikely to be able to use any stored tissue for fertility purposes in the future, but parents still want the procedure done
* The child or adolescent objects to having the fertility preservation procedure, but parents still want to go ahead
* The parents are unwilling to inform the child or adolescent about the procedure (where developmentally appropriate to inform), but want the procedure done
* Any treating clinician has an ethical question or concern about the procedure

**CLINICAL ETHICS SERVICE**

**REFERRAL FORM 3B**

**FERTILITY PRESERVATION POST-PUBERTAL**

***Please type into this form***

1. **Date of referral:** / /
2. **Treating clinician and contact person** *(if different):*
3. **Diagnosis and Prognosis:**
4. **Treatment for condition and effect on fertility. What is the level of risk to fertility due to chemotherapy/radiotherapy?**
5. **Any specific risks or burdens associated with doing the FP procedure?**

(eg delay in treatment for underlying condition, co-morbidities etc.)

1. **Any specific factors that might make FP less likely to succeed or less likely to be needed?**
2. **Brief social background – parents and child’s understanding of FP**
3. **Any other issues or concerns?**

**Please email referrals to:**

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Cc to:

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