VARTA

Victorian Assisted Reproductive Treatment Authority

Annual Report 2016

VARTA provides independent information and support for individuals, couples and health professionals on fertility, infertility, assisted reproductive treatment (ART) and the best interests of children born from ART.

About this report

The annual report is submitted in compliance with section 114 of the *Assisted Reproductive Treatment Act 2008* (Vic) (the Act). The reporting period is 1 July 2015 to 30 June 2016.

The Victorian Assisted Reproductive Treatment Authority (referred to as VARTA or the Authority) was established under Part 10 of the Act. VARTA reports to the Victorian Minister for Health.

The work of VARTA and publication of this annual report is supported by funding from the Victorian Government's Department of Health and Human Services.

Contents

Our functions

VARTA is an independent statutory authority, whose specific functions under the *Assisted Reproductive Treatment Act 2008* include:

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

Our guiding principles

VARTA's work is informed by the following guiding principles set out in the Act:

- 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:
  - the reproductive capabilities of men or women or
  - 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 sexual orientation, marital status, race or religion.

Our strategic priorities

VARTA's strategic priorities are to:

- meet high standards for its regulatory obligations
- provide information for the general public to inform choices about factors that impact on fertility, assisted reproductive treatment, and family formation including the best interests of children born
- increase understanding and awareness of its role to effectively promote available information
- position itself as the 'go to' provider of information about developments and trends in ART
- be a sought-after partner for research translation, service delivery, and public education
- enhance its contribution to developing and translating evidence
- build the sustainability of the organisation
- ensure robust and quality systems, processes and procedures
- integrate short-term funded projects into VARTA's operational activities to ensure their sustainability.

Focus of work related to these priorities is reported at a glance on pages 4-5 and expanded in the report of operations.

Our ways of working

VARTA works to:

- put the needs and rights of children who are born as a result of ART at the centre of all that it does
- support other parties involved with donor treatment and their families
- maintain independence and impartiality in what it does and how it works
- ensure that its work is informed by available and emerging evidence
- work collaboratively; seeking out relevant partnerships and relationships
- work with integrity; ensuring confidentiality where required, and sensitivity in the way messages are delivered
- monitor and evaluate its work to improve performance, value and output.

Chairperson's report

It has been a significant year for assisted reproductive treatment (ART) in Victoria. The passage of further changes to donor conception laws means that, from 1 March 2017, all donor-conceived people born from gametes donated in Victoria before 1 January 1998 will have the right to access identifying information about their donor.

This brings the rights of such donor-conceived people into line with those born from gametes donated in Victoria after 1 January 1998. Although these changes mean that donor consent to release of identifying information is no longer required, they also introduce a system of contact preferences, giving these donors and donor-conceived people the right to determine if or how they have contact – including the option for 'no contact'. Information and counselling support is also provided.

As a result of these changes, the central and voluntary donor registers will be moved to VARTA from the Registry of Births, Deaths and Marriages and VARTA will assume a key role in the information matching and donor-linking processes. From 1 March 2017, VARTA will be the 'one door in' provider of support and information to donors, donor-conceived people, and their families.

At a sector level, the ART industry has continued to expand, both domestically and internationally. Infertility affects approximately one in six couples of reproductive age. Many of the people opting to have ART treatment do so as a result of demographic and social factors such as rising maternal age, the incidence of conditions impacting fertility (e.g. chlamydia infection and obesity), same-sex and single women parenting, and greater community acceptance of ART. As a result, the Australian ART market continues to grow at approximately four per cent annually and is now a significant commercial sector generating approximately $500 million a year in revenue. The diversity of service offering is also expanding: in the past year, Rainbow Fertility clinics have opened in five cities around Australia to cater for the LGBTI community; while Primary IVF, establishing a low-cost operation in Victoria, adds to the low-cost/low-intervention market already in place in Victoria through Melbourne IVF.

The increasing corporatisation of the industry has been monitored by VARTA for some years, and has attracted increasing attention from the media and regulators this year. An ABC *Four Corners* documentary on the IVF industry provoked debate about corporate activity, with a particular focus on the expectations women in their forties may have about the likelihood of being able to conceive through use of ART. An investigation by the ACCC also examined advertising practices by IVF companies following a number of complaints. VARTA continues to closely monitor these developments, particularly the advertising of success rates, as well as providing education, information and resources to assist consumers.

