



VARTA

Victorian Assisted Reproductive  
Treatment Authority

# Annual Report 2012

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## Chairperson's report

### Kirsten Mander



The Victorian Assisted Reproductive Treatment Authority (VARTA) is the statutory body given responsibility under the *Victorian Assisted Reproductive Treatment Act 2008* (Act) for educating the public about assisted reproductive treatment (ART) and the best interests of children born through ART, as well as registering ART providers, monitoring ART activities and other matters set out in the Act.

Increasingly, one of the key challenges for VARTA is the rapidly evolving environment. The field of ART involves the intersection of regulation, science, health, ethics and community attitudes. VARTA must be aware of, and respond to, shifts in all of these in fulfilling its mandate.

One recent example of clinical evolution in the field is the establishment of single embryo transfer as an industry standard in Australia, thereby reducing the number of multiple pregnancies and thereby the risk of pregnancy complications.

Increasingly too, VARTA's work has a global context, as Australians look offshore for ART – in particular to commission surrogates or seek a sperm or egg donor. Illustrating this trend is the number of Australians commissioning surrogacy arrangements, who are now more likely to have their children born overseas than in Australia. Part of VARTA's responsibility is to

ensure that those seeking such arrangements overseas are aware of potential pitfalls and have regard to the best interests of the children born through those arrangements.

VARTA has responsibility for approving applications for the import and export of donor gametes or embryos to and from Victoria. While considering all applications on a case-by-case basis, VARTA takes into account the guiding principles and requirements of Victorian legislation. Key principles include that the health and welfare of any children born as a result of ART are paramount and that donor-conceived children are entitled to information about their donor parent.

These principles are not a feature of many other ART regimes around the world. To give an example of the types of complexities involved, the majority of American sperm banks, which advertise extensively on the internet, guarantee anonymity to donors. As such, their regulatory environment is not directly subject to the Act. Yet the geographical location of the donor is not the only determinant of the applicable requirements, as VARTA is required to have regard to the health and welfare of health and welfare of any children born as a result import or export of donor gametes into or out of Victoria.

In this context, December 2011 provided an excellent opportunity to explore these issues when the world came to us when Melbourne hosted the Fertility Society of Australia's 14th World Congress on Human Reproduction. With the Australia and New Zealand Infertility Counsellors Association, VARTA organised the Donor-Linking Symposium, a

key event of the Congress. I was honoured to be invited to take part in a Congress hypothetical that discussed many of the ethical and regulatory issues of surrogacy and their implications for Australians.

In 2011–12, VARTA also expanded the impact of its public education role by forming new partnerships, including in particular leading the formation of the Fertility Coalition, a partnership of VARTA, Andrology Australia, Jean Hailes for Women's Health and the Robinson Institute to run the *Your Fertility* campaign, as discussed further in this report.

VARTA also contributed expertise to the Inquiry into Access by Donor-conceived People to Information about Donors, the report of which was released in April 2012. The inquiry committee made 30 recommendations for changes in the way donor conception is administered. We were pleased at the very positive findings regarding the work of VARTA and its predecessor, the Infertility Treatment Authority. A link to the full report is available at the VARTA website.

In short, it has been another full and productive year for VARTA – and I would like to thank the staff and the board for their work. I would also like to take this opportunity to acknowledge the enormous contribution of outgoing member Margaret Coady who has provided her valuable expertise to the board since 2004.

A handwritten signature in black ink, appearing to read 'Kirsten Mander'.

**Ms Kirsten Mander**

Chairperson from 1 July 2010

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for the Victorian Assisted Reproductive Treatment Authority for the period ending 30 June 2012.

# Chief Executive Officer's report

## Louise Johnson



In our second year of operation as VARTA, we have focused on expanding the breadth of the public education program.

We are now providing information for people across a range of circumstances, from those who are struggling to conceive and thinking about assisted reproductive treatment, to those who are thinking about having a baby, and those who are thinking about donating eggs or sperm so that others can have children, or have used a donor to create a family. For those who have a donor-conceived child, VARTA has produced a range of resources and events to help them tell their children about how their family was formed. Web-based information has increased and education events for donor-conceived people, parents and donors have been offered during the year.

The development of partnerships with other organisations has also enabled VARTA to expand the reach of its public education program. The establishment of the Fertility Coalition to conduct the Your Fertility project means that research about the impact of age and lifestyle on fertility is being conveyed both to the community and health professionals. As part of this project,

VARTA, as the coalition's leading agency, has collaborated with the Preconception Special Interest Group of the Fertility Society of Australia and La Trobe University's Australian Research Centre in Sex, Health & Society. This collaboration has resulted in activities concerning fertility and the use of assisted reproductive treatment being incorporated within a resource being produced for middle school secondary teachers, *Catching On for Secondary Schools*.

VARTA was delighted that Professor Rob Norman from the University of Adelaide's Robinson Institute was able to deliver the 2011 Louis Waller Lecture on *Investing in the earliest start to life*. With the preconception health and lifestyle of both men and women having an impact on the likelihood of a healthy pregnancy, birth and baby, this lecture was popular and positively received. A video of the lecture on the VARTA website has meant it is accessible to the broader community.

The Internet is now the most popular source of health information and VARTA has expanded its range of online information for those considering or undertaking assisted reproductive treatment (ART).

VARTA's role in monitoring research and the use of ART within Victoria, interstate and internationally continues to be important. Increasingly, Victorians are travelling across borders to access ART, particularly donor treatment and surrogacy, so our education activities for Victorians need to encompass interstate and international laws and practices. The information we gather by monitoring the state of the industry assists in considering applications for the import or export of donor eggs, sperm, or embryos

containing donor eggs or sperm, into or out of Victoria. Our monitoring role is also useful in educating the public about ART.

I would like to thank VARTA's board members for their enthusiastic support and strong governance, and staff members for their commitment and passion in undertaking their roles. The Public Education Reference Group and the Advisory Panel's suggestions have been invaluable for the delivery of high quality program activities, and I thank them for their support. When developing new evidence-informed brochures or website content, VARTA calls on researchers and health professionals for information and advice and I would like to thank all those who have supported VARTA's work.

I would encourage you to read about VARTA's activities in greater detail within the 'Performance at a Glance' section of this report.

A handwritten signature in black ink, appearing to read 'Louise Johnson'. The signature is fluid and cursive.

**Louise Johnson**  
Chief Executive Officer

# Report of operations

## Introduction

The Annual Report is submitted in compliance with section 114 of the *Assisted Reproductive Treatment Act 2008* (Act). The reporting period is 1 July 2011 to 30 June 2012.

The Victorian Assisted Reproductive Treatment Authority was established under Part 10 of the *Assisted Reproductive Treatment Act 2008*. The Authority reports to the Victorian Minister for Health.

## Aims and functions

The Authority is an independent statutory authority, whose work is informed by the following guiding principles:

- The welfare and interests of persons born or to be born as a result of treatment procedures are paramount.
- At no time should the use of treatment procedures be for the purpose of exploiting, in trade or otherwise:
  - (i) the reproductive capabilities of men or women or
  - (ii) children born as a result of treatment procedures.
- Children born as a result of the use of donated gametes have a right to information about their genetic parents.
- The health and wellbeing of persons undergoing treatment procedures must be protected at all times.
- Persons seeking to undergo treatment procedures must not be discriminated against on the basis of their sexual orientation, marital status, race or religion.

Specific functions under the Act include:

- the administration of the registration system under this Act
- public education about treatment procedures and the best interests of children born as a result of treatment procedures
- community consultation about matters relevant to this Act
- monitoring of
  - (i) programs and activities carried out under this Act
  - (ii) programs and activities carried out relating to the causes and prevention of infertility
  - (iii) programs and activities relating to treatment procedures carried out outside Victoria
- promotion of research into the causes and prevention of infertility
- approval of the bringing of donor gametes or embryos formed from donor gametes into, or the taking out of them from, Victoria, and to provide for the exemption from particular provisions
- any other functions conferred on the Authority by or under this or any other Act.

## Strategic directions

The VARTA will aim over the next three-year strategy period (2010–11 to 2012–13) to:

1. raise awareness of the causes and prevention of infertility
2. improve public understanding about the options and implications of ART
3. promote the welfare and interests of children born through ART
4. monitor, consult and advise the Minister regarding programs and activities under the Act
5. administer its registration and approval functions under the Act.

VARTA aims to provide leadership where appropriate and work collaboratively with relevant agencies and other stakeholders. In its public education program, VARTA utilises an appropriate mix of health promotion strategies, encompassing a balance of both individual and population-based health promotion.

# Performance at a glance

A summary of our overall performance for the last year in relation to the current strategic plan is outlined below.

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## AIM 1

### Raise awareness of the causes and prevention of infertility

#### Achievements

VARTA established the *Your Fertility* project in partnership with Jean Hailes for Women's Health, Andrology Australia and The Robinson Institute (forming the Fertility Coalition). Funded by the Commonwealth Department of Health and Ageing, the project was launched on 26 March 2012. Further information is provided opposite.

During the year, to gather baseline information about Victorians' awareness of how age affects fertility, three questions were inserted within the Victorian Population Health Survey. Ideally, insertion of the same questions in future surveys would provide data to ascertain whether awareness changes over time.

On 1 September 2011, Professor Rob Norman, Director, The Robinson Institute, presented the Louis Waller lecture on the topic *Investing in the earliest start to life*. The lecture focused on the importance of preconception health, dangers to the embryo in its early stages of development, and the risk factors of obesity, smoking, environmental agents, age and

occupation. Professor Norman also discussed risks and opportunities for earliest life, personal and community interventions, implications for assisted reproductive treatment units and the need for research in this area.

The preservation of fertility prior to cancer treatment or other medical interventions is important for many men and women. VARTA, in collaboration with the Victorian and Tasmanian Youth Cancer Network and Integrated Cancer Services, developed and implemented a one-hour education program aimed at health professionals working in the oncology sector. This program was delivered to 10 hospitals from August 2011 to March 2012. More detail is provided on page 6.

#### Challenges

Following the launch of the *Your Fertility* project, new approaches will be required to build on the delivery of information to the general public via the media. The Fertility Coalition plans to work in partnership with other organisations such as the Quit Campaign, the Fertility Society of Australia, the Practice Nurses Association and organisations working in the field of sexual and reproductive health to deliver key information. Activities of the newly established Medicare Locals and local organisations funded for health promotion may also provide new opportunities for information dissemination. It will be important to plan to ensure that the *Your Fertility* project is sustainable in the longer term.

#### Looking ahead

Social media will continue to be used to draw people to the *Your Fertility* website and website animations about the impact of weight, age, smoking, alcohol and timing on fertility. Webinars aimed at health professionals and the community will become available during the newly established *Fertility Week*, 3-9 September 2012, coinciding with the first week of spring.



## Your Fertility

Funded by the Australian Government Department of Health and Ageing, the national initiative, *Your Fertility*, was launched on 26 March 2012. VARTA, the lead agency, is working in partnership with Andrology Australia, Jean Hailes for Women's Health, and The Robinson Institute, University of Adelaide as the Fertility Coalition for this project. The Fertility Coalition is also consulting and working with the Preconception Special Interest Group of the Fertility Society of Australia.

The aim of the project is to promote awareness of factors that influence fertility so that individuals and couples can make informed and timely decisions regarding childbearing and prevent infertility.

Health promotion messages based on current scientific evidence about the negative effects of age, obesity, smoking and harmful alcohol consumption on the chance of getting pregnant and having a healthy baby have been made available to the public through a dedicated website, social marketing campaigns and the media.

The project will also support and promote the professional development of health professionals involved in family planning activities, through the dissemination of education materials relating to factors affecting fertility and the importance of preconception health.

Formative community research was undertaken to inform project development. A representative sample of Australian men and women aged 18-45 years of age who plan to have a baby in the future was surveyed to assess their knowledge of the impact of age and lifestyle on fertility and their preferred sources of information related to fertility and preconception health. A short, four-question survey was also conducted with members of the Fertility Society of Australia to gauge their opinion of community knowledge on the impact of age and lifestyle on fertility.

Formative community research indicated that the Internet is the most commonly used source of fertility related information followed by seeking information from health professionals. The research also found significant knowledge gaps among women and men about the negative effects of age and lifestyle on fertility.

Media coverage to date has focused on the impact of ageing on fertility, highlighting the need for both men and women to be aware of how the age of both genders impacts on fertility. The campaign has reached at least 4,933,000 people through national television and state/territory print and radio media coverage to date (based on viewer and readership numbers).

The *Your Fertility* website, [www.yourfertility.org.au](http://www.yourfertility.org.au), was also launched on 26 March 2012 and Facebook and Twitter accounts for *Your Fertility* became operational. On the launch day, there were 905 visits to the website, with 7363 page views, and about eight pages viewed per visit. Visits to the VARTA website on the *Your Fertility* launch date also spiked, with 157 visits.

From the launch to 30 June 2012, the *Your Fertility* site has received more than 5470 visits with more than 30,300 page views. Of the visitors to the website, 82% were Australian. An interactive fertility quiz placed on the website has attracted 13,895 views to date. Since the launch, *Your Fertility* on Facebook has attracted 243 Likes and 41 Twitter followers. Key research findings are regularly communicated through a blog on the website.

Two light-hearted animations incorporating messages associated with age and weight have been loaded onto the *Your Fertility* website. Further animations about the impact of smoking, alcohol and timing on fertility will be loaded onto the website by September 2012.

Planning and implementation for the health professional and community education component of the project is underway. Most of the activity in this area will occur in *Fertility Week*, 3-9 September 2012.

## Performance at a glance

### Fertility preservation after cancer treatment

Infertility is a significant and distressing effect of cancer treatment for some young cancer survivors. Given the known risk to fertility of many cancer treatments, and the fact that fertility preservation is often possible, it is important that all young patients are appropriately and fully informed of these risks and the options available for preserving their fertility before treatment begins.

Studies suggest that many health care professionals do not routinely discuss infertility with cancer patients and options for fertility preservation, even though they recognise the importance of doing so. Youth Cancer Network project workers working within Integrated Cancer Services of Victoria conducted an audit in 2009 of all 15-25 year-old patients' medical histories. The audit indicated that approximately only 30 per cent of patients had documented evidence of a discussion regarding potential side effects of treatment on long-term fertility. Stated barriers included lack of time, lack of information about fertility preservation methods and costs, not knowing where to refer patients for fertility preservation, and concern about costs to patients and treatment delays due to fertility preservation efforts.

VARTA, in collaboration with the Victorian and Tasmanian Youth Cancer Network and Integrated Cancer Services, developed and implemented a one-hour education program aimed at health professionals working in the oncology sector. This program was delivered to 10 hospitals from August 2011 to March 2012. The presentations aimed to provide education for health care professionals caring for young people with cancer, raising awareness of the importance of timely fertility preservation discussions with young cancer patients.

The objectives were as follows:

- to promote the Clinical Oncological Society of Australia guidelines *Fertility Preservation for adolescents and young adults diagnosed with cancer: Guidance for health professionals* and how to access them
- to provide information about the effect of cancer treatments on fertility
- to provide information on fertility preservation options for young males and females
- to promote the importance of a timely fertility preservation discussion with cancer patients prior to the commencement of treatment
- to enable health care professionals to gain knowledge and confidence in discussing fertility preservation with young cancer patients.

