

Application to Register (or Update) VOLUNTARY DONOR details on the NSW Health Central Register and Consent to Release of Information (Section 33 Assisted Reproductive Act 2007).

Before registering or 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 collects information about people who donated sperm, eggs or embryos to a fertility clinic **before 1 January 2010** for use in assisted reproductive procedures.

If you were a sperm, egg or embryo donor **before 1 January 2010**, you are encouraged to register your details on the NSW Health Central Register and consent to release of any or all of the information contained on this form so that any offspring can access your consented information, if requested. It is not compulsory to provide any information on this form, but the more specific the information you provide, the more likely a link can be made with the details of donor offspring. Information placed voluntarily on the Central Register can only be given out to donor offspring or their parents with your consent.

Restrictions on access to the information

The information on this form is collected and held by the NSW Ministry of Health. Access to information can only be provided in accordance with the *Assisted Reproductive Technology Act 2007* and Regulations. Information on the Register can only be disclosed with the expressed consent of the person who provided the information to the Register.

Based on your consent, your information will be shared with the ART providers you nominated in an attempt to locate identifying information on your offspring. If you did not nominate an ART Provider your details will be sent to all registered Providers in NSW. Should this information be available, the NSW Ministry of Health will wait for the donor offspring to voluntarily register his/her details on the NSW Health Central Register and give their consent before you are advised or any information can be released.

If the Register does not contain information about any donor offspring, you are always free to contact the ART Provider where you gave your donation. In some cases, donor offspring may have provided them with information about themselves and consent for that information to be released.

Registering details only

A person may choose to register their information for the benefit of donor offspring. It is not a requirement to seek information about any other party.

Removal of information from the Register

If you have provided voluntary information to the Register, and you later change your mind, you must notify the NSW Ministry of Health in writing requesting removal of your information from the Register.

Proof of identity

Proof of identity is essential for people applying to the NSW Central Register. 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 the bottom of the page 'Forms and information'.

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.

PLEASE INDICATE APPLICATION / REGISTRATION TYPE: NEW or UPDATING

DONOR APPLICANT DETAILS (details of the person who donated the sperm, eggs or embryo)

* Indicates Mandatory Fields to enable the Ministry 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: _____

| |
|---|
| 1. Your ethnicity and physical characteristics (including hair colour, eye colour, skin colour): |
| |

| |
|---|
| 2. Your medical history and any genetic test results: |
| Medical history and any genetic test results of the individual or the individual's family that is relevant to the future health of the donor or any descendants of the donor. |
| For eg: does anyone in your family have or do you have: Yes No Don't Know |
| Diabetes |
| Asthma |
| Allergies |
| Arthritis |
| Cancer (any) |
| Any other illness/long standing medical issue? |
| |

| 3. Details of ART providers and dates of treatment: | |
|---|--------------------|
| Name of the ART provider who performed the ART treatment and dates of the treatment (if known.) | |
| Names of ART providers | Dates of treatment |
| | |
| | |
| | |
| | |
| | |

4. Do you have any other information you would like to provide?

5. In the event of a match and expressed consent to release and receive identifying information, are you interested in meeting with your donor offspring? Yes No

| 6. The following information will be provided to relevant ART Providers to assist in linking information. | |
|---|-------------------------------------|
| *Donor Blood Group: | |
| **Donor Code (if known): | Don't Know <input type="checkbox"/> |
| *Address at last donation: | |

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

** If you have access to the Donor Code used, it would greatly assist the Ministry in conducting your search.

7. I am seeking information about Offspring

8. Please indicate which types of information you are seeking about any offspring:

- | | | | |
|--------------------------|--------------------------|------------------------------|--------------------------|
| Identifying information | <input type="checkbox"/> | Medical Information | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Date of Birth | <input type="checkbox"/> |
| Physical Characteristics | <input type="checkbox"/> | All information consented to | <input type="checkbox"/> |

ACCESS TO THE INFORMATION

The exchange of information on this Register is based on Consent between both parties. In this section please indicate who you wish to consent to your information.

I expressly consent to information as set out below being provided to:

1. **Offspring** of the donor Yes No

I expressly consent to the following registered information being provided:

- a. My identifying information Name: Yes No Address: Yes No
Date of birth: Yes No Place of birth: Yes No
- b. My ethnicity Yes No
- c. My physical characteristics Yes No
- d. My medical history Yes No
- e. My genetic test results Yes No
- f. Details of the ART provider where I previously donated gamete(s) Yes No
- g. Your email address Yes No

I expressly consent to information as set out below being provided to:

2. **Parents** of donor offspring Yes No

I expressly consent to information as set out below being provided:

- a. My identifying information Name: Yes No Address: Yes No
Date of birth: Yes No Place of birth: Yes No
- b. My ethnicity Yes No
- c. My physical characteristics Yes No
- d. My medical history Yes No
- e. My genetic test results Yes No
- f. Details of the ART provider where I previously donated gamete(s) Yes No
- g. My email address Yes No

I declare that the above information is a true and correct record at the time of this application and consent to release of the information as indicated above:

Applicant's name: _____

Applicant's signature: _____

Date: ___/___/___

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

To establish your identity, please supply **certified copies only** of documents to satisfy the 100 point check. Attach the 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
- Clearly marked the Consent to Release
- Kept a copy of the application form
- Signed the application form