Surrogacy arrangements, both nationally and internationally, have also attracted significant media attention. The overseas environment for surrogacy continues to fluctuate, with more countries restricting or closing their doors to international arrangements. As a result, people are seeking treatment in new, emerging markets, facing heightened risks and ethical challenges associated with treatment in unregulated regimes. The Commonwealth Government's Standing Committee on Social Policy and Legal Affairs this year reviewed, and made a series of recommendations about surrogacy, which are currently under consideration by the Commonwealth Government.

This year has seen considerable changes for VARTA at a board level, with the departure of four members. Recruitment for new candidates is in progress at the time of writing. I would like to acknowledge and thank all members who have served on the board throughout the year for their significant contributions. I would also like to thank our CEO, Louise Johnson, and the VARTA staff for all their hard work and efforts during this eventful year.

Finally, I would like to acknowledge the support provided to VARTA in its work throughout the year by the Victorian Minister for Health, the Victorian Department for Health and Human Services, the Australian Government Department of Health, members of the Fertility Coalition, and other partners.

Kirsten Mander
Chairperson

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 year ending 30 June 2016.

Chief Executive Officer's report

Much of VARTA's focus during the 2015-16 reporting period has been on preparing for the implementation of the *Assisted Reproductive Treatment Amendment Act 2016* (Vic) which is scheduled to come into place on 1 March 2017. This will include ensuring a seamless relocation of the donor registers from the Registry of Births, Deaths and Marriages to VARTA.

Preparation for legislative change has come in the wake of VARTA's experience of planning and setting up systems in readiness for the 2014 amendments to the *Assisted Reproductive Treatment Act 2008,* which were enacted on 29 June 2015.

One year on from the implementation of the 2014 amendments, VARTA has put in place an evaluation framework for its Donor Register Services provision. Responses from survey participants have been positive. VARTA is currently conducting interviews with a selection of people using its services as a means of determining the best way to develop and improve service provision.

VARTA was delighted that one of its nominations for the Victorian Minister for Health Volunteer Awards was announced a winner. The award for 'Outstanding achievement by a volunteer: innovation award' was presented to the volunteer committee who put together the *Donor conception: towards openness* exhibition in June 2015. Big congratulations to committee members Kim Buck, Chloe Allworthy, Myfanwy Cummerford and Roger Clarke.

Sadly, Commonwealth funding for the *Your Fertility* program finished on 30 June 2016. The program's increasing web presence is a testament to its success. During this reporting period, the *Your Fertility* website received three million visitors and ranked first in Google Australia searches for 'ovulation' and 'fertility'. VARTA's communications and public education staff will continue their valuable work in promoting research into the causes and prevention of infertility.

One particularly successful initiative emerging from the *Your Fertility* activity in 2016 was its partnership with Quit Victoria. The partnership worked to highlight the impact of smoking on fertility, pregnancy, and the health of children born, as well as the benefits of quitting with a partner. In the lead up to World No Tobacco Day 2016, *Your Fertility* and Quit Victoria launched an interactive online smoking and fertility tool. The tool's launch attracted considerable media interest. It was featured on a range of television and radio stations, in the print media, and generated considerable interest on social media.

The assisted reproductive industry continues to develop a growing profile and to draw the interest of the media. While surrogacy and donor treatment attracts ongoing interest, the later part of this reporting period saw increased focus on the IVF industry.

VARTA has met the performance standards introduced through ministerial expectations for the Authority's regulatory responsibilities. For more detailed information, please see page 8.

I would like to acknowledge the role and contribution of VARTA's board over the course of the year, as well as the continued dedicated and professional work of its staff. VARTA is a small statutory authority; as such, it relies on the expertise of an advisory panel, a public education reference group, consumers, and a range of professionals and volunteers to deliver results. This year has been a year of significant achievement which has resulted from the efforts of so many people. We thank you all for your contributions.

Louise Johnson
Chief Executive Officer

Performance at a glance

A summary of VARTA's overall performance in relation to the current strategic plan is outlined below.