There were over 300 health professionals trained over 11 education sessions in metropolitan and Geelong hospitals. Video conference facilities were used to reach health professionals in rural hospitals. The participants were from a variety of professional backgrounds, including surgeons, medical oncologists, clinical nurse consultants, pharmacists, hospital medical officers, social workers, nursing staff and genetics counsellors.

Participants predominantly rated the meeting of the above learning objectives as 'Good' or 'Excellent' and provided positive comments in feedback.

In addition, information was written for the VARTA website in consultation with specialist health professionals and linked to the *Your Fertility* website.

# Performance at a glance

## AIM 2

### Improved public understanding about the options and implications of Assisted Reproductive Treatment (ART)

#### Achievements

VARTA has expanded web-based information for the public with the publication of the following new brochures during the year:

- *Possible health effects of IVF*
- *What is assisted reproductive treatment (ART)?*
- *Costs of IVF*
- *Understanding IVF success rates*
- *Are you thinking of using donated gametes?*
- *Are you thinking of being a donor?*

Each of these brochures has been posted on VARTA's website, [www.varta.org.au](http://www.varta.org.au).

Articles about the psychosocial impact of ART and a series of new audio podcast stories *Experiences of IVF* have been added to the suite of personal stories on the VARTA website.

Twilight seminars have continued to provide an opportunity for the public and professionals to hear about issues associated with ART. *The Known and the unknown – donors talking* twilight seminar provided an opportunity to hear from a panel of egg and sperm donors who shared their thoughts and experiences of donating. The seminar also included a psychologist and a lawyer speaking about the ingredients for a healthy known donor arrangement and the legal implications for donors and recipients.

We have continued to provide presentations on ART to university

students studying a range of courses at metropolitan and rural campuses. These have included: Latrobe University Bachelor of Health Science; University of Ballarat School of Nursing; University of Melbourne breadth subject, *Sex: Science and the Community*; and Monash Institute of Medical Research Graduate Diploma in Reproductive Sciences courses.

VARTA CEO Louise Johnson did several media interviews over the course of 2011–12 dealing with laws and practices relating to donor conception, including interviews with Channel 10's *The Circle*, 774's Richard Stubbs and *Bill and Steve's Radio Adventure* with lawyer Bill O'Shea and psychiatrist Steve Allen, also on 774. Louise also provided information and quotes to journalists for articles about ART, including for the *Australian Women's Weekly*, the *Herald Sun* and the *Sunday Age*.

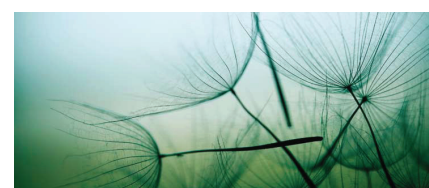
#### Challenges

Consultation with members of VARTA's Advisory Panel and Public Education Reference Group has been invaluable in setting the direction for VARTA's public education program. Advice that information about ART and how to preserve fertility should be made available to people in languages other than English has been highlighted. VARTA is exploring how additional resources can be employed to undertake this work.

#### Looking ahead

Incorporating information for young adults within sexual and reproductive health education about ART and how to protect fertility is important. Working in partnership with other organisations such as La Trobe University's Australian Research

Centre in Sex, Health and Society and Family Planning Victoria, we will explore opportunities for collaboration. We are also exploring the scope for joint activities with *Re Science*, (an initiative of the National Science Week Victorian Coordinating Committee) and Stem Cells Australia to reach science teachers.



#### Evidence-informed brochures

Consultation with researchers and those working within registered ART providers is one of the first steps undertaken when developing a new brochure. VARTA is annually updating its popular brochure *Possible health effects of IVF* with input from experts in the field, as new research findings are constantly emerging.

Making a decision about unused embryos in storage is difficult for many people. After consulting a range of experts – including social researchers, the Convenor of the Scientists in Reproductive Technology of the Fertility Society of Australia, professionals within registered ART providers and consumers – VARTA has developed a new brochure: *What to do with your unused embryos?* An accompanying decision-making tool has been developed and planning work is underway to evaluate this tool.

# Performance at a glance

## AIM 3

### Promote the welfare and interests of children born through ART

#### Achievements

VARTA held a donor-linking symposium on 4 December 2011 in partnership with the Australian and New Zealand Infertility Counsellors Association of the Fertility Society of Australia and the Donor Conception Support Group.

The symposium was an associated meeting of the 14th World Congress of Human Reproduction. This symposium provided opportunities for parents of donor-conceived children, members of the public and professionals to grapple with issues associated with family formation using donor conception.

Throughout Australia, ART clinics are increasingly providing services to recipient parents and those conceived through donor conception, contacting donors to seek consent for the release of information or contact. Negotiation of the exchange of information or contact is new to many practitioners as well as donors, donor-conceived people and their families. Consequently, the sharing of information and practices, and how to avoid pitfalls, was highly valued by the participants, with 97 per cent reporting that their expectations of the symposium were met.

VARTA has partnered with VANISH to provide a regular meeting for donor-conceived adults, enabling information and support to be provided and consultation to occur in relation to public education needs. The meeting group is gradually expanding.

VARTA's annual *Time to Tell* seminar was held in March 2012 at Northcote High School and continues to be highly valued by parents of donor-conceived children, those undertaking donor treatment and health professionals. Further information is provided below.

We were delighted to be invited to contribute to a special issue of the *Journal of Law and Medicine* on donor conception and the search for information. The edition with VARTA's article, *Donor conception legislation in Victoria, Australia: The Time to Tell campaign, donor-linking and implications for clinical practice*, was published in June 2012.

VARTA's CEO Louise Johnson did several media interviews over 2011–12 about laws and practices relating to donor conception. An article *The ART of Giving*, published in the June edition of *Melbourne Child*, explored stories of families with children conceived through ART and the donations of others.

#### Challenges

Parents attending VARTA's *Time to Tell* seminar tend to be parents of young children or those considering using a donor to build their family. Parents of older children contacting VARTA individually express fears about disclosure about how the family was formed. Providing information and support to this group of parents will be increasingly important if the Victorian Parliamentary Law Reform Committee's recommendations about *Access by donor-conceived people to information about their donor* are endorsed by the Victorian Government.

#### Looking ahead

Children born through the use of intra cytoplasmic sperm injection or ICSI, where sperm is injected directly into the egg to form an embryo, are beginning to turn 18 years old. VARTA will utilise emerging research about the health and fertility of these children in the public education program.

# Performance at a glance

## Annual *Time to Tell* seminar

Research indicates that parents often need support and education to help them to talk to their donor-conceived children about how they became a family. Parents and intending parents completing evaluation forms indicated that they found VARTA's *Time to Tell* seminar 'helpful' to 'very helpful' in deciding whether to disclose and how and when to disclose to their child about how the family was formed. At VARTA's 2012 seminar, professionals and a panel of five donor-conceived young people, four parents and a sperm donor talked about their experiences. Participants commented it was very helpful to meet with others in a similar situation to themselves.

In a survey emailed to participants, they were asked about views about disclosure before and after the seminar. Participants were asked about views about disclosure before and after the seminar. Responses indicated a high level to commitment to disclosure both pre and post seminar and an increase in knowledge levels and ability to decide how and when to disclose.

### Participants' responses to survey questions about disclosure:

**BEFORE attending the seminar which of the following best describes your views as to whether to be open with a child about being donor-conceived?**

	%
SURE that being open is NOT the right approach	0.0
UNDECIDED as to whether or not being open is the right approach	0.0
Sure that being open is the right approach but UNDECIDED about WHEN to start telling	52.2
Sure that being open is the right approach but UNDECIDED about HOW to start telling	30.4
Sure that being open is the right approach and KNOW WHEN to start telling	47.8
Sure that being open is the right approach and KNOW HOW to start telling	17.4

### After attending the seminar – what are your current views?

	%
SURE that being open is NOT the right approach	0.0
UNDECIDED as to whether or not being open is the right approach	0.0
Sure that being open is the right approach but UNDECIDED about WHEN to start telling	4.3
Sure that being open is the right approach but UNDECIDED about HOW to start telling	8.7
Sure that being open is the right approach and KNOW WHEN to start telling	82.6
Sure that being open is the right approach and KNOW HOW to start telling	73.9

# Performance at a glance

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## AIM 4

### **Monitor, consult and advise the Minister regarding programs and activities under the Act**

#### **Achievements**

VARTA has provided the Health Minister with advice in relation to a number of issues associated with implementation of the Act, including the long-term storage of gametes associated with the preservation of fertility prior to cancer or other medical treatment. Additionally, advice was provided in relation to the Victorian Parliamentary Law Reform Committee's report into access by donor-conceived people to information about donors.

Non-identified data is also collected from the the Victorian Registry of Births, Deaths and Marriages for public education and monitoring purposes. This is provided on pages 12-13.

#### **Challenges**

VARTA is constantly refining strategies to monitor and conduct community consultation in a cost effective way. Utilisation of wide networks within Australia and overseas, literature reviews, media monitoring and VARTA's Public Education Reference Group and Advisory Group has been crucial for the implementation of VARTA's work. This will include the challenge of ensuring that information about fertility and the use of assisted reproductive treatment is available in different languages. This is resource intensive and VARTA is taking a gradual approach, starting with the *What is ART?* and the *Possible effects of IVF* brochures. A list of members of VARTA's Public Education Reference Group and Advisory Panel is available on the website [www.varta.org.au](http://www.varta.org.au)

#### **Looking ahead**

Some of the key issues that will continue to be monitored are highlighted opposite.

# Performance at a glance

## Monitoring

### Cross border reproductive care

An increasing number of Australians are travelling overseas for ART, particularly for IVF access to donor gametes (eggs or sperm) and surrogacy. Research conducted by Surrogacy Australia and presented at the 26-28 May Surrogacy Australia Conference indicates that 1130 children from Indian surrogacy arrangements have entered Australia over the past four years, with numbers rising from 170 in 2008 to 394 in 2011.

As ART is currently unregulated in India and some other countries offering ART, VARTA's role in monitoring and public education is all the more important in ensuring that Australians travelling overseas for surrogacy and other treatment understand the potential pitfalls and questions to ask clinics. India's ART Bill 2010 would change the surrogacy landscape for Australian intending parents (for example, under the Bill, one cannot use an identity-release donor). VARTA will continue to monitor this and other potential legal changes within Australia and overseas.

Australians, like other consumers around the globe, are seeking ART services overseas because they are cheaper to access or illegal in their home country. Services available in some countries that are illegal in Australia include anonymous egg donations, paid surrogacy and sex-selection of the embryo in the absence of medical indications.

### Global services and changes to regulation

As a result of these trends, the regulatory landscape around the world is constantly changing. Clinics in South-east Asia are now looking at Australia's accreditation and quality assurance scheme driven by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia. The Thomson Fertility Centre in Singapore has become the first unit outside of Australia and New Zealand that has met the criteria for RTAC accreditation. With the amalgamation of ART units to form larger legal entities, ART service provision beyond Australia's shores becomes feasible.

Which entity should regulate ART in the United Kingdom is currently under scrutiny. The regulation of ART at a national level in Canada has been challenged through the court system and provinces such as British Columbia are planning to regulate ART through the introduction of provincial legislation. VARTA's overseas representatives on the Advisory Panel help VARTA to monitor overseas developments.

### Technological innovation and research

Advanced techniques for the detection of numerical chromosome abnormalities using pre-implantation genetic diagnosis (PGD) have been introduced at two registered ART providers within Victoria. These techniques are used for women who have experienced miscarriage or repeated failed IVF cycles and enable selection of healthy embryos. Numbers of women treated using PGD for this purpose has more than doubled during 2011-2012 in comparison with 2010-2011 (see section 6, table 6.2 of this report).

New research findings about the possible health effects of ART are constantly emerging. VARTA's brochure, *Possible health effects of IVF* will be reviewed annually to accommodate new findings.

# Performance at a glance

## A statistical snapshot of the donor registers in Victoria for 2011–12

### The donor registers

The Victorian donor registers are managed by the Victorian Registry of Births, Deaths and Marriages under the Act. The registers consist of the Central Register and the Voluntary Register. The Registrar has provided VARTA with a statistical snapshot of data from the donor registers for monitoring and public education purposes.

### Central Register

The Central Register contains information about people involved in donor treatment procedures, including the donor-conceived person, his or her parent/s and the donor. Clinics where treatment occurred provide the information. The following people can access the Central Register:

- a donor-conceived person
- a parent of a donor-conceived person
- a descendant of a donor-conceived person
- a donor.

### Voluntary Register

The Voluntary Register contains information lodged voluntarily by people who were involved with donor treatment procedures both before and following the introduction of legislation. Family members also use the register to record their wishes in relation to linking up with another party. In this way, matches between half-siblings and between donors and young adults born prior to legislation have been facilitated.

### The Voluntary Register

Applicants to the Voluntary Register – matched in the year ending 30 June 2012

Donor	1	0
Donor-conceived person	0	1
Recipient parent	1	0
<b>Total matches=3</b>	<b>2</b>	<b>1</b>

Donors	174
Donor-conceived persons	70
Recipient parents	142
<b>Total</b>	<b>386</b>

### Donor registers and changes to legislation

The Central Register was established in Victoria in 1988. As the law has changed in Victoria over time, the amount of information that is available to parties on the Central Register depends on when the donor signed their consent form regarding the donation of sperm or eggs. Until the implementation of the *Infertility Treatment Act 1995* on 1 January 1998, donor-conceived children could only access information about the identity of their donor if the donor consented to this.

Since January 1 1998, it is no longer possible to donate sperm or eggs anonymously in Victoria. Therefore, any person conceived from donated gametes (eggs or sperm), where consent was given after 1 January 1998, can access information regarding the identity of their donor parent. They can apply in their own right once they turn 18, or their parents can apply on their child's behalf, before the child turns

18. This enables parents to gradually provide information about the donor to children as they become older and more curious. Contact established between parents and donors varies enormously, ranging from email communication to regular involvement of donors in family functions.

Timeframes for differences in access to information are summarised in the table below.

### Legislation summary table

<b>Prior to 1 July 1988</b>	No right of access to identifying information about their donor parents. Access to Voluntary Register.
<b>Between 1 July 1988 – 31 December 1997</b>	May access the identity of their donor on Central Register as long as the donor consents to the release of this information. Access to Voluntary Register.
<b>After 1 January 1998</b>	Unqualified right to access the identity of their donor from Voluntary and Central Register

### Donor registers – a statistical snapshot

Victorian Registry of Births, Deaths and Marriages data is provided below for the period up until 30 June 2012. It gives a snapshot of the numbers of people who have accessed the Central Register and Voluntary Register, as well as some information about their applications.

A total of 1478 donor-conceived children on the Central Register are now over the age of 18 and eligible to apply for information.

The average age of new donors as at 30 June 2012 was 41 years and 9 months for sperm donors and 35 years and 9 months for egg donors.

