**CLINICAL ETHICS SERVICE**

**REFERRAL FORM 3**

**FERTILITY PRESERVATION**

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

**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)**

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

**REFERRAL FORM 3A**

**FERTILITY PRESERVATION PRE-PUBERTAL**

1. **Date of referral:** / /
2. **Clinicians involved:**
   1. **Oncology**
   2. **Gynaecology**
3. **Condition for which child is being treated**
4. **Proposed treatment for this condition**
5. **Expected outcome of treatment** (eg 90% chance of cure, 50% chance 5 year survival)
6. **Level of risk to fertility posed by this treatment:**

* **High**
* **Moderate**
* **Low -** if low, given reasons why fertility preservation is being proposed

1. **Is there reduced potential for retrieving viable tissue from this child? (eg damage to gonadal tissue by previous treatment or the underlying condition)**

If yes, give details and explain why this fertility preservation is still thought appropriate

1. **Any co-morbidities which might affect capacity to be a parent in the future?**

If yes, please provide details and explain why fertility preservation is still thought appropriate

Cont…/3

1. **Will fertility preservation procedure take place at same time as a procedure need for treatment of the child’s condition?**

* **Yes No**
  1. **If no, when is fertility preservation procedure planned to take place?**
  2. **Will this delay the start of treatment for the child’s condition?**

**What risks or possible complications are associated with the fertility preservation procedure for this child?**

Please note any risks beyond the usual risks of GA and surgery that are particular to this child

1. **Do the parents have a good understanding that:**
2. the procedure will not guarantee fertility in the future, but simply offers a possibility, dependent on future technology, and
3. that it has some degree of risk?
4. Was the Fertility Preservation Toolkit used? Yes No
5. **If the child is old enough to understand the procedure, even in basic terms**
   1. **Has the procedure been explained to the child?**
   2. **Does the child have objections or worries?**

If yes, please provide details and explain why fertility preservation is still thought appropriate

1. **Any other relevant matters**:

**Please email referrals to:**

Clinical Ethicist, Lynn Gillam, at [lynn.gillam@rch.org,au](mailto:lynn.gillam@rch.org,au), and

Cc to:

Team Leader, Jenny Hynson, at [jenny.hynson@rch.org.au](mailto:jenny.hynson@rch.org.au) and

Karen Fellows, at [karen.fellows@rch.org.au](mailto:karen.fellows@rch.org.au)

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**Date of clinical ethics review:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Reviewed by:** ………………………………………………………………………

**Outcome:**

* Procedure is ethically appropriate More information needed CERG meeting needed

Notify Karen Fellows

**Notes:**