	Focus 1	Focus 2
What we do	**Meet our obligations under the Act**	**Provide public education, communications and promote service delivery**

Highlights 2015–2016

ONE NEW REGISTERED ART PROVIDER

17 treatment sites across **SIX** registered ART providers

162 COUNSELLING REFERRALS

138 COUNSELLING SESSIONS HELD

196 DONOR CONCEPTION ENQUIRIES RECEIVED

TWO-FOLD increase in applications to the Voluntary Register 191%

THREE-FOLD increase in applications to the Central Register 291%

98 individual import and export applications approved or conditionally approved and **THREE** class actions approved

OVER **7,150** DOWNLOADS

ALMOST **340%** INCREASE ON LAST REPORTING PERIOD

156,032 WEBSITE PAGEVIEWS

OVER **26,000** WEBSITE USERS

47% INCREASE IN NUMBER OF PAGES PER VISIT

35 published/broadcast interviews

Almost **300** media citations of VARTA, its staff and work

Time to tell and twilight seminars **SOLD OUT** 120 attendees registered

likes have increased by **31%** from 439 to 575

335 @VARTAVic followers

62 @Varta_Vic followers

Focus 3

Strengthen partnerships and stakeholder engagement

Fertility Coalition audience network for the Your fertility program of **142,000** professionals and members of the public

3,570 likes for *Your Fertility*

553 @Your_Fertility followers

460 @Your_Fertility followers

3 million WEBSITE USERS

ALMOST **400,000** VISITS WITHIN AUSTRALIA

54,500 RESOURCES DOWNLOADED FROM THE WEBSITE

4.87 million PAGEVIEWS OF TOP RATING PAGE: 'WOMEN'S GUIDE TO GETTING THE TIMING RIGHT'

Videos and films featured on the website were played **100,600** times

2 million people reached for #QuitforFertility campaign

15 other collaborative partnerships established

Focus 4

Promote research, monitoring, evaluation and knowledge translation

Translation of research findings into key online brochures:

14-FOLD INCREASE in downloads of ***Understanding IVF success rates*** brochure on previous reporting period

FOUR-FOLD INCREASE in downloads of ***Possible health effects of IVF*** brochure on previous reporting period

Fertility fact sheets, revised in 2015-16, were downloaded over **12,500** times in total

35 PRESENTATIONS GIVEN

TWO PEER-REVIEWED PUBLICATIONS AND 21 OTHER PUBLICATIONS

Focus 5

Ensure organisational capability, capacity, compliance and sustainability

VARTA STAFF: **6.7 FTE** AS AT 30 JUNE 2016

SEVEN interns from medicine, science, health promotion, embryology and law from Melbourne, Monash and Deakin Universities have expanded the breadth of work undertaken by VARTA

SIX VOLUNTEERS INVOLVED WITH EXHIBITION AND AWARD

Operational and budgetary objectives and performance

VARTA met the following financial objectives for the reporting period:

- a positive ratio for assets:liabilities was maintained
- taxation and reporting obligations were met in a timely way.

Due to preparation for the implementation of the *Assisted Reproductive Treatment Amendment Act 2016*, preparation for the forthcoming changes to the Financial Management Compliance Framework and a decision taken to increase annual leave provisions, there were several unbudgeted expenditure items incurred during the financial year. As a result of this unforeseen expenditure, VARTA operated at a deficit of $(6,820) or (0.7)% of revenue for 2015-16 with a corresponding decrease in equity in VARTA.

Your Fertility program funding

From 1 July 2013 to 30 June 2016, VARTA received funding from the Australian Government under the Chronic Disease Prevention and Service Improvement Fund administered by the Department of Health for the *Your Fertility* program. Over three financial years, $611,000 (excluding GST) has been provided to the project with $207,505 (excluding GST) recognised during the 2015-16 financial year. The Fertility Coalition – Andrology Australia, Jean Hailes for Women's Health and the Robinson Research Institute with VARTA as the lead agency – implemented the program. The grant has substantially increased the capacity of VARTA to promote research into the causes and prevention of infertility in partnership with other organisations.

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

Summary of financial results

	2015-16	2014-15	2013-14	2012-13	2011-12
Total revenue	984,744	936,249	922,859	1,156,266	814,805
Total expenses	991,564	911,811	1,008,390	989,303	797,757
Net result for the year (including capital and specific items)	(6,820)	24,438	(85,531)	166,963	17,048
Retained surplus / (accumulated deficit)	142,659	149,479	125,041	210,572	43,609
Total assets	328,180	330,237	305,640	435,216	255,776
Total liabilities	174,321	169,559	169,399	213,444	200,967
Net assets	153,859	160,678	136,241	221,772	54,809
Total equity	153,859	160,678	136,241	221,772	54,809

Focus 1 Regulatory obligations under the Act

Registration of assisted reproductive treatment (ART) providers

Under the Act, ART providers are required to notify VARTA when they are formally accredited by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia.