# Performance at a glance

## The Central Register

Clinic notifications of births	From sperm donation	From egg donation	From both sperm & egg donation	Total
Total notified as at 30 June 2012	3876	1392	227	<b>5495</b>
Year ending 30 June 2012	221	86	28	<b>335</b>

Registered donors by type	Sperm donor	Egg donor	Total
Total registered as at 30 June 2012	801	1084	<b>1885</b>
New donors registered year ending 30 June 2012	74	82	<b>156</b>
<b>Total registered donors as at 30 June 2012</b>	<b>875</b>	<b>1166</b>	<b>2041</b>

## Total number of applications to the Central and Voluntary Registers – year ending 30 June 2012

	Central Register	Voluntary Register
<b>Applications for identifying information</b>		
From donor	0	1
From donor-conceived person	0	1
From recipient parent	1	0
<b>Total applications for identifying information</b>	<b>1</b>	<b>2</b>
<b>Applications for non-identifying information</b>		
From donor	0	0
From donor-conceived person	0	1
From recipient parent	1	0
<b>Total applications for non-identifying information</b>	<b>1</b>	<b>1</b>
<b>Applications for both identifying and non-identifying information</b>		
From donor	0	13
From donor-conceived person	2	7
From recipient parent	11	9
<b>Total applications for both information</b>	<b>13</b>	<b>29</b>
<b>Applications lodging information only</b>		
From donor	N/A	1
From donor-conceived person	N/A	0
From recipient parent	N/A	0
<b>Total lodgements only</b>	<b>N/A</b>	<b>1</b>
<b>Applications per register from 2010-2011</b>		
<b>Total</b>	<b>15</b>	<b>33</b>

## Counselling sessions

During the last financial year, Family Networks Information and Discovery (FIND) conducted 14 counselling sessions on referral from the Registry of Births, Deaths and Marriages for 12 recipient parents and two donor-conceived persons.

## Ten family limit for donors

In Victoria, a donor can contribute to the formation of no more than 10 families. The Registry of Births, Deaths and Marriages provides information to VARTA in relation to the monitoring of the 10 family limit. Since implementation of the Act, there has been no reported breach of this limit.

## Doctors carrying out artificial insemination outside of registered ART providers

Doctors carrying out artificial insemination (AI), other than on behalf of a registered ART provider, are required to notify the Registry of Births, Deaths and Marriages of each AI procedure and arising births or pregnancies. There were no such AI notifications from 1 July 2011 to 30 June 2012.

# Performance at a glance

## AIM 5

### Administer its registration and approval functions under the Act

#### Achievements

ART providers are required to notify VARTA when formally accredited by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia and to comply with VARTA's *Conditions for Registration*. A list of ART providers is listed on page 20. Considerable delays were reportedly experienced by registered ART providers in receiving accreditation certificates. Delays have been rectified by RTAC during the year. RTAC has also offered to provide up-to-date accreditation information to VARTA directly. This has enabled VARTA to update website information about registered ART providers in a more timely way. VARTA's *Conditions for Registration* were also reviewed in November 2011.

Under the Act, VARTA is required to approve the import or export of donor gametes or embryos formed from donor gametes into or out of Victoria. If people wish to import or export their own gametes or embryos into or out of Victoria and there are no donor gametes involved, then these arrangements can be made by registered ART providers without further application to VARTA. VARTA aimed to approve 90% of applications within five weeks over the last financial year; this target was met with 100% of applications approved within this timeframe.

VARTA has continued to streamline processes and guidelines for approval of the import of donor gametes and embryos produced with donor gametes. The guideline document for registered ART providers, *Guidelines for the Import and Export of Donor Gametes and Embryos Produced from Donor Gametes* was revised in January 2012. Applicant forms were also revised. Both are available on VARTA's website.

Imports and exports involving donated gametes approved under the Act for year ending 30 June 2012 are as follows.

Donor Sperm	Approved
Donor Sperm	Declined
Embryos formed using Donor Sperm	Approved
Embryos formed using Donor Eggs	Withdrawn
Embryos formed using Donor Eggs	Approved
Embryos formed using Donor Sperm & Eggs	Approved
<b>Total</b>	

#### Challenges

As people look offshore for donor gametes for treatment in Victoria, approval decision-making by VARTA continues to be complex. The questions as to whether payments made to donors fall within the category of reimbursement for reasonable expenses, and whether legal requirements under the Act are met, continue to be closely reviewed by VARTA.

#### Looking ahead

VARTA will continue to monitor the use of cross-border reproductive care and differences in legislative and regulatory requirements. This is particularly important when considering applications for the import or export of donor gametes or embryos containing donor gametes.

# Governance

## Membership of VARTA

The Minister for Health nominates the members of VARTA and the appointments are made by the Governor-in-Council. Section 101 of the Act emphasises the need for diversity and expertise.

A person who was a member of the Infertility Treatment Authority immediately before the commencement of the Act became a member of the Authority on commencement of the Act on 1 January 2010.

The following is a list of membership for the year ending 30 June 2012.

### Ms Kirsten Mander

Chairperson

Term of membership expires  
27 June 2014

Ms Kirsten Mander is General Counsel and Company Secretary of Australian Unity Limited, responsible for group governance services, including risk management and compliance. Ms Mander has had extensive experience as a senior executive and general counsel of a number of Australia's top companies. She has also served on a number of boards and committees, including as former Chair of the Ethics Committee of the Law Institute of Victoria and currently as a director of MEGT Australia Ltd and the Consultative Council for Human Research Ethics.

### Ms Liz Roadley

Deputy Chairperson

Term of membership  
resigned 12 September 2011

Ms Liz Roadley served on the Authority as Deputy Chairperson until 12 September 2011. Ms Roadley is a consultant and director of a consultancy practice where she works with organisations undergoing significant change and refocusing their business directions. Originally trained as an applied scientist, Liz has also worked in the public sector in a number of Senior Executive roles.

### Ms Helen Shardey

Term of membership  
expires 18 June 2015

Ms Shardey was appointed on 19 June 2012. She was a Member of the Victorian Parliament for 14 years until her retirement in 2010, including five years as the Shadow Minister for Health. At various times, she also served as the Shadow Minister for Aged Care; Community Services; Housing; and Multicultural Affairs. Ms Shardey has previously worked as a corporate consultant, senior policy adviser (Federal Parliament), medical practice manager and secondary teacher, and was recently appointed Ambassador at Large for the Jewish National Fund of Australia. She is a member of the Australian Institute of Company Directors and chairs the Alfred Hospital board.

### Ms Margaret Coady

Term of membership expired  
31 March 2012

Ms Coady is a member of the Centre for Applied Philosophy and Public Ethics. She is Chair of the Child Care Advisory Committee of the University of Melbourne. She is also a member of the Clinical Ethics Advisory Group of the Royal Women's Hospital and a foundation member of the Victoria Police Human Research Ethics Committee.

### Dr David Edgar

Term of membership expires  
31 March 2013

Dr Edgar is Scientific Director of Melbourne IVF and Reproductive Services at the Royal Women's Hospital, and is also a Senior Fellow in the Department of Obstetrics and Gynaecology at the University of Melbourne. He has lectured and published widely in the areas of reproductive biology and human embryology.

### Ms Victoria Heywood

Term of membership expires  
31 March 2013

Ms Heywood is the mother of a donor-conceived child and has a background in journalism, communications and copywriting. As well as writing for numerous Australian and international publications on health, relationships and food, she is the author of 27 adult non-fiction books.

# Governance

## Authority committees

Section 113 of the Act provides that the Authority may set up one or more committees, comprised of members of the Authority. Eleven full meetings of the Authority were held between 1 July 2011 and 30 June 2012. Committees established are listed below.

### Finance, Audit and Risk Management Committee

Chair: Ms Liz Roadley (to August 2011),  
Dr David Edgar (from 2012)  
Members: Dr David Edgar (from August 2011),  
Ms Victoria Heywood (from 2012)  
Number of meetings held: Four.

### Remuneration Committee

Chair: Ms Kirsten Mander  
Members: Ms Margaret Coady,  
Ms Liz Roadley (to August 2011),  
Ms Helen Shardey (from July 2012)  
Number of meetings held: One.

### Working Groups

Ad hoc working groups are established when required for planning purposes. The Annual Report Working Group reviewed the annual report.

## Management and advisory panels

VARTA's Chief Executive Officer is Louise Johnson. Ms Johnson has an Honours degree in microbiology, postgraduate qualifications in education and management and has recently completed a Masters in Regulatory Studies. Ms Johnson is a community member of the Occupational Therapy Board of Australia and former Chairperson and current Council member of Women's Health Victoria. She is supported by the staff members listed below. The staffing full time equivalent was 4.8 at the end of June 2012. Casual staff members are employed from time to time.

**Office and Information Manager:** Tanya Thomson

**Senior Policy and Project Manager:** Tracey Setter (to April 2012)

**Project Manager:** Helen Smallwood (from May 2012)

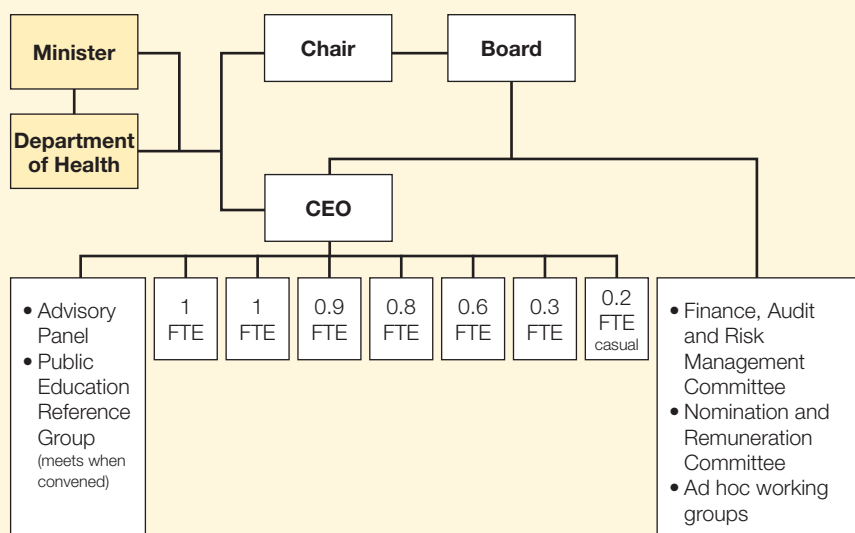
**Senior Community Education Officer:** Kate Bourne

**Communications Manager:** Stephanie Francis

**Senior Research Officer:** Dr Karin Hammarberg

VARTA has established an advisory panel and a reference group to contribute to its work on a voluntary basis. Membership is reviewed annually. Members of the panel and reference group are published on VARTA's website: [www.varta.org.au](http://www.varta.org.au).

## VARTA



# Governance

## Operational and budgetary objectives and performance

VARTA has worked within budget and met the following financial objectives:

- expenditure within the amount budgeted for the end of the financial year including contingencies
- a positive ratio for assets: liabilities maintained
- taxation obligations met in a timely way.

VARTA has received funding from the Australian Government under the Family Planning Grants program administered by the Department of Health and Ageing for the *Your Fertility* project. Over three financial years, \$598,175 (excluding GST) is being provided for the project (May 2011 to 30 June 2013). This grant is substantially increasing the capacity of VARTA to promote research into the causes and prevention of infertility.

There was a modest surplus for the year ending 30 June 2012 with an associated increase in equity for VARTA.

### Subsequent events

No events occurred after Balance Sheet date.

### Risk management

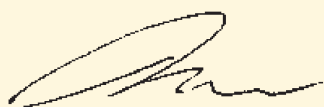
Risk management plans were reviewed in March 2012. Following is a Risk attestation.

## Summary of financial results

The table below details a summary of financial results for the year compared with the preceding four financial years.

	2012	2011	2010	2009	2008
Total revenue	814,805	632,807	701,440	771,226	896,369
Total expenses	797,757	(630,010)	(677,432)	(835,023)	(946,190)
Operating surplus / deficit	17,048	2,797	21,598	(63,797)	(49,821)
Retained surplus / (Accumulated deficit)	43,609	26,561	23,764	2,166	65,963
Total assets	255,776	227,239	140,175	119,716	176,042
Total liabilities	200,967	189,478	105,211	106,351	98,879
Total equity	54,809	37,761	34,964	13,365	77,163

I, Kirsten Mander, Chairperson, certify that the Victorian Assisted Reproductive Treatment Authority has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system in place, that Victorian Assisted Reproductive Treatment Authority verifies this assurance and that the risk profile of the Victorian Assisted Reproductive Treatment Authority has been critically reviewed in the last 12 months.



### Privacy

VARTA is committed to protecting the privacy of individuals who make applications or participate in public education activities. A privacy policy is implemented ensuring that the requirements of the *Health Records Act 2001* are met.

### Data reporting

ART treatment outcome data is collected from registered ART providers directly by VARTA and by the Perinatal & Reproductive Epidemiology Research Unit at the University of New South Wales.

In addition, data is collected from the Registry of Births, Deaths and Marriages for public education and monitoring purposes.

An attestation in relation to the reporting of data is provided on page 18.

# Governance

I, Louise Johnson, Chief Executive Officer, certify that the Victorian Assisted Reproductive Treatment Authority has put in place appropriate internal controls and processes to ensure that the reported data reasonably reflects actual performance. The Authority has critically reviewed these controls and processes during the year.



## Additional information

In compliance with the requirements of the Standing Directions of the Minister for Finance, further details of activities described in this Annual Report are available to relevant Ministers, Members of Parliament and the public on request. A disclosure index is provided on page 48, to facilitate identification of VARTA's compliance with statutory disclosure requirements.

## Whistleblowers Protection Act 2001

As VARTA is a small public body, staff and members are advised to make his or her whistleblower disclosure directly to the Ombudsman. Where the Ombudsman determines such a disclosure to be a 'public interest disclosure', as a general rule, the Ombudsman would not refer the matter back to the Authority for investigation.

## Occupational Health and Safety

An occupational health and safety audit was conducted in relation to staff workstations in April 2012 to identify any improvements that could be made to the Authority's working environment.

## Freedom of Information

The Authority received no Freedom of Information requests in this financial year.

## Consultancies

Expenditure on consultancies of greater than \$10,000 included: the Perinatal & Reproductive Epidemiology Research Unit at the University of New South Wales (\$22,500) for ART treatment data collection; UHY Haines (\$13,760) for accountancy services; and the Social Resource Centre (\$40,104) for the formative community research for the *Your Fertility* project.

# Outcome of treatment procedures in Victoria

## Terminology

The terminology used in this report is fully explained below:

### Age of patient

Age of patient as at the first treatment cycle for the period reported.

### AI (Artificial Insemination)

A procedure of transferring sperm without also transferring an oocyte into the vagina, cervical canal or uterus of a woman.

### Babies born

Infant with signs of life after pregnancy of at least 20 weeks' gestation.

### Clinical pregnancy

Any type of pregnancy except that diagnosed only by measuring levels of human chorionic gonadotrophin. This definition includes ectopic pregnancy, blighted ovum and spontaneous abortion.

