

Application to NSW Health for de-identified information about a DONOR

(Section 41T Assisted Reproductive Act 2007).

Before applying for information from the NSW Health Central Register, the NSW Ministry of Health strongly recommends that you discuss this matter with a counsellor.

When to use this form

This form is to be used by people who wish to obtain de-identified information, known as “accessible information” from NSW Health, about donors whose donated gametes (ova or sperm) or embryos were used before 1 January 2010. An application can be made by:

- a person over the age of 18 years who was conceived as a result of ART treatment using a donated gamete (ova or sperm) or embryo; and
- where the person is under 18 years of age, the parent of the person conceived as a result of ART treatment using a donated gamete.

This form is also to be used by people (or a parent if the person is under 18 years of age), born after 1 January 2010 to whom the transitional provisions of the *Assisted Reproductive Technology Act 2007* (ART Act) apply. If the transitional provisions of the ART Act applied to your birth your details and those of your donor will not have been placed on the Central Register unless you or your donor voluntarily placed the information on the Voluntary Register.

You can also make an application directly to the ART provider for access to de-identified information. If you wish to make an application directly to the ART provider for de-identified information about a donor you should use the form “Application to ART provider for de-identified information about a DONOR” which can be downloaded from the page “Forms and Information”.

Accessible Information

“Accessible information” about a pre-2010 donor is non-identifying information about the ethnicity and physical characteristics of the donor, the relevant medical history of the donor and the sex and year of birth of each offspring of the donor. You should note that records relating to pre-2010 donations may be of poor quality and in some circumstances may no longer exist.

Identifying information about a pre-2010 donor will only be disclosed with the donor’s consent. If you would like to make an application to receive identifying information you should use the form “Application to Register (or Update) Voluntary Donor Offspring details on the Central Register and Consent for Release of Information” which can be downloaded from the page “Forms and Information”

Disclosure of Information by ART Provider

On receipt of your application the Secretary, NSW Health will direct the ART provider to provide all accessible information that is held about the donor to the Ministry of Health. When any de-identified information held by the ART provider is given to the Ministry of Health it will be provided to you.

Proof of identity

Proof of identity is essential for people applying for “accessible information”. For identification purposes, please supply **certified copies only** of documents to satisfy the 100 point check. A list of required documents can be found at: http://www.health.nsw.gov.au/resources/aboutus/business/locums/pdf/appendix_e.pdf

A certified copy means a true copy of an original document that has been sighted and certified by an acceptable person (a justice of the peace (JP) or legal practitioner) and noted:

'I certify that I have sighted the original document and this is a true copy of it'.

This certification must have the certifier’s name, title, registration number (where applicable) and be signed and dated.

APPLICANT DETAILS (details of either the offspring who was conceived using donated sperm, egg or embryo or parent whose child was conceived using donated sperm, eggs or embryo)

*Indicates Mandatory Fields to enable the Ministry of Health to assist in your search

* First name:		* Middle name/s:	
* Last name:			
* Date of birth: dd/mm/yyyy	____/____/____	Place of birth:	
Residential address:	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		
Postal address: (if different from residential address)	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		

Email address: _____ **Telephone:** _____

CHILD DETAILS (Details of the Child conceived using donated sperm, eggs or embryo)

Only complete this section if the applicant is a Parent

*Indicates Mandatory Fields to enable the Ministry of Health to assist in your search

First name:*		* Middle name/s:	
Last name:*			
Date of birth:* dd/mm/yyyy	____/____/____	Place of birth:	
Residential address:	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		

1. Details of ART provider and date of treatment:

Name of the ART provider who performed the ART treatment and dates of the treatment.

Name of ART provider	Dates of treatment

2. The following information will be provided to relevant ART Providers to assist in linking information:	
Mother's Name at time of treatment:	
Father's Name at time of treatment:	
Donor Code:	Unknown <input type="checkbox"/>

I declare that the above information is a true and correct record at the time of this application:

Applicant's name: _____

Applicant's signature: _____ Date: _____

Note: In accordance with the *Assisted Reproductive Technology Act 2007*, the NSW Ministry of Health will forward information contained in this application to ART Provider(s) to assist with matching records of donors and donor conceived offspring and obtain information.

To establish your identity, please supply **certified copies only** of documents to satisfy the 100 point check. Please attach certified copies of proof of identification to your application and email or post to:

Email to: MOH-ARTPHCU@health.nsw.gov.au

Note: Email correspondence is preferred

*Postal Address: Regulation and Compliance Unit
 Legal and Regulatory Services
 NSW Ministry of Health
 Locked Mail Bag 2030
 St Leonards NSW 1590*

For assistance contact Regulation and Compliance Unit, Legal and Regulatory Services during business hours on (02) 9424 5955.

CHECKLIST: HAVE YOU?

- Obtained certified copies of 100 points of ID
- Signed the application form