They are also required to comply with VARTA's conditions for registration, which are reviewed annually.

A new ART provider was registered within Victoria – Primary IVF, Preston.

ART providers registered to provide treatment 1 July 2015 – 30 June 2016
Ballarat IVF
City Babies, Richmond
City Fertility Centre, Bundoora
City Fertility Centre, Melbourne
Melbourne IVF, Box Hill*
Melbourne IVF, East Melbourne
Melbourne IVF, Mt Waverley
Melbourne IVF, Werribee
Monash IVF, Bendigo
Monash IVF, Clayton (Monash IVF Monash Surgical Private Hospital)
Monash IVF, Geelong
Monash IVF, Mildura
Monash IVF, Richmond** (Monash IVF Epworth Hospital)
Monash IVF, Sale (Central Wellington Health Services)
Monash IVF, Sunshine (Western Day Surgery)
Primary IVF, Preston
Reproductive Services, Royal Women's Hospital*** (Melbourne IVF)

* Blood tests, scans, counselling and doctor consultations are conducted at Melbourne IVF Box Hill. Patients managed at the East Melbourne site may attend Box Hill for the above services. Data for East Melbourne will include data for some patients attending the Box Hill clinic.

** Monash IVF, Richmond utilise laboratory facilities in Hawthorn.

*** Blood tests, scans, counselling and doctor consultations are conducted at Melbourne IVF's low-cost centres branded as the Fertility Centre in Sunshine and Dandenong. Data for the Royal Women's Hospital will include data for some patients attending these centres.

Import and export of donor gametes and embryos formed from donor gametes

Under the Act, VARTA is required to approve the import and export of donor gametes (eggs and sperm), and embryos formed from donor gametes, in and out of Victoria.

An approval granted by VARTA may apply to a particular case or a class of cases, and may be subject to conditions imposed.

The guidelines for the import and export of donated gametes and embryos produced from donated gametes were also reviewed during the year.

Number of import and export applications involving donated gametes – 1 July 2015 to 30 June 2016

Application status by donated gamete type	Individual applications		Class applications	
	Import	Export	Import	Export
Donor sperm	**8**	**10**	**3**	
Approved	5	10	2	
Conditionally approved	3		1	
Donor eggs	**77**			
Approved	1			
Conditionally approved	71			
Pending	5			
Donor embryos		**1**		
Approved		1		
Embryos formed using donor sperm	**2**	**1**		
Approved	1	1		
Conditionally approved	1			
Embryos formed using donor eggs	**1**	**2**		
Approved	1	1		
Conditionally approved		1		
Embryos formed using donor sperm and eggs		**1**		
Conditionally approved		1		
Total	**103**		**3**	

The number of individual import and export applications received this financial year (103) was slightly more than the previous financial year (92).

There were three class applications to import sperm from a number of donors.

Ministerial statement of expectations

VARTA is required to report on ministerial statement of expectations (SOE) performance standards against VARTA's strategic priorities for 2015-16. Performance standards have been met and full details are provided below.