### Confinement

Pregnancy resulting in at least one birth.

### DI (Donor Insemination)

Artificial insemination with donor sperm.

### Embryo

A live embryo that has a human genome or an altered human genome and that has been developing for less than eight weeks since the appearance of two pronuclei or the initiation of its development by other means.

### Fertilisation

Penetration of an oocyte (egg) by sperm. Only oocyte/s with two pronuclei will be reported.

### Gamete

An oocyte (egg) or sperm.

### GIFT (Gamete Intra Fallopian Transfer)

A medical procedure of transferring oocyte/s (egg/s) and sperm to the body of a woman.

### ICSI (Intra Cytoplasmic Sperm Injection)

ICSI is a micromanipulation technique where a single sperm is injected into the inner cellular structure of an oocyte. For the purposes of this report, ICSI treatment cycles are included in the total of IVF treatment cycles.

### Initiated cycle

A fertility treatment cycle started with the intention to transfer sperm/oocyte/embryo or freeze oocyte/embryo.

### IVF (In Vitro Fertilisation)

Co-incubation of sperm and oocyte outside the body of a woman. [It does not necessarily result in the formation of an embryo which is fit for transfer.] Intra Cytoplasmic Sperm Injection (ICSI) may also be used as a part of an IVF procedure.

### Live birth

A live birth in which a fetus is delivered with signs of life after complete expulsion or extraction from its mother, beyond 20 completed weeks of gestational age.

Live births are counted as birth events, e.g. a twin or triplet live birth is counted as one birth event.

### Ongoing pregnancies

Ongoing clinical pregnancies as at the dates on page 20. Finalised delivery and birth details data will be included in the next annual report.

### Oocyte (egg) retrieval

Procedure undertaken in an attempt to collect oocyte/s from a woman.

### PGD (Preimplantation Genetic Diagnosis)

After IVF, one or two cells are removed from the embryo in vitro and tested to avoid the transmission of a genetic abnormality or congenital disease inherited from the parents. This procedure may also be used for IVF and pregnancy failure.

### Registered ART provider

A place in respect of which registration under Part 8 of the *Assisted Reproductive Treatment Act 2008* is in force.

### Stimulated cycle

A treatment cycle in which the woman's ovaries are stimulated with superovulatory drugs, excluding clomiphene citrate, to produce more than one oocyte.

### THAW cycle

A THAW cycle commences with the removal of frozen embryos from storage in order to be thawed and then transferred.

### Transfer

The procedure of placing embryos or oocytes and sperm into the body of a woman.

### Treatment cycle commenced

A treatment cycle begins:

- on the day when superovulatory drugs were commenced; or
- from the date of the last menstrual period.

### Treatment cycle continued

For the purposes of reporting, a treatment cycle continues when:

- for IVF/GIFT, an oocyte retrieval procedure occurs;
- for frozen embryo transfer, an embryo transfer procedure occurs;
- for donor insemination, if insemination occurs.

### Unstimulated cycle

A treatment cycle where no superovulatory drugs are used or where only clomiphene citrate is used.

### Women in treatment

From 1 January 2010, women in treatment can include women in heterosexual or same-sex relationships or single women. All women must be eligible for treatment as outlined in Section 10 of the *Assisted Reproductive Treatment Act 2008*. Prior to 2010, women were required to be eligible for treatment under Section 8 of the *Infertility Treatment Act 1995*.

# Outcome of treatment procedures in Victoria

## Data tables

This report outlines the procedures carried out at each site for a registered ART provider under the Act. The status of stored embryos and gametes for each site is also provided. Data is provided on a financial year basis as required under the Act.

Details of each site for a registered ART provider under the Act 2008 during the 2011–12 financial year are provided below. Data in the tables is provided for registered ART providers that are currently accredited by RTAC. A list of registered ART providers is provided below.

## Registered ART providers

### ART Providers registered to provide treatment under the Assisted Reproductive Treatment Act 2008, 1 July 2011 – 30 June 2012

Ballarat IVF

City Fertility Centre Melbourne

Melbourne IVF at East Melbourne

Monash IVF at Bendigo Private Day Surgery

Monash IVF at Casterton Memorial Hospital

Monash IVF at Central Wellington Health Services

Monash IVF at Frankston Private Hospital

Monash IVF Geelong

Monash IVF at Healthbridge Hawthorn Private Hospital

Monash IVF at Monash Surgical Private Hospital

Monash IVF at Western Day Surgery

Reproductive Services, Royal Women's Hospital (Melbourne IVF)

Repromed Mildura

All sites listed for 2012 are registered ART providers with RTAC accreditation. Monash IVF at Casterton Memorial Hospital was registered in 2010-2011. Melbourne IVF provides consultant services at Box Hill.

## Please note

The figures in the following tables are derived from the latest versions of ANZARD data from 1 July 2011 to 30 June 2012 provided to PRERU by each of the ART units.

The following dates indicate when latest version ANZARD data was provided – pregnancy outcomes for each unit will only have been recorded up to these dates:

- 16/08/12 Monash IVF
- 01/08/12 REPROD MED Mildura
- 16/08/12 Melbourne IVF
- 16/08/12 Ballarat IVF
- 17/08/12 CFC Melbourne

Final 2010–11 pregnancy outcomes data for the ANZARD database was updated in August 2012. There were about 2.0% of 2010-11 pregnancies data with unknown outcomes.

# Outcome of treatment procedures in Victoria

## Data collection, trends and success rates

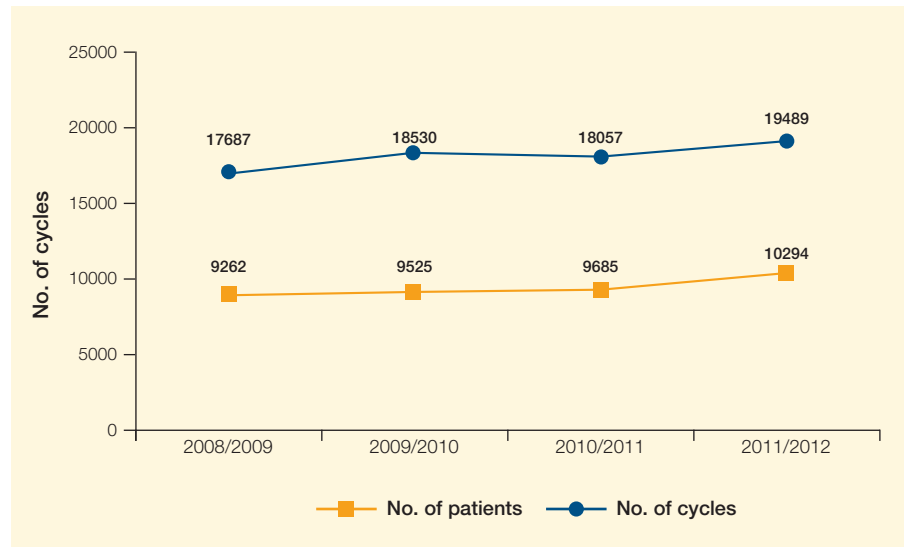
The data in this report shows an increase in the overall number of treatment cycles. The data shows a 7.9% increase in the number of IVF cycles continued in 2012 relative to 2011 (see Figure 1).

The collection and preparation of data for the 2011 Annual Report is completed by the Perinatal & Reproductive Epidemiology Research Unit at the University of New South Wales.

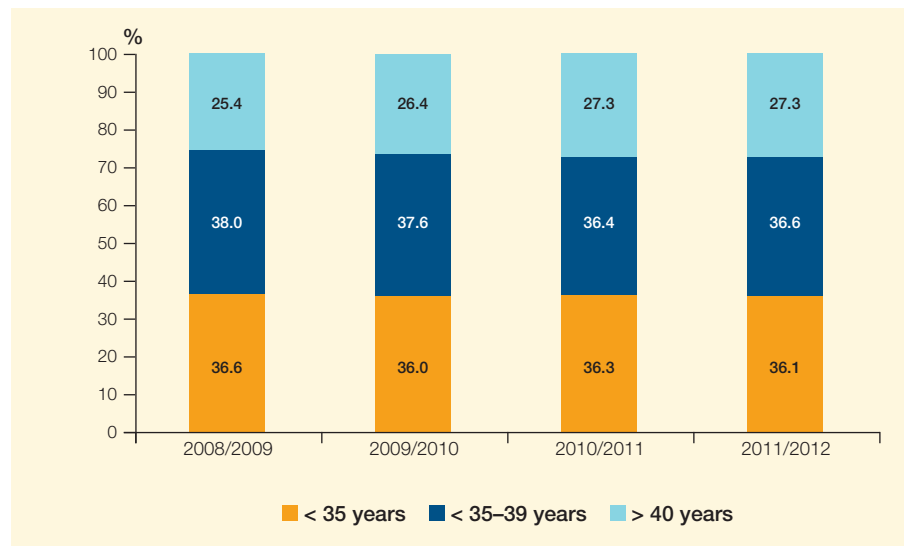
In 2011/2012 a slightly higher proportion of older women have been treated in comparison with 2008/2009 (see Figure 2).

Please note that the data in these tables cannot be used to compare success rates for treatment between treatment sites. The age of the woman treated, the stage of the embryo transferred (blastocyst or 2-3 day stage embryos), the use of fresh and/or thawed embryos, the type of infertility problem, lifestyle of the women treated, population of women receiving treatment at a particular clinic and other factors will impact on success rates.

**Figure 1** Number of patients and treatment cycles per financial year 2008/2009 to 2011/2012.



**Figure 2** Age of women treated per financial year 2008/2009 to 2011/2012.



# Section 1

## Final outcomes for treatment cycles commenced in 2010–2011 financial year

This report includes a final outcome of treatment procedures undertaken in 2010. These final figures were not available at the time of the production of the 2011 Annual Report. Similarly, this year, a full report on treatment outcomes is not possible until next year's annual report. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

**Table 1.1 Number of patients per treatment site, 2010/2011 financial year**

Treatment site	Total no. women treated*	Age at the first treatment			No. of women treated by IVF/ICSI	No. of women treated by ICSI	No. of women treated by THAW	No. of women treated by AI	No. of women treated by DI	No. women involved in surrogacy arrangements	No. of liveborn babies
		< 35	35–39	≥ 40							
Ballarat IVF	291	155	87	49	225	142	129	9	5	3	94
City Fertility Centre Melbourne	545	200	196	149	457	240	265	44	1		178
Melbourne IVF at East Melbourne	2849	934	1098	817	2105	1281	1348	282	64	9	877
Monash IVF at Bendigo Private Day Surgery	67	37	23	7	55	41	23				24
Monash IVF at Casterton Memorial Hospital	27	12	11	4	22	13	6				6
Monash IVF at Central Wellington Health Services	77	37	29	11	63	44	21		1		24
Monash IVF at Frankston Private Hospital	56	27	21	8	52	35	4		1		14
Monash IVF Geelong	212	85	88	39	176	114	67				67
Monash IVF at Healthbridge Hawthorn Private Hospital	1504	516	525	463	1086	790	627	16	19	3	475
Monash IVF at Monash Surgical Private Hospital	2288	835	842	611	1871	1337	882	16	22	3	704
Monash IVF at Western Day Surgery	138	68	45	25	127	94	25				29
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1617	602	554	461	1134	703	822	62	26		422
Repromed Mildura	14	7	4	3	3		4	9			0
<b>Aggregated total</b>	<b>9685</b>	<b>3515</b>	<b>3523</b>	<b>2647</b>	<b>7376</b>	<b>4834</b>	<b>4223</b>	<b>438</b>	<b>139</b>	<b>18</b>	<b>2914</b>

Note: Women may undergo more than one type of treatment in any given year. This table updates data provided in the 2011 annual report (table 2.1).

**Table 1.2 Final outcomes for treatment cycles commenced in 2010–2011 financial year**

Treatment site	No. of women treated by IVF/ICSI	Total no. cycles initiated*	No. oocyte retrieval attempts cycles cont'd	Clinical pregnancies	Confinements	Total no. babies born**	No. of single-tons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
Ballarat IVF	225	340	299	71	53	56	50	3	0	56	0
City Fertility Centre Melbourne	457	703	660	122	91	98	84	7	0	97	0
Melbourne IVF at East Melbourne	2105	3259	2917	568	402	441	364	37	1	436	24
Monash IVF at Bendigo Private Day Surgery	55	72	65	19	16	18	14	2	0	18	0
Monash IVF at Casterton Memorial Hospital	22	22	19	4	4	4	4	0	0	4	0
Monash IVF at Central Wellington Health Services	63	85	74	22	20	23	17	3	0	22	0
Monash IVF at Frankston Private Hospital	52	60	56	18	14	14	14	0	0	14	0
Monash IVF Geelong	176	276	222	54	48	51	45	3	0	51	0
Monash IVF at Healthbridge Hawthorn Private Hospital	1086	1586	1306	321	237	251	223	14	0	249	1
Monash IVF at Monash Surgical Private Hospital	1871	2702	2384	557	435	457	414	20	1	450	0
Monash IVF at Western Day Surgery	127	169	151	30	25	28	22	3	0	27	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1134	1378	1323	231	167	182	152	15	0	178	10
Repromed Mildura	3	3	0	0	0	0	0	0	0	0	0
<b>Aggregated total</b>	<b>7376</b>	<b>10655</b>	<b>9476</b>	<b>2017</b>	<b>1512</b>	<b>1623</b>	<b>1403</b>	<b>107</b>	<b>2</b>	<b>1602</b>	<b>35</b>

\* Initiated cycles. \*\* Included all babies (liveborn, stillborn, neonatal death).

# Section 1

**Table 1.2 Final outcomes for treatment cycles commenced in 2010–2011 financial year**

Treatment site	No. of women treated by ICSI	No. cycles with oocytes treated by ICSI*	Clinical pregnancies	Confinements	Total No. babies born**	No. of single-tons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
<b>ICSI ONLY</b>										
Ballarat IVF	142	208	47	33	35	31	2	0	35	0
City Fertility Centre Melbourne	240	337	72	54	56	52	2	0	55	0
Melbourne IVF at East Melbourne	1281	1861	372	272	296	248	24	0	292	17
Monash IVF at Bendigo Private Day Surgery	41	51	14	11	12	10	1	0	12	0
Monash IVF at Casterton Memorial Hospital	13	13	3	3	3	3	0	0	3	0
Monash IVF at Central Wellington Health Services	44	56	17	15	17	13	2	0	17	0
Monash IVF at Frankston Private Hospital	35	39	10	6	6	6	0	0	6	0
Monash IVF Geelong	114	159	39	36	37	35	1	0	37	0
Monash IVF at Healthbridge Hawthorn Private Hospital	790	1024	251	182	195	169	13	0	194	1
Monash IVF at Monash Surgical Private Hospital	1337	1817	414	322	340	305	16	1	336	0
Monash IVF at Western Day Surgery	94	120	27	22	25	19	3	0	24	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	703	833	162	120	131	109	11	0	128	6
Repromed Mildura										
<b>Aggregated total</b>	<b>4834</b>	<b>6518</b>	<b>1428</b>	<b>1076</b>	<b>1153</b>	<b>1000</b>	<b>75</b>	<b>1</b>	<b>1139</b>	<b>24</b>

\* Initiated cycles. \*\* Included all babies (liveborn, stillborn, neonatal death).

