

## Application by ART Provider for Information relating to Section 27

(Assisted Reproductive Technology Act 2007, section 27(5))

Under section 27 of *the Assisted Reproductive Technology Act* 2007 (ART Act an ART provider must not provide ART treatment using a donated gamete if the treatment is likely to result in offspring of the donor being born, whether or not as a result of ART treatment, to more than 5 women (or such lesser number as may be specified in the donor's consent), including the donor and any current or former spouse of the donor. However, s27 does not prevent ART treatment being given to a woman if the woman, or her spouse, is the parent of a child born as a result of ART treatment using donated gametes from the same donor.

To assist with compliance with this section the Secretary, NSW Health can provide ART providers with information from the Central Register in relation to the number of women who have given birth to offspring as a result of ART treatment, provided by the ART provider, using a gamete of the donor.

Note that the Secretary, NSW Health can also provide information to ART providers if the Secretary is of the opinion that provision of the information to an ART provider may be necessary to prevent offspring of a donor being born to more than 5 women.

## When to use this Form

This form is to be used by ART providers to request information from the Central Register about the number of women who have given birth to offspring from a donor. Applications for this information must be made on the approved form.

The information is to assist ART providers to comply with the requirement that ART treatment must not be provided using a donated gamete if the treatment is likely to result in offspring being born, whether or not as a result of ART treatment, to more than 5 women (or such lesser number as may be specified in the donor's consent), including the donor and any current or former spouse of the donor.

Completed application forms should be sent to NSW Health at:

Contact details:

Regulation & Compliance Unit Legal and Regulatory Service NSW Ministry of Health Locked Mail Bag 961 NORTH SYDNEY NSW 2059

Email: artphcu@doh.health.nsw.gov.au Telephone: (02) 9424 5955



(Assisted Reproductive Technology Act 2007, section 27(5))

1. /	ART PROVIDER DETAILS		
Registered ART provider:			
Nar	ne of the premises and address:		
2. [	DONOR DETAILS (Details of the		
Surna	ame:		
Giver	n name/s:		
Date	and place of birth:/	<u> </u>	
		(including suburb, town or city of birth and the country of birth)	
Gend	ler: Male 🗌 F	emale	
Residential address:			
Dono	or code:		
Date of donor consent relating to this donation://			
The sex (gender) and year of birth of all offspring born of the donor whether conceived by ART or not:			



## 3. DONOR DETAILS (Only complete if there are two donors i.e. donated embryo)

Surname:			
Given name/s:			
Date and place of birth:/	// (including suburb, town or city of birth and the country of birth)		
Gender: Male	Female		
Residential address:			
Donor code:			
Date of donor consent relating to this donation://			
	f all offspring born of the donor whether conceived by ART or not:		
(Print Name)	(Signature)		
(Position)	(Date)		
Please complete and post to:	Regulation and Compliance Unit Legal and Regulatory Services Branch NSW Ministry of Health Locked Mail Bag 961 NORTH SYDNEY NSW 2059		
Contact Details:	Email: <u>artphcu@doh.health.nsw.gov.au</u> Telephone: (02) 9424 5955		