

(Assisted Reproductive Technology Act 2007 section 31)

# 1. Record of a gamete that is not a donated gamete or an embryo created using a gamete that is not a donated gamete

An ART provider is required to keep the following information in respect of:

- a gamete that is not a donated gamete in the ART provider's possession; and
- an embryo created using a gamete that is not a donated gamete in the ART provider's possession.

Section A: Gamete provider's details (Details of the person who has provided the gamete for their own use or use by their spouse)					
Surname:	Given name/s:				
Former names:		Date of birth://			
Residential	Street Address:				
address:	Town / Suburb:				
	State:	Postcode:			
Gamete provider's	Gamete provider's consent attached: Date of gamete provider's consent:/_/				
Note: A copy of the gamete provider's consent must be attached					
Section B: Uses, storage and provenance of the gamete/embryo					
Period during which the gamete/embryo has been in storage:////					
Details of the uses that have been made of the gamete/embryo:					
Details of each ART provider that has had possession of the gamete/embryo from the time the gamete was obtained from the gamete provider or from the time the embryo was created:					



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#### 2. Record of a donated gamete and an embryo created using a donated gamete

All ART providers are required to keep the following information in respect of:

- a donated gamete in the ART provider's possession; and
- an embryo, created using a donated gamete, in the ART provider's possession.

Surname:		Given name/s:		
Former names:				
Date of birth:	//	Place of birth		
Residential address:	Street Address:			
	Town / Suburb:	State:	Postcode:	
	Country:			
Donor's consent attache Note: A copy of the don	ed: Yes 🔲 No 🗌 or's consent must be attach		donor consent://	
Ethnicity and physical c	haracteristics of the donor (i	ncluding hair colour, eye colo	ur, skin colour etc):	
Any medical history or genetic test results of the donor or the donor's family that are relevant to the future health of: a. a person undergoing ART treatment involving the use of the donated gamete, or b. any offspring born as a result of that treatment, or c. any descendent of any such offspring.				
Note: Any relevant med	lical history or genetic test re	sults should be attached		
Date the donor provide	d the above information:	//		
The name of each ART gamete was obtained.	provider who has previously	v obtained a donated gamete	from the donor and the date on which the	
Name of ART provider:	Name of ART provider: Date gamete obtained/_/			
Name of ART provider:		Date gamete o	btained/_/	
	ear of birth of each offspring			
Year of birth: Year of birth:	Gender: Male  Female Gender: Male Female	Year of birth: Year of birth:	_ Gender: Male 🗌 Female 🗌 _ Gender: Male 🔲 Female 🔲	
Section B: Uses, storage and provenance of the gamete/embryo				
Period during which the	gamete / embryo has been	in storage://	to//	
Details of the uses that gamete/embryo to anothe		ete/embryo (including exporting	g the gamete/embryo from NSW or supplying the	
	ovider that has had possessi	on of the gamete/embryo fror	n the time the gamete was obtained from the	

- the embryo was created using the donated gamete before 1 January 2010 and the embryo is used to provide ART treatment to a woman by 1 January 2015; or
- The donated gamete was obtained from the donor before 1 January 2010 and the gamete is used to provide ART treatment to a woman by 1 January 2015 and the women has, before 1 January 2010, already conceived an offspring as a result of ART treatment using a donated gamete from the donor.



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#### 3. Record about each woman undergoing ART treatment

All ART providers are required to keep the following information in respect of all women undergoing ART treatment provided by the ART provider.

Section A: Details of the woman undergoing ART treatment			
Surname:			
Given name/s:			
Residential address:	Street Address:		
	Town / Suburb:	State:	Postcode:
Date of Birth:	//		
	dd/ dd/ yyyy		



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#### 4. Record of offspring born as a result of ART treatment provided by the ART provider

All ART providers are required to keep the following information in respect of offspring born as a result of ART treatment provided by the ART provider.

Section A: Child's details		(Details of the child born as a result of ART treatment)		
Surname:			Given name/s:	
Date of birth:	/	/	Gender:	Female 🗌 Male 🗌

Section B: Mother's details (Details of the woman who gave birth to the child)				
Surname:		Given name/s:		

Section C: Donor's details (Details of the person who donated the gamete, if applicable)				
Surname:		Given name/s:		
Former names				
Date of birth:	//	Place of birth:		

Note: ART providers are not required to keep the above information in this approved form\* in respect of offspring born as a result of ART treatment using a donated gamete or an embryo created using a donated gamete where:

- the embryo was created using the donated gamete before 1 January 2010 and the embryo is used to provide ART treatment to a woman by 1 January 2015; or
- the donated gamete was obtained from the donor before 1 January 2010 and the gamete is used to provide ART treatment to a women by 1 January 2015 and the women has, before 1 January 2010, already conceived an offspring as a result of ART treatment using a donated gamete from the donor.

\* ART providers must still comply with all other record keeping requirements such as under the Health Practitioner Regulation National Law (NSW) No86a and the Health Practitioner Regulation (New South Wales) Regulation 2010.