**Table 1.2 Final outcomes for treatment cycles commenced in 2010–2011 financial year**

Treatment site	No. of women treated by THAW	Total no. cycles initiated*	No. cycles with embryos thawed^	Clinical pregnancies	Confinements	Total no. babies born**	No. of single-tons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
<b>THAW</b>											
Ballarat IVF	129	199	199	41	35	36	34	1	0	36	0
City Fertility Centre Melbourne	265	480	439	95	73	78	68	5	0	78	1
Melbourne IVF at East Melbourne	1348	2272	2210	453	346	375	316	28	1	372	16
Monash IVF at Bendigo Private Day Surgery	23	28	28	8	6	6	6	0	0	6	0
Monash IVF at Casterton Memorial Hospital	6	6	6	3	2	2	2	0	0	2	1
Monash IVF at Central Wellington Health Services	21	25	25	2	1	2	0	1	0	2	0
Monash IVF at Frankston Private Hospital	4	4	4	1	0	0	0	0	0	0	0
Monash IVF Geelong	67	83	83	18	15	16	14	1	0	16	0
Monash IVF at Healthbridge Hawthorn Private Hospital	627	825	811	258	214	225	203	11	0	222	1
Monash IVF at Monash Surgical Private Hospital	882	1161	1143	301	230	244	216	14	0	243	0
Monash IVF at Western Day Surgery	25	31	31	3	2	2	2	0	0	2	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	822	1299	1293	309	217	232	202	15	0	231	12
Repromed Mildura	4	4	4	0	0	0	0	0	0	0	0
<b>Aggregated total</b>	<b>4223</b>	<b>6417</b>	<b>6276</b>	<b>1492</b>	<b>1141</b>	<b>1218</b>	<b>1063</b>	<b>76</b>	<b>1</b>	<b>1210</b>	<b>31</b>

\* Initiated cycles. \*\* Included all babies (liveborn, stillborn, neonatal death). ^ Cycles continued.

**Table 1.2 Final outcomes for treatment cycles commenced in 2010–2011 financial year**

Treatment Site	No. of women treated by AI	Cycles cont'd	Clinical pregnancies	Confinements	Total no. babies born*	No. of singletons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
<b>AI</b>										
Ballarat IVF	9	11	1	1	1	1	0		1	0
City Fertility Centre Melbourne	44	74	2	2	3	1	1		3	0
Melbourne IVF at East Melbourne	282	512	56	48	52	44	4		51	3
Monash IVF at Healthbridge Hawthorn Private Hospital	16	22	2	1	1	1	0		1	0
Monash IVF at Monash Surgical Private Hospital	16	20	4	4	4	4	0		4	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	62	75	8	5	6	4	1		6	0
Repromed Mildura	9	14	0	0	0	0	0		0	0
<b>Aggregated total</b>	<b>438</b>	<b>728</b>	<b>73</b>	<b>61</b>	<b>67</b>	<b>55</b>	<b>6</b>		<b>66</b>	<b>3</b>

\* Included all babies (liveborn, stillborn, neonatal death).

**Table 1.2 Final outcomes for treatment cycles commenced in 2010–2011 financial year**

Treatment Site	No. of women treated by DI	Cycles cont'd	Clinical pregnancies	Confinements	Total no. babies born*	No. of singletons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
<b>DI</b>										
Ballarat IVF	5	6	1	1	1	1	0		1	0
City Fertility Centre Melbourne	1	5	0	0	0	0	0		0	0
Melbourne IVF at East Melbourne	64	98	17	16	18	14	2		17	0
Monash IVF at Central Wellington Health Services	1	1	0	0	0	0	0		0	0
Monash IVF at Frankston Private Hospital	1	1	0	0	0	0	0		0	0
Monash IVF at Healthbridge Hawthorn Private Hospital	19	34	3	3	3	3	0		3	0
Monash IVF at Monash Surgical Private Hospital	22	34	7	7	7	7	0		7	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	26	35	8	6	7	5	1		7	0
<b>Aggregated total</b>	<b>139</b>	<b>214</b>	<b>36</b>	<b>33</b>	<b>36</b>	<b>30</b>	<b>3</b>		<b>35</b>	<b>0</b>

\* Included all babies (liveborn, stillborn, neonatal death).

**Table 1.3 Final outcomes for GIFT cycles commenced in 2010–2011 financial year**

Treatment site	No. of women treated by GIFT	Total no. cycles initiated	Clinical pregnancies	Confinements	Total no. babies born*	No. of liveborn babies
Monash IVF at Healthbridge Hawthorn Private Hospital	2	5	0	0	0	0
Monash IVF at Monash Surgical Private Hospital	2	2	0	0	0	0
Monash IVF at Western Day Surgery	1	1	0	0	0	0
<b>Aggregated total</b>	<b>5</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* Included all babies (liveborn, stillborn, neonatal death).

**Table 1.4 Final outcomes for surrogacy cycles commenced in 2010–2011 financial year**

Treatment site	No. women involved in surrogacy arrangement	Total no. cycles initiated	Clinical pregnancies	Confinements	Total no. babies born*	No. of liveborn babies
Ballarat IVF	3	3	0	0	0	0
Melbourne IVF at East Melbourne **	9	22	1	1	1	1
Monash IVF at Healthbridge Hawthorn Private Hospital	3	3	1	0	0	0
Monash IVF at Monash Surgical Private Hospital	3	7	0	0	0	0
<b>Aggregated total</b>	<b>18</b>	<b>35</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>

\* Included all babies (liveborn, stillborn, neonatal death). \*\* Melbourne IVF surrogacy cycles were not included in Table 4 in 2010-2011.

## Section 2

### Outcomes from treatment cycles, 2011–2012 financial year

**Table 2.1** Number of patients per treatment site, 2011–2012 financial year

Treatment site	Total no. women treated	Age at the first treatment			No. of women treated by IVF/ICSI	No. of women treated by ICSI	No. of women treated by THAW	No. of women treated by AI	No. of women treated by DI
		< 35	35–39	≥ 40					
Ballarat IVF	294	147	95	52	198	124	130	37	2
City Fertility Centre Melbourne	612	242	212	158	512	275	239	39	4
Melbourne IVF at East Melbourne	3435	1119	1313	1003	2675	1808	1634	246	73
Monash IVF at Bendigo Private Day Surgery	108	45	45	18	98	78	24		
Monash IVF at Central Wellington Health Services	60	21	26	13	56	40	14		
Monash IVF at Frankston Private Hospital	35	13	10	12	35	19			
Monash IVF Geelong	242	103	91	48	206	121	79		
Monash IVF at Healthbridge Hawthorn Private Hospital	1661	576	613	472	1230	945	733	15	31
Monash IVF at Monash Surgical Private Hospital	2120	766	785	569	1663	1241	872	11	38
Monash IVF at Western Day Surgery	167	79	54	34	159	112	23		
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1555	604	518	433	1062	741	803	66	27
Repromed Mildura	5	3	1	1			1	5	
<b>Aggregated total</b>	<b>10294</b>	<b>3718</b>	<b>3763</b>	<b>2813</b>	<b>7894</b>	<b>5504</b>	<b>4552</b>	<b>419</b>	<b>175</b>

Note: Women may undergo more than one type of treatment in any given year.

**Table 2.2** Outcomes per treatment site IVF/ICSI, 2011–2012 financial year

Treatment site	Total no. cycles initiated	No. cycles with oocytes treated by IVF/ICSI	Proportion of ICSI	No. cycles with oocytes fertilised	No. cycles with embryos transferred	Proportion of SET*	Total no. clinical pregnancies**
Ballarat IVF	274	223	69.5	212	199	81.9	63
City Fertility Centre Melbourne	775	696	56.6	627	588	65.0	97
Melbourne IVF at East Melbourne	4077	3474	73.9	3297	2826	67.0	673
Monash IVF at Bendigo Private Day Surgery	138	115	90.4	112	107	77.6	28
Monash IVF at Central Wellington Health Services	75	64	82.8	62	59	76.3	12
Monash IVF at Frankston Private Hospital	40	29	69.0	27	24	91.7	6
Monash IVF Geelong	278	221	70.6	210	206	82.0	54
Monash IVF at Healthbridge Hawthorn Private Hospital	1903	1567	86.2	1492	1396	72.0	373
Monash IVF at Monash Surgical Private Hospital	2464	2067	82.6	1954	1779	78.5	457
Monash IVF at Western Day Surgery	228	186	81.7	178	166	74.1	51
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1315	1178	77.2	1124	1036	61.3	241
Repromed Mildura							
<b>Aggregated total</b>	<b>11567</b>	<b>9820</b>	<b>77.1</b>	<b>9295</b>	<b>8386</b>	<b>70.6</b>	<b>2055</b>

\* SET: single embryo transfer. \*\* Number of clinical pregnancies only included those reported by the date on page 20. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

## Section 2

### Outcomes from treatment cycles, 2011–2012 financial year

**Table 2.3 Outcomes of non-donor fresh IVF/ICSI cycles by cause of infertility, all treatment sites, 2011–2012**

Cause of infertility	Total no. of initiated cycles	No. of cycles resulting in embryo transfer	No. of cycles resulting in a clinical pregnancy*	Embryo transfer cycles per initiated cycle (per cent)	Clinical pregnancies per initiated cycle (per cent)*
Male factor only	2145	1641	418	76.5	19.5
Female factor	1173	830	200	70.8	17.1
- Tubal disease only	208	146	38	70.2	18.3
- Endometriosis only	343	251	67	73.2	19.5
- Other female factor only	512	358	83	69.9	16.2
- Combined female factor	110	75	12	68.2	10.9
Combined male—female factor	1135	836	228	73.7	20.1
Unexplained	1766	1347	311	76.3	17.6
Not stated	4807	3500	827	72.8	17.2
<b>Total</b>	<b>11026</b>	<b>8154</b>	<b>1984</b>	<b>74.0</b>	<b>18.0</b>

\* Number of clinical pregnancies only included those reported by the date on page 20. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

**Table 2.4 Oocyte collection, embryo formation and transfer per treatment site, IVF/ICSI, 2011–2012 financial year**

Treatment site	Total no. oocyte retrieval attempts	Total no. oocytes collected	Total no. oocytes inseminated*	Total no. oocytes fertilised** (embryos formed)	Total no. cycles <sup>^</sup>	Total no. embryos transferred	Average no. embryos transferred	Total no. embryos frozen	Total no. embryos unsuitable***
Ballarat IVF	229	2009	1714	1166	11	236	1.19	246	684
City Fertility Centre Melbourne	731	6436	5686	3200	69	794	1.35	660	1746
Melbourne IVF at East Melbourne	3715	34192	28348	20000	177	3763	1.33	6764	9473
Monash IVF at Bendigo Private Day Surgery	117	1170	960	627	3	131	1.22	106	390
Monash IVF at Central Wellington Health Services	65	770	625	404	2	73	1.24	85	246
Monash IVF at Frankston Private Hospital	31	282	236	146	2	26	1.08	50	70
Monash IVF Geelong	226	2124	1867	1317	11	243	1.18	301	773
Monash IVF at Healthbridge Hawthorn Private Hospital	1616	15141	11880	8067	75	1787	1.28	1630	4650
Monash IVF at Monash Surgical Private Hospital	2127	19623	16071	10598	113	2161	1.21	1877	6560
Monash IVF at Western Day Surgery	199	1969	1558	998	8	209	1.26	188	601
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1236	11064	9249	6386	54	1439	1.39	3148	1799
Repromed Mildura									
<b>Aggregated total</b>	<b>10292</b>	<b>94780</b>	<b>78194</b>	<b>52909</b>	<b>525</b>	<b>10862</b>	<b>1.30</b>	<b>15055</b>	<b>26992</b>

<sup>^</sup> Total no. of cycles where no embryo formed \* Included thawed oocytes \*\* This also represents the total no. of embryos formed. This also corresponds to the sum of the total no. of embryos transferred, total no. of embryos frozen and total no. of embryos unsuitable for freezing or transfer. \*\*\* Total no. of embryos unsuitable for freezing or transfer.

## Section 2

### Outcomes from treatment cycles, 2011-2012 financial year

**Table 2.5 Outcomes per treatment site, THAW cycle, 2011–2012 financial year**

Treatment site	Total no. cycles initiated	No. cycles with embryos thawed	Total no. embryos thawed	No. cycles with embryos transferred	Total no. embryos transferred	Average no. of embryos transferred	Proportion of SET*	Total no. embryos re-frozen	Total no. clinical preg.**
Ballarat IVF	198	198	269	175	181	1.03	96.6	2	54
City Fertility Centre Melbourne	387	379	523	353	413	1.17	83.0	3	46
Melbourne IVF at East Melbourne	2732	2681	4417	2530	3132	1.24	76.3	87	573
Monash IVF at Bendigo Private Day Surgery	28	28	37	28	33	1.18	82.1	0	4
Monash IVF at Central Wellington Health Services	17	17	20	16	16	1.00	100.0	0	5
Monash IVF at Frankston Private Hospital									
Monash IVF Geelong	106	106	120	101	109	1.08	92.1	0	24
Monash IVF at Healthbridge Hawthorn Private Hospital	1008	978	1175	949	1038	1.09	90.6	9	316
Monash IVF at Monash Surgical Private Hospital	1170	1149	1423	1061	1161	1.09	90.6	48	349
Monash IVF at Western Day Surgery	30	30	34	28	32	1.14	85.7	0	8
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1264	1263	2167	1200	1519	1.27	73.6	47	242
Repromed Mildura	1	0	0	0	0			0	0
<b>Aggregated total</b>	<b>6941</b>	<b>6829</b>	<b>10185</b>	<b>6441</b>	<b>7634</b>	<b>1.19</b>	<b>81.6</b>	<b>196</b>	<b>1621</b>

\* SET: single embryo transfer. \*\* Number of clinical pregnancies only included those reported by the date on page 20. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

**Table 2.6 AI using partner's sperm, outcomes per treatment site, stimulated/unstimulated 2011-2012**

Treatment site	Total no. cycles initiated	Total no. clinical pregnancies*	Total no. cycles initiated	Total no. clinical pregnancies*
	STIMULATED		UNSTIMULATED	
Ballarat IVF	9	3	37	10
City Fertility Centre Melbourne	4	0	57	1
Melbourne IVF at East Melbourne	361	38	43	7
Monash IVF at Healthbridge Hawthorn Private Hospital	21	2	1	1
Monash IVF at Monash Surgical Private Hospital	11	1	1	1
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	76	5	8	1
Repromed Mildura			8	0
<b>Aggregated total</b>	<b>482</b>	<b>49</b>	<b>155</b>	<b>21</b>

\* Number of clinical pregnancies only included those reported by the date on page 20. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20. Note: This data only includes AI at registered ART providers and does not include AI at private doctor's facilities.

**Table 2.7 GIFT cycles, outcomes per treatment site, stimulated/unstimulated 2011–2012**

Treatment site	Total no. cycles initiated	Total no. oocytes transferred	Total no. of clinical pregnancies*
Monash IVF at Healthbridge Hawthorn Private Hospital	1	2	0
Monash IVF at Monash Surgical Private Hospital	2	4	0
<b>Aggregated total</b>	<b>3</b>	<b>6</b>	<b>0</b>

\* Number of clinical pregnancies only included those reported by the date on page 20. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

## Section 2

### Outcomes from treatment cycles, 2011–2012 financial year

**Table 2.8 Storage of ovarian tissue/oocytes/embryos per treatment site, 2011–2012 financial year**

Treatment site	No. patients with sperm in storage as at 30.06.12	No. patients with ovarian tissue or oocytes in storage as at 30.06.12*	No. embryos in storage as at 30.06.12
Ballarat IVF	142	4	1066
City Fertility Centre Melbourne	128	8	1478
Melbourne IVF at East Melbourne	683	164	15070
Monash IVF at Healthbridge Hawthorn Private Hospital	1477	177	7926
Monash IVF at Monash Surgical Private Hospital	606	47	4918
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1502	495	10837
<b>Aggregated total</b>	<b>4538</b>	<b>895</b>	<b>41295</b>

\* The number of patients with ovarian tissue or oocytes in storage was underreported in the last financial year.

## Section 3

**Table 3 Multiple pregnancies as at dates on page 20 per treatment site, 2011–2012 financial year**

Treatment site	Total no. clinical pregnancies*	Number of fetal hearts*				Not stated
		None	One	Two	Three	
Ballarat IVF	131	10	115	6	0	0
City Fertility Centre Melbourne	144	20	114	10	0	0
Melbourne IVF at East Melbourne	1319	210	1020	86	2	1
Monash IVF at Bendigo Private Day Surgery	32	1	13	0	0	18
Monash IVF at Central Wellington Health Services	17	2	1	0	0	14
Monash IVF at Frankston Private Hospital	6	0	5	0	0	1
Monash IVF Geelong	78	5	57	3	0	13
Monash IVF at Healthbridge Hawthorn Private Hospital	700	45	483	32	0	140
Monash IVF at Monash Surgical Private Hospital	822	49	556	34	0	183
Monash IVF at Western Day Surgery	59	3	24	2	0	30
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	495	77	373	45	0	0
<b>Aggregated total</b>	<b>3803</b>	<b>422</b>	<b>2761</b>	<b>218</b>	<b>2</b>	<b>400</b>

\* Number of clinical pregnancies only included those reported by the date on page 20. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

## Section 4

**Table 4 Surrogacy cycles and resulting outcomes, all treatment sites, 2011–2012 financial year**

Treatment site	Total no. women involved in surrogacy arrangements*	Total no. cycles initiated**	Total no. cycles with OPU	Total no. cycles with embryos transferred	Total no. Clinic pregnancies***
Melbourne IVF at East Melbourne	16	49	1	16	6
Monash IVF Geelong	1	1	1	0	0
Monash IVF at Healthbridge Hawthorn Private Hospital	2	3	1	2	1
Monash IVF at Monash Surgical Private Hospital	7	9	3	6	4
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1	1	1	0	0
<b>Aggregated total</b>	<b>27</b>	<b>63</b>	<b>7</b>	<b>24</b>	<b>11</b>

\* Includes commissioning, donor and surrogate women. \*\* Includes cycles for commissioning, donor and surrogate women. \*\*\* Number of clinical pregnancies only included those reported by the date on page 20. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

## Section 5

### Donor treatment procedures during 2011–2012 financial year

**Table 5.1 Use of donor gametes and embryos and outcomes, all treatment sites, 2011–2012 financial year**

Treatment site	Total no. recipients treated	Total no. cycles continued	Total no. of clinical pregnancies*
Donor embryo	55	87	21
Donor oocytes	344	536	138
Donor sperm**	722	1455	281
<b>Aggregated total***</b>	<b>1121</b>	<b>2078</b>	<b>440</b>

\* Number of clinical pregnancies only included those reported by the date on page 20. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20. \*\* excluded DI. \*\*\* Some recipients had both donated oocytes and sperm.

**Table 5.2 Outcomes per treatment site, stimulated/unstimulated – DI, 2011–2012**

Treatment site	Total no. clinical pregnancies*		Total no. clinical pregnancies*	
	Total no. cycles initiated	Total no. clinical pregnancies*	Total no. cycles initiated	Total no. clinical pregnancies*
	STIMULATED		UNSTIMULATED	
Ballarat IVF			4	1
City Fertility Centre Melbourne			7	
Melbourne IVF at East Melbourne	99	19	18	3
Monash IVF at Healthbridge Hawthorn Private Hospital	12	2	35	5
Monash IVF at Monash Surgical Private Hospital	12	2	57	8
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	30	6	4	0
<b>Aggregated total</b>	<b>153</b>	<b>29</b>	<b>125</b>	<b>17</b>

\* Number of clinical pregnancies only included those reported by the date on page 20. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

**Table 5.3 Storage of donor sperm per treatment site, 2011–2012 financial year**

Treatment site	Total no. of donors whose sperm is stored and available for donor treatment (at start of period)	New donors recruited during reporting financial year
Ballarat IVF	12	2
City Fertility Centre Melbourne	4	21
Melbourne IVF at East Melbourne	0	0
Monash IVF at Healthbridge Hawthorn Private Hospital	62	2
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	114	13
<b>Aggregated total</b>	<b>192</b>	<b>38</b>

**Table 5.4 Number of oocyte and embryo donors utilised, 2011–2012 financial year**

Treatment site	No. oocyte donors		No. embryo donors	
	KNOWN	CLINIC RECRUITED	KNOWN	CLINIC RECRUITED
Ballarat IVF	8	2	0	3
City Fertility Centre Melbourne	15	0	0	0
Melbourne IVF at East Melbourne	73	0	9	9
Monash IVF at Bendigo Private Day Surgery	1	0	0	0
Monash IVF at Central Gippsland Health Service	1	0	0	0
Monash IVF Geelong	3	0	0	0
Monash at Healthbridge Hawthorn Private Hospital	11	0	4	4
Monash IVF at Monash Surgical Private Hospital	21	2	0	8
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	35	0	1	12
Monash IVF at Western Day Surgery	2	2	0	0
<b>Aggregated total</b>	<b>170</b>	<b>6</b>	<b>14</b>	<b>36</b>

# Section 6

## Preimplantation Genetic Diagnosis

**Table 6.1 Preimplantation genetic diagnosis for patients with a known genetic risk, 2011–2012 financial year**

Treatment site	No. of women in treatment	No. of cycles where PGD performed	Total no. of clinical pregnancies	Total no. of confinements
Melbourne IVF at East Melbourne	66	95	10	3
Monash IVF at Monash Surgical Private Hospital	35	51	9	1
<b>Aggregated total</b>	<b>101</b>	<b>146</b>	<b>19</b>	<b>4</b>

Treatment site	Total no. of oocyte retrieval attempts	Total no. of oocytes collected	Total no. of oocytes inseminated	Total no. of oocytes fertilised	No. of cycles where genetically*	Total no. of embryos transferred	Total no. of embryos frozen	Total no. of embryos**
Melbourne IVF at East Melbourne	95	1250	1055	803	64	77	74	652
Monash IVF at Monash Surgical Private Hospital	51	612	520	385	34	41	50	294
<b>Aggregated total</b>	<b>146</b>	<b>1862</b>	<b>1575</b>	<b>1188</b>	<b>98</b>	<b>118</b>	<b>124</b>	<b>946</b>

\* Suitable embryos available for transfer – represents cycles where at least one embryo did not have the abnormality being tested for.

\*\* Unsuitable for freezing or transfer – includes those embryos diagnosed as genetically unsuitable.

**Table 6.2 Preimplantation genetic diagnosis for detection of numerical chromosome abnormalities, 2011–2012**

Treatment site	No. of women in treatment	No. of cycles where PGD performed	Total no. of clinical pregnancies	Total no. of confinements
Melbourne IVF at East Melbourne	205	280	70	12
Monash IVF at Monash Surgical Private Hospital	46	58	3	0
<b>Aggregated total</b>	<b>251</b>	<b>338</b>	<b>73</b>	<b>12</b>

Treatment site	Total no. of oocyte retrieval attempts	Total no. of oocytes collected	Total no. of oocytes inseminated	Total no. of oocytes fertilised	No. of cycles where genetically*	Total no. of embryos transferred	Total no. of embryos frozen	Total no. of embryos**
Melbourne IVF at East Melbourne	280	3703	3046	2316	172	207	140	1969
Monash IVF at Monash Surgical Private Hospital	58	691	576	413	31	33	44	336
<b>Aggregated total</b>	<b>338</b>	<b>4394</b>	<b>3622</b>	<b>2729</b>	<b>203</b>	<b>240</b>	<b>184</b>	<b>2305</b>

\* Suitable embryos available for transfer – represents cycles where at least one embryo did not have the abnormality being tested for.

\*\* Unsuitable for freezing or transfer – includes those embryos diagnosed as genetically unsuitable.

**Table 6.3 Preimplantation genetic diagnosis on embryos that have been frozen / thawed, 2011–2012**

Treatment site	Total no. of patients	Total no. of cycles commenced	Total no. of embryos thawed	Total no. of cycles continued	Total no. of embryos transferred	Total no. of clinical pregnancies
Melbourne IVF at East Melbourne	9	9	33	9	5	2
Monash IVF at Monash Surgical Private Hospital	2	2	19	0	0	0
<b>Aggregated total</b>	<b>11</b>	<b>11</b>	<b>52</b>	<b>9</b>	<b>5</b>	<b>2</b>

# Financial statements

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# Financial statements

The accompanying notes form part of these financial statements.

## Accountable officer's and member of responsible body's declaration

We certify that the attached financial statements for Victorian Assisted Reproductive Treatment Authority have been prepared in accordance with Part 4.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity and cash flow statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2012 and financial position of Victorian Assisted Reproductive Treatment Authority as at 30 June 2012.

At the time of signing we are not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.



**Ms Kirsten Mander**

Chairperson

Melbourne

Date 14 August 2012



**Ms Louise Johnson**

Chief Executive Officer

Melbourne

Date 14 August 2012

# Financial statements

The accompanying notes form part of these financial statements.

## Comprehensive operating statement for the year ended 30 June 2012

	Notes	2012 \$	2011 \$
Revenue	2	811,778	630,460
Interest income	2	3,027	2,347
Employee benefits expense	3 (a)	(366,691)	(378,927)
Depreciation expense	3	(4,822)	(6,181)
Supplies and services	3 (b)	(200,529)	(189,982)
Project expenses – employee benefits expense		(132,513)	(4,210)
Project expenses – other		(93,202)	(50,710)
<b>Operating surplus/(deficit)</b>		<b>17,048</b>	<b>2,797</b>
Other comprehensive income		-	-
<b>Comprehensive result for the year</b>		<b>17,048</b>	<b>2,797</b>

## Balance sheet as at 30 June 2012

	Notes	2012 \$	2011 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	7	185,637	140,603
Trade and other receivables	8	41,635	63,364
Other current assets	9	6,561	13,540
<b>TOTAL CURRENT ASSETS</b>		<b>233,833</b>	<b>217,507</b>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	10	14,352	9,732
Intangibles	11	7,591	-
<b>TOTAL NON CURRENT ASSETS</b>		<b>21,943</b>	<b>9,732</b>
<b>TOTAL ASSETS</b>		<b>255,776</b>	<b>227,239</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	70,780	76,638
Short term provisions	13	129,038	106,637
<b>TOTAL CURRENT LIABILITIES</b>		<b>199,818</b>	<b>183,275</b>
<b>NON CURRENT LIABILITIES</b>			
Long term provisions	13	1,149	6,203
<b>TOTAL NON CURRENT LIABILITIES</b>		<b>1,149</b>	<b>6,203</b>
<b>TOTAL LIABILITIES</b>		<b>200,967</b>	<b>189,478</b>
<b>NET ASSETS</b>		<b>54,809</b>	<b>37,761</b>
<b>EQUITY</b>			
Contributed capital	14	11,200	11,200
Retained earnings		43,609	26,561
<b>TOTAL EQUITY</b>		<b>54,809</b>	<b>37,761</b>
Commitments for expenditure	18		
Contingent assets and contingent liabilities	19		

# Financial statements

The accompanying notes form part of these financial statements.

## Statement of changes in equity for the year ended 30 June 2012

	Contributed Capital \$	Retained Earnings \$	Total \$
<b>Balance at 1 July 2010</b>	11,200	23,764	34,964
Capital contributed	-	-	-
Surplus/(deficit) for the year	-	2,797	2,797
Other comprehensive income	-	-	-
<b>Balance at 30 June 2011</b>	11,200	26,561	37,761
Capital contributed	-	-	-
Surplus/(deficit) for the year	-	17,048	17,048
Other comprehensive income	-	-	-
<b>Balance at 30 June 2012</b>	<b>11,200</b>	<b>43,609</b>	<b>54,809</b>

## Cash flow statement for the year ended 30 June 2012

	Notes	2012 \$	2011 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Government grants		<b>817,749</b>	535,655
Receipts from customers and others		<b>15,647</b>	24,974
Payments to suppliers and employees		<b>(773,740)</b>	(538,348)
Interest received		<b>3,027</b>	2,347
Net cash provided by operating activities	15	<b>62,683</b>	24,628
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Payment for property, plant and equipment		<b>(17,649)</b>	(3,154)
Proceeds for property, plant and equipment		-	13,386
Net cash used in investing activities		<b>(17,649)</b>	10,232
Net increase/(decrease) in cash held		<b>45,034</b>	34,860
Cash at beginning of financial year		<b>140,603</b>	105,743
Cash at end of financial year	7	<b>185,637</b>	140,603

## Notes to the Financial Statements for the year ended 30 June 2012

### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

#### (a) Statement of compliance

This general purpose financial report has been prepared in accordance with Australian Accounting Standards (AAS), including Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Financial Management Act 1994*. The financial report also complies with relevant Financial Reporting Directives (FRD) and relevant Standing Directions (SD) authorised by the Minister for Finance.

The financial report of Victorian Assisted Reproductive Treatment Authority as an individual entity complies with the Australian equivalents to International Financial Reporting Standards (A-IFRS).

The Authority is a not-for-profit entity and therefore applies, where relevant, the additional paragraphs applicable to 'not-for-profit' entities under the AAS.

The following is a summary of the material accounting policies adopted by the Authority in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

#### (b) Basis of preparation

The financial report is prepared in accordance with the historical cost convention, except for the revaluation of certain non-financial assets, as noted. Cost is based on the fair values of the consideration given in exchange for assets.

In the application of AAS, management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

## Notes to the Financial Statements for the year ended 30 June 2012

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial report for the year ended 30 June 2012, and the comparative information presented in these financial statements for the year ended 30 June 2011.

### (c) Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

### (d) Receivables

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is raised where doubt as to collection exists. Bad debts are written off when identified.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

### (e) Property, plant and equipment

Plant and equipment are initially recognised at cost and subsequently measured at fair value less accumulated depreciation and impairment. Depreciated historical cost is generally a reasonable proxy for depreciated replacement cost because of the short lives of the assets concerned.

Non-current physical assets measured at fair value are revalued in accordance with FRD 103D *Non-current physical assets*. This revaluation process normally occurs at least every five years based on the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuers are used to conduct these scheduled revaluations and any interim valuations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

### (f) Intangible assets

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software and development costs.

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to the Authority.

### (g) Depreciation and amortisation

Assets with a cost in excess of \$100 (2011-12 and 2010-11) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives using the diminishing value basis. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Health.

Computer equipment  
Office equipment  
Software

#### 2012 & 2011

Up to 10 years  
Up to 20 years  
Up to 5 years

### (h) Net Losses on non-financial assets

Net loss on non-financial assets includes realised and unrealised gains and losses from revaluations, impairments and disposals of all physical assets and intangible assets.

#### **Disposal of non-financial Assets**

Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

### (i) Payables

These amounts consist predominantly of liabilities for goods and services. Payables are initially recognised at fair value, and then subsequently carried at amortised cost and represent liabilities for goods and services provided to the Authority prior to the end of the financial year that are unpaid, and arise when the Authority becomes obliged to make future payments in respect of the purchase of these goods and services.

The normal credit terms are usually Net 30 days.

### (j) Provisions

Provisions are recognised when the entity has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

### (k) Goods and services tax

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from the taxation authority is included with other receivables in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing activities which are recoverable from the taxation authority are presented as operating cash flow. Commitments and contingent assets and liabilities are presented on a gross basis.

### (l) Employee benefits

#### **Wages and salaries, annual leave, sick leave and accrued days off**

Liabilities for wages and salaries, including non-monetary benefits, annual leave accumulating sick leave and accrued days off expected to be settled within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employee's services up to the reporting date, classified as current liabilities and measured at nominal values.

Those liabilities that the entity are not expected to be settled within 12 months are recognised in the provision for employee benefits as current liabilities, measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

#### **Non-current liability – conditional LSL**

(representing less than seven years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates of Commonwealth Government guaranteed securities in Australia.

## Notes to the Financial Statements for the year ended 30 June 2012

### (l) Employee benefits (continued)

#### Superannuation

##### Defined contribution plans

Contributions to defined contribution superannuation plans are expensed when incurred.

The name and details of the major employee superannuation funds and contributions made by the Victorian Assisted Reproductive Treatment Authority are as follows:

Fund – Defined contribution plans:	Contributions paid or payable for the year	
	2012	2011
Vision Super	3,687	-
Hesta Superannuation	31,547	22,636
AMP Superannuation	14,123	14,733
Health Superannuation	5,639	2,954
Other	1,674	1,941
<b>Total</b>	<b>56,670</b>	<b>42,264</b>

### (m) Leases

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

#### Operating leases

Operating lease payments, including any contingent rentals, are recognised as an expense in the operating statement on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

#### Lease incentives

All incentives for the agreement of a new or renewed operating lease shall be recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are received to enter into operating leases, such incentives are recognised as a liability. The aggregate benefits of incentives are recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

The cost of leasehold improvements is capitalised as an asset and depreciated over the remaining term of the lease or the estimated useful life of the improvements, whichever is the shorter.

### (n) Income recognition

Income is recognised in accordance with *AASB 118 Revenue* and is recognised as to the extent it is earned. Unearned income at reporting date is reported as income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

#### Government grants

Grants are recognised as income when the entity gains control of the underlying assets in accordance with *AASB 1004 Contributions*. For reciprocal grants, the Authority is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants, the Authority is deemed to have assumed control when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

During the year the Authority received grants in connection with a fully acquittable project. The Authority has recognised a liability for the amount of unexpended revenue at balance date.

#### Donations and other bequests

Donations and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as the specific restricted purpose reserve.

#### Interest revenue

Interest revenue is recognised on a time proportionate basis that takes in account the effective yield of the financial asset.

### (o) Project expenses

Project expenses relate to the conduct of specifically funded activities of a defined nature and duration. Expenditure is recognised as expenses in the reporting period it is incurred.

### (p) Other expenses

Other expenses are recognised as an expense in the reporting period in which they are incurred.

### (q) Rounding off

All amounts shown in the financial statement are expressed to the nearest dollar.

### (r) Comparatives

Where necessary the previous year's figures have been adjusted to facilitate comparisons.

### (s) Contributed capital

Consistent with Australian Accounting Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities and FRD 119 Contributions by Owners, appropriations for additions to the net asset base have been designated as contributed capital. Other transfers that are in the nature of contributions or distributions that have been designated as contributed capital are also treated as contributed capital.

### (t) Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to note 18) at their nominal value and are inclusive of the goods and services tax ("GST") payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

### (u) Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

### (v) New accounting standards and interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2012 reporting period. As at 30 June 2012, the following standards and interpretations had been issued but were not mandatory for financial year ending 30 June 2012. The Authority has not and does not intend to adopt these standards early.

# Financial statements

The accompanying notes form part of these financial statements.

Standard / interpretation	Summary	Reporting periods *	Impact on financial statements
AASB 9 <i>Financial Instruments</i>	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 <i>Financial Instruments: Recognition and Measurement</i> (AASB 139 <i>Financial Instruments: Recognition and Measurement</i> ).	Beginning 1 January 2013	Detail of impact still being assessed.
AASB 13 <i>Fair value measurement</i>	This standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other AASs. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs.	1 January 2013	Disclosure for fair value measurements using unobservable inputs are relatively onerous compared to disclosure for fair value measurements using observable inputs. Consequently, the standard may increase the disclosures for public sector entities that have assets measured using depreciated replacement cost.
AASB 119 <i>Employee benefits</i>	In this revised standard for defined benefit superannuation plans, there is a change to the methodology in the calculation of superannuation expenses, in particular there is now a change in the split between superannuation interest expense (classified as transactions) and actuarial gains and losses (classified as 'Other economic flows – other movements in equity') reported on the comprehensive operating statement.	1 January 2013	Not-for-profit entities are not permitted to apply this standard prior to the mandatory application date. While the total superannuation expense is unchanged, the revised methodology is expected to have a negative impact on the net result from transactions of the general government sector and for those few Victorian public sector entities that report superannuation defined benefit plans.
AASB 1053 <i>Application of tiers of Australian Accounting Standards</i>	This standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	Beginning 1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented to Victorian Public Sector.
AASB 2009–11 <i>Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 &amp; 1038 and Interpretations 10 &amp; 12]</i>	This standard gives effect to consequential changes arising from issuance of AASB 9.	Beginning 1 January 2013	Detail of impact still being assessed.
AASB 2009–12 <i>Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 and 1031 and Interpretations 2, 4, 16, 1039 and 1052]</i>	This standard amends AASB 8 to require an entity to exercise judgment in assessing whether a government and entities known to be under the control of that government are considered a single customer for purposes of certain operating segment disclosures. This standard also makes numerous editorial amendments to other AASs.	Beginning 1 January 2013	The amendments only apply to those entities to whom AASB 8 applies, which are for-profit government departments. Detail of the impact is still being assessed.
AASB 2009–14 <i>Amendments to Australian Interpretation – Prepayments of a Minimum Funding Requirement [AASB Interpretation 14]</i>	Amendments to Interpretation 14 arise from the issuance of prepayments of a minimum funding requirement.	Beginning 1 January 2013	Expected to have no significant impact.
AASB 2010-2 <i>Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements</i>	This standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities.	Beginning 1 July 2013	Does not affect financial measurement or recognition, so is not expected to have any impact on financial result or position. May reduce some note disclosures in financial statements.
AASB 2010-7 <i>Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 &amp; 1038 and Interpretations 2, 5, 10, 12, 19 &amp; 127]</i>	These amendments are in relation to the introduction of AASB 9.	Beginning 1 January 2013	This amendment may have an impact on departments and public sector bodies as AASB 9 is a new standard and it changes the requirements of numerous standards. Detail of impact is still being assessed.
AASB 2011-2 <i>Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements [AASB 101 &amp; AASB 1054]</i>	The objective of this amendment is to include some additional disclosure from the Trans-Tasman Convergence Project and to reduce disclosure requirements for entities preparing general purpose financial statements under Australian Accounting Standards – Reduced Disclosure Requirements.	Beginning 1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented to Victorian Public Sector.
AASB 2011-3 <i>Amendments to Australian Accounting Standards – Orderly Adoption of Changes to the ABS GFS Manual and Related Amendments [AASB 1049]</i>	This amends AASB 1049 to clarify the definition of the ABS GFS Manual, and to facilitate the adoption of changes to the ABS GFS Manual and related disclosures.	Beginning 1 July 2012	This amendment provides clarification to users on the version of the GFS Manual to be used and what to disclose if the latest GFS Manual is not used. No impact on performance measurements will occur.

\* Applicable for annual reporting periods beginning or ending on.

# Financial statements

The accompanying notes form part of these financial statements.

Standard / interpretation	Summary	Reporting periods *	Impact on financial statements
AASB 2011-4 <i>Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements [AASB 124]</i>	This standard amends AASB 124 Related Party Disclosures by removing the disclosure requirements in AASB 124 in relation to individual key management personnel (KMP).	1 July 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2011-8 <i>Amendments to Australian Accounting Standards arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 &amp; 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 &amp; 132]</i>	This amending standard makes consequential changes to a range of Standards and Interpretations arising from the issuance of AASB 13. In particular, this standard replaces the existing definition and guidance of fair value measurements in other Australian Accounting Standards and Interpretations.	1 January 2013	Disclosures for fair value measurements using unobservable inputs is potentially onerous, and may increase disclosures for assets measured using depreciated replacement cost.
AASB 2011-9 <i>Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income [AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 &amp; 1049]</i>	The main change resulting from this standard is a requirement for entities to group items presented in other comprehensive income (OCI) on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). These amendments do not remove the option to present profit or loss and other comprehensive income in two statements, nor change the option to present items of OCI either before tax or net of tax.	1 July 2012	This amending standard could change the current presentation of 'Other economic flows-other movements in equity' that will be grouped on the basis of whether they are potentially reclassifiable to profit or loss subsequently. No other significant impact will be expected.
AASB 2011-10 <i>Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, AASB 8, AASB 101, AASB 124, AASB 134, AASB 1049 &amp; AASB 2011-8 and Interpretation 14]</i>	This standard makes consequential changes to a range of other Australian Accounting Standards and Interpretation arising from the issuance of AASB 119 <i>Employee Benefits</i> .	1 January 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2011-11 <i>Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements</i>	This standard makes amendments to AASB 119 <i>Employee Benefits</i> (September 2011), to incorporate reduced disclosure requirements into the Standard for entities applying Tier 2 requirements in preparing general purpose financial statements.	1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented in the Victorian public sector.
2011-13 <i>Amendments to Australian Accounting Standard – Improvements to AASB 1049</i>	This standard aims to improve the AASB 1049 <i>Whole of Government and General Government Sector Financial Reporting</i> at the operational level. The main amendments clarify a number of requirements in AASB 1049, including the amendment to allow disclosure of other measures of key fiscal aggregates as long as they are clearly distinguished from the key fiscal aggregates and do not detract from the information required by AASB 1049. Furthermore, this standard provides additional guidance and examples on the classification between 'transactions' and 'other economic flows' for GAAP items without GFS equivalents.	1 July 2013	No significant impact is expected from these consequential amendments on entity reporting.
2012-1 <i>Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements [AASB 3, AASB 7, AASB 13, AASB 140 &amp; AASB 141]</i>	This amending standard prescribes the reduced disclosure requirements in a number of Australian Accounting Standards as a consequence of the issuance of AASB 13 Fair Value Measurement.	1 July 2013	As the Victorian whole of government and the general government (GG) sector are subject to Tier 1 reporting requirements (refer to AASB 1053 <i>Application of Tiers of Australian Accounting Standards</i> ), the reduced disclosure requirements included in AASB 2012-1 will not affect the financial reporting for Victorian whole of government and GG sector.

\* Applicable for annual reporting periods beginning or ending on.

# Financial statements

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements for the year ended 30 June 2012

Notes	2012 \$	2011 \$
<b>NOTE 2: REVENUE</b>		
<b>Operating activities</b>		
Government grants – core funding	552,474	535,655
Government grants – in kind	24,140	27,590
Government grants – projects	223,550	54,920
Other	11,614	12,295
	<b>811,778</b>	<b>630,460</b>
<b>Other income</b>		
Interest Income	3,027	2,347
<b>NOTE 3: EXPENSES FROM ORDINARY ACTIVITIES</b>		
Profit from ordinary activities has been determined after the following expenses:		
<b>(a) Employee benefits expense</b>		
Salaries and wages and on-costs	330,484	342,731
Superannuation	29,404	29,270
Staff amenities	716	586
Staff development and seminars	6,087	6,340
<i>Total employee benefits</i>	<b>366,691</b>	<b>378,927</b>
<b>(b) Supplies and services expense</b>		
Accounting	13,760	13,500
Advertising	45	-
Audit fees	5,130	6,680
Bank charges	330	262
Computer maintenance	1,487	3,280
Consultants fees	11,600	12,850
Courier/postage	793	704
Media and website	17,026	13,633
Entertainment	304	87
Insurance	24,395	27,590
Lease payments	5,794	7,333
Loss on disposal of assets	616	1,425
Maintenance	55	-
Member sitting fees	6,990	12,465
Motor vehicle expense	891	1,989
Office outgoings	2,410	3,685
Printing and publications	29,344	27,964
Recruitment	20,155	1,549
Rent	30,700	30,743
Resources	13,485	3,286
Symposium/seminars	4,979	10,964
Telephone	4,328	2,668
Travel and accommodation	3,910	5,389
Work cover	2,002	1,936
<i>Total supplies and services expense</i>	<b>200,529</b>	<b>189,982</b>
Project expenses	225,715	54,920
Depreciation and amortisation	4,822	6,181
<b>Total expenses</b>	<b>797,757</b>	<b>630,010</b>

# Financial statements

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements for the year ended 30 June 2012

### NOTE 4: RESPONSIBLE PERSONS DISCLOSURES

#### Key Management Personnel

##### Authority members

Ms K Mander	(Chairperson from 01/07/2011 to 30/06/2012)
Ms E Roadley	(Deputy Chairperson from 01/07/2011 to 12/09/2011)
Ms H Shardey	(Member from 19/06/2012 to 30/06/2012)
Dr D Edgar	(Member from 01/07/2011 to 30/06/2012)
Ms M Coady	(Member from 01/07/2011 to 31/03/2012)
Ms V Heywood	(Member from 01/07/2011 to 30/06/2012)

##### Chief Executive Officer

Ms L Johnson

	Short term benefits		Total \$
	Salary and Fees \$	Superannuation \$	
<b>2012</b>			
Total compensation	147,528	12,698	160,226
<b>2011</b>			
Total compensation	149,581	12,491	162,072

### NOTE 5: SUPERANNUATION

Details in relation to superannuation funds are as follows:

- The Authority contributed on behalf of its employees and directors eligible for remuneration during the year ended 30 June 2012 to Vic Super, Hesta, Health Super, AMP Superannuation, and Vision Super, all being complying funds under the *Superannuation Industry (Supervision) Act 1993*.
- No loans exist between the Authority and these superannuation funds.
- The amount of total contributions by the Authority to these superannuation funds for the year amount to \$56,670 (2011: \$42,264) with the employer

statutory requirements specify that contributions of the Authority are based on a percentage of the employee's salary. During the period these contributions were at the rate of 9% of gross salaries. Contributions made by the Authority in accordance with employer obligations and excluding salary sacrifice arrangements were \$38,092 (2011: \$29,270).

Notes	2012 \$	2011 \$
<b>NOTE 6: AUDITORS REMUNERATION</b>		
Remuneration of the auditors for:		
Victorian Auditor General Officer	5,130	6,680
<b>NOTE 7: CASH AND CASH EQUIVALENTS</b>		
Cash at bank and on hand	185,637	140,603
<b>Reconciliation of cash</b>		
Cash as the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:		
Cash at bank	185,490	140,301
Cash on hand	147	302
	185,637	140,603
<b>NOTE 8: TRADE AND OTHER RECEIVABLES</b>		
CURRENT		
Trade and other receivables	41,635	63,364
<b>NOTE 9: OTHER CURRENT ASSETS</b>		
CURRENT		
Prepayments	6,561	13,540

# Financial statements

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements for the year ended 30 June 2012

<b>NOTE 10: PROPERTY, PLANT AND EQUIPMENT</b>	<b>Notes</b>	<b>2012 \$</b>	<b>2011 \$</b>
<b>PLANT AND EQUIPMENT</b>			
(a) Computer equipment			
At cost		<b>10,665</b>	3,827
At fair value		<b>7,179</b>	8,040
Less accumulated depreciation		<b>(6,320)</b>	(5,873)
		<b>11,524</b>	5,994
(b) Office equipment			
At fair value		<b>5,020</b>	5,721
Less accumulated depreciation		<b>(2,192)</b>	(1,983)
		<b>2,828</b>	3,738
Total property, plant and equipment		<b>14,352</b>	9,732

### Movements in carrying amounts 2012

#### Balance at the beginning of the year

	<b>Computer Equipment \$</b>	<b>Office Equipment \$</b>	<b>Total \$</b>
Balance at the beginning of the year	5,994	3,738	9,732
Additions	9,667	-	9,667
Depreciation expense	(3,777)	(654)	(4,431)
Assets written off	(360)	(256)	(616)
<b>Balance at end of year</b>	<b>11,524</b>	<b>2,828</b>	<b>14,352</b>

### NOTE 11: INTANGIBLES

#### SOFTWARE

At cost	<b>7,982</b>	-
Less accumulated amortisation	<b>(391)</b>	-
	<b>7,591</b>	-
	<b>7,591</b>	-

### NOTE 12: TRADE AND OTHER PAYABLES

#### CURRENT

Trade creditors	<b>32,984</b>	42,355
Accruals	<b>25,089</b>	25,037
PAYG withheld	<b>8,046</b>	6,076
Superannuation payable	<b>3,091</b>	2,019
Salary package liability	<b>1,570</b>	1,151
	<b>70,780</b>	76,638

### NOTE 13: PROVISIONS

Opening balance at 1 July 2010	<b>50,254</b>
Provisions/(reductions) raised during the year	<b>62,586</b>
Balance at 30 June 2011	<b>112,840</b>
Provisions/(reductions) raised during the year	<b>17,347</b>
Balance at 30 June 2012	<b>130,187</b>

# Financial statements

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements for the year ended 30 June 2012

NOTE 13: PROVISIONS (cont'd)	Notes	2012 \$	2011 \$
<b>Analysis of total provisions</b>			
Current – annual leave – unconditional and expected to be settled within 12 months		54,196	42,220
Current – long service leave – unconditional and expected to be settled after 12 months		28,371	20,576
Current – project – unconditional and expected to be settled within 12 months		46,471	43,841
		<b>129,038</b>	106,637
Non current – long service leave – conditional and expected to be settled after 12 months		1,149	6,203
<b>Total</b>		<b>130,187</b>	112,840

### Provision for employee benefits

A provision has been recognised for employee entitlements relating to annual and long service leave for employees. In calculating the present measurement and recognition criteria for employee benefits has been included in Note 1(k).

### Provision for project expenses

The provision relates to project expenditure already funded by specific grant and subject to service agreement for the delivery of defined outcomes.

## NOTE 14: CONTRIBUTED CAPITAL

Balance at the beginning of the reporting period			
Capital contributions		11,200	11,200
Balance at the end of the reporting period		-	-
		<b>11,200</b>	11,200

## NOTE 15: CASH FLOW INFORMATION

### (a) Reconciliation of cash flow from ordinary activities

Operating profit/(deficit) from ordinary activities	17,048	2,797
Non cash flows in profit from ordinary activities:		
Depreciation	4,822	6,181
Loss on disposal of asset	616	1,425
Changes in assets and liabilities:		
(Increase)\decrease in trade and other receivables	21,728	(60,761)
(Increase)\decrease in other assets	6,980	(9,281)
Increase\decrease in trade and other payables	(5,858)	21,681
Increase\decrease in deferred income	-	-
Increase\decrease in provisions	17,347	62,586
<b>Cash flows from operations</b>	<b>62,683</b>	24,628

## NOTE 16: RELATED PARTY TRANSACTIONS

### (a) Responsible Minister

The Hon David Davis, Minister for Health and Aging, was the Responsible Minister from 1 July 2011 to 30 June 2012.

Remuneration of the Ministers is disclosed in the financial report if the Department of Premier and Cabinet. At the reporting date there were no related party transactions between the Authority and Responsible Persons or key management personnel.

### (b) Authority Members

The names of Authority Members at the date of this report are:

Ms K Mander (Chairperson)  
Dr D Edgar  
Ms V Heywood  
Ms H Shardey

**Chief Executive Officer**  
Ms L Johnson

## Notes to the Financial Statements for the year ended 30 June 2012

### NOTE 16: RELATED PARTY TRANSACTIONS (cont'd)

#### (c) Remuneration of responsible persons

The number of Responsible Persons are shown in their relevant income bands

##### Income band

\$0 – \$ 9,999

\$10,000 – \$19,999

\$20,000 – \$29,999

\$30,000 – \$39,999

\$110,000 – \$119,999

\$130,000 – \$139,999

\$140,000 – \$149,999

\$150,000 – \$159,999

##### Total numbers

Total remuneration received or due and receivable by

Responsible Persons from the reporting entity amounted to:

No.	No.
5	7
-	-
-	-
-	-
-	-
-	-
-	1
1	-
<b>6</b>	<b>8</b>
<b>160,226</b>	162,072

#### (d) Transactions with related parties

There were no transactions with related parties during the year.

### NOTE 17: FINANCIAL INSTRUMENTS

#### (a) Financial risk management

The Authority's financial instruments consist of deposits with banks, accounts receivable and payable.

The Authority does not have any derivative instruments at 30 June 2012.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis for measurement, and basis on which income and expenses are recognised, in respect of each class of financial asset, financial liability and equity instrument are disclosed in Note 1 to the financial statements.

##### Categorisation of financial instruments

Financial assets	Note	Category	Carrying amount	Carrying amount
			\$	\$
			2012	2011
Cash and cash equivalents	7	Cash and cash equivalents	185,637	140,603
Receivables	8	Loans and receivables	41,635	63,364
Financial liabilities		Category		
Trade payables	12	Measured at amortised cost	71,479	70,562

#### Risk management

##### i. Treasury risk management

Victorian Assisted Reproductive Treatment Authority members meet on a regular basis to analyse interest rate exposure and to evaluate treasury management strategies in the context of most recent economic conditions and forecasts.

##### ii. Financial risks

The main risk the Authority is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk.

##### Liquidity risk

The Authority manages liquidity risk by monitoring forecast cash flows and ensuring that there are sufficient funds to meet expenditure commitments.

##### Credit risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements. The Authority does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the Authority.

##### Interest rate risk

The Authority is not exposed to any material interest rate risk as it has no interest bearing debt and only derives interest from cash balances in its operating bank account. The rate of interest derived is floating with market rates. The Authority has performed an interest rate sensitivity analysis relating to its exposure to interest rate risk at balance date. This sensitivity analysis demonstrated the effect on the current year results and equity which could result from a change in this risk is not material.

#### (b) Interest rate risk

##### Interest rate risk

The Authority is not exposed to any material interest rate risk.

The Authority's exposure to interest rate risk, which is risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and financial liabilities, is as follows:

# Financial statements

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements for the year ended 30 June 2012

### NOTE 17: FINANCIAL INSTRUMENTS (cont'd)

	Weighted average effective interest rate		Interest bearing floating interest rate		Non-interest bearing		Total	
	2012 %	2011 %	2012 \$	2011 \$	2012 \$	2011 \$	2012 \$	2011 \$
Financial assets:								
Cash and cash equivalents	0.29%	1.95%	185,490	140,301	147	302	185,637	140,603
Trade and other receivables			-	-	41,635	63,364	41,635	63,364
<b>Total financial assets</b>			<b>185,490</b>	<b>140,301</b>	<b>41,782</b>	<b>63,666</b>	<b>227,272</b>	<b>203,967</b>
Financial liabilities:								
Trade and other payables			-	-	71,479	70,562	71,479	70,562
<b>Total financial liabilities</b>			<b>-</b>	<b>-</b>	<b>71,479</b>	<b>70,562</b>	<b>71,479</b>	<b>70,562</b>

Trade and other payables are expected to be settled as follows:

Less than 90 days

Notes	2012 \$	2011 \$
	71,479	70,562
	<b>71,479</b>	<b>70,562</b>

#### (c) Net fair values

For assets and other liabilities the net fair value approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form. Financial assets where the carrying amount exceeds net fair values have not been written down as the Authority intends to hold these assets to maturity.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to the financial statements.

Details of aggregate net fair value and carrying amounts of financial assets and financial liabilities at balance date:

	2012		2011	
	Carrying amount \$	Net fair value \$	Carrying amount \$	Net fair value \$
Financial assets				
Trade and other receivables	41,635	41,635	63,364	63,364
Financial liabilities				
Trade and other payables	71,479	71,479	70,562	70,562

#### (d) Sensitivity analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, the Authority believes the following movements are 'reasonably possible' over the next 12 months.

- A parallel shift of +1% and -1% in market interest rates (AUD) from year end rates of 0.29%.
- A parallel shift of +1% and -1% in inflation rate from year end rates of 1.2%.

The following table discloses the impact on net operating result and equity for each category of financial instrument held by the Authority at year end as presented to key management personnel, if changes in risk occur.

	Carrying amount \$	Interest rate risk			
		-1% Profit \$	-1% Equity \$	+1% Profit \$	+1% Equity \$
<b>2012</b>					
<b>Financial assets</b>					
Cash and cash equivalents	185,490	(1,854)	(1,854)	1,854	1,854
<b>2011</b>					
<b>Financial assets</b>					
Cash and cash equivalents	140,301	(1,403)	(1,403)	1,403	1,403

# Financial statements

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements for the year ended 30 June 2012

### NOTE 18: CAPITAL AND LEASING COMMITMENTS

#### (a) Capital commitments

The Authority had no capital commitments at 30 June 2012 (2011: NIL)

#### (b) Lease commitments

Operating lease commitments (photocopier and computer server)

Non cancellable operating leases contracted for but not capitalised in the financial statements:

Payable

- not later than one year
- later than one year and not later than two years
- later than two years and not later than five years

*Server lease expired in August 2011. New photocopier lease expires June 2015.*

2012 \$	2011 \$
3,442	4,073
3,442	3,442
3,441	6,883
<b>10,325</b>	<b>14,398</b>

#### (c) Other commitments

The Authority had no other significant commitments at 30 June 2012.

### NOTE 19: CONTINGENT LIABILITIES

There are no contingent liabilities at 30 June 2012 (2011: NIL).

### NOTE 20: ECONOMIC DEPENDENCY

Victorian Assisted Reproductive Treatment Authority is dependent upon State of Victoria, via the Department of Health, for the funding of a significant proportion of its operations.

### NOTE 21: EVENTS AFTER THE BALANCE SHEET DATE

There are no events after the balance sheet date that would affect the financial report.

### NOTE 22: SEGMENT REPORTING

The authority functions as described in Section 131 of the *Health Services Act 1988* on behalf of the Victorian public health sector.

### NOTE 23: AUTHORITY DETAILS

The registered office and principal place of business of the Authority is:

Victorian Assisted Reproductive Treatment Authority  
Level 13, 120 Spencer Street  
Melbourne VIC 3000

### NOTE 24: ASSISTED REPRODUCTIVE TREATMENT ACT 2008

The Infertility Treatment Authority was established under the *Infertility Treatment Act 1995*. On 1 January 2010 upon the implementation of the *Assisted Reproductive Treatment Act 2008*, the Infertility Treatment Authority became Victorian Assisted Reproductive Treatment Authority.

## INDEPENDENT AUDITOR'S REPORT

### To the Members of the Victorian Assisted Reproductive Treatment Authority

#### *The Financial Report*

The accompanying financial report for the year ended 30 June 2012 of the Victorian Assisted Reproductive Treatment Authority which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a statement of significant accounting policies and other explanatory information, and the Accountable Officer's and Member of responsible body's declaration has been audited.

#### *The Members' Responsibility for the Financial Report*

The Members of the Victorian Assisted Reproductive Treatment Authority are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Members determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Members, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

## Independent Auditor's Report (continued)

### *Independence*

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.


### *Opinion*

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2012 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*.

### *Matters Relating to the Electronic Publication of the Audited Financial Report*

This auditor's report relates to the financial report of the Victorian Assisted Reproductive Treatment Authority for the year ended 30 June 2012 included both in the Victorian Assisted Reproductive Treatment Authority's annual report and on the website. The Members of the Victorian Assisted Reproductive Treatment Authority are responsible for the integrity of the Victorian Assisted Reproductive Treatment Authority's website. I have not been engaged to report on the integrity of the Victorian Assisted Reproductive Treatment Authority's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE  
15 August 2012

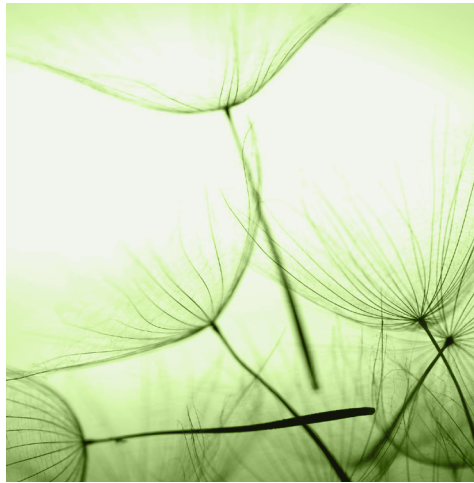
  
for D D R Pearson  
Auditor-General

# Disclosure Index

The Annual Report of the Victorian Assisted Treatment Authority is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Authority's compliance with statutory disclosure requirements.

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# VARTA

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Treatment Authority

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