Priority 1. Ensure effective administration of the registration system for ART providers by imposing the least regulatory burden on ART providers to protect the public, consistent with the legislative scheme	
Action	• Carry out regular consultation with registered ART provider designated officers and personnel in relation to the conditions for registration and other regulatory matters, providing ongoing opportunities to discuss how to minimise the regulatory burden while maintaining protection of the public. • Ask registered ART providers to notify VARTA promptly once Reproductive Technology Accreditation Committee (RTAC) licensing approval gained. • Once VARTA is aware that a new ART provider wants to operate (or an existing clinic wants to operate from a new site), discuss the date of accreditation assessment and strategies for ensuring the registration application is received in time for consideration at the next board meeting. • Provide regular public education events, web-based information, meetings, and information on request, giving registered ART providers opportunities to consider and discuss any issues associated with the implementation of the Act. • Hold a seminar on legislative change.
Deliverable	• Registration as an ART provider approved or renewed within four weeks of gaining or renewing a RTAC licence.
Outcome	• List of registered ART providers can be found on page 7 of this document. • All ART providers' registration status updated on the website within one week of notification of re-accreditation by RTAC. • Application received from Primary IVF, Preston for registration approved within one week of receipt of RTAC licensing certificate. • Twilight seminar 2016 on legislative change held on 19 May 2016. • CEO attended quarterly meetings with clinic representatives.
Priority 2. Ensure appropriate handling of potential breaches of the Act and informing the Minister for Health in a timely manner	
Action	• VARTA's conditions for registration require registered ART providers to notify VARTA of any potential breaches of the Act. VARTA will consult, document processes and activities, and conduct thorough investigations, taking a proportionate, considered and risk-based approach to investigations – informing the Health Minister and the Department of Health and Human Services in a timely way. • Investigate potential breach in relation to registered ART provider consent processes with the cooperation of the provider concerned. • Consult with representatives from registered ART providers in relation to current practices and ways of minimising risks. • Communicate with the Department of Health and Human Services during the investigation.
Deliverable	• Communication with the Health Minister about any contravention of the Act or regulations without delay, as required under section 100(2)(a) of the Act.
Outcome	• No potential breaches of the Act notified by registered ART providers.

Priority 3. Ensure good regulatory practice in approving the bringing of donor gametes or an embryo formed with donor gametes into or the taking of them from Victoria	
Action	• Document policies and procedures, with guidelines and application forms available via the website. • Revise guidelines and forms annually and consult with providers when new circumstances or issues arise. • Use a checklist for board papers for each application to ensure legal requirements are met.
Deliverable	• Applications processed within a target timeline (90 per cent within five weeks). • Class application key performance indicator developed and met. • Approval letters for The World Egg Bank applications sent within two weeks of receipt of donor details.
Outcome	• General application target timeline exceeded, with 100 per cent of applications processed within five weeks of receipt of all information. • Class application form utilised by ART providers. • Class application key performance indicator set (90 per cent of applications considered and decisions made within five weeks of receipt of all information). • Three class applications received and approved within the target timeline. • Outcomes of decisions made in relation to applications provided on page 7.
Priority 4. Particularly in light of changes in the *Assisted Reproductive Treatment Further Amendment Act 2014*, continue to work together and co-operate with stakeholders to ensure appropriate implementation of the legislative changes	
Action	• Hold regular meetings with donor register services reference group to advise on the implementation of VARTA services with representation from donor-conceived people, donors, parents, clinic counsellors, Family Information Networks and Discovery (FIND), VANISH and the Victorian Registry of Births, Deaths and Marriages (BDM). • Hold regular meetings with BDM to operationalise the memorandum of understanding (MOU) to cover work in partnership with BDM.
Deliverable	• Brochures about VARTA services, standard letter content, application forms and statement forms for communicating reasons for making an application to the donor registers, which are used by VARTA and BDM. • MOU put into operation.
Outcome	• All deliverables achieved. • Donor Register Services operational. MOU updated in light of legislative changes and signed.
Priority 5. Ensure accountability and transparency in enforcement and administration of regulation by measuring performance against achieving regulatory outcomes and reviewing regulatory practices regularly (at least annually)	
Action	• Undertake organisational strategic planning with the development of an annual operational plan, incorporating SOE standards. • Consult with designated officers of registered ART providers. • Consult annually with VARTA's advisory panel.
Deliverable	• Regulatory practices incorporated within the conditions for registration, guidelines and application forms associated with regulatory functions reviewed annually, incorporating a review of practices as well as policy. • Outcomes against key performance indicators, including regulatory indicators, reported within the 2015 and 2016 annual reports. • Report to the Health Minister on SOE standards within annual report. • Summary of VARTA's strategic direction for 2014-17 published on the website.
Outcome	• Deliverables met.

A snapshot from the Victorian Registry of Births, Death and Marriages (BDM) for 2015-16

This financial year has seen a closer working relationship between VARTA and BDM, based on amendments to Victorian donor conception laws enacted on 29 June 2015. The new legislation has seen a significant rise in the number of applications to the donor registers which has, in turn, resulted in much activity for both agencies.

Under the current system, applications to the donor registers are lodged with BDM, which then refers applicants to VARTA's Donor Register Services for information and support. People contacted as a result of the application are also able to access support services from VARTA. Further information is available on page 12.

The Registrar for BDM has provided VARTA with the following data for the period to 30 June 2016 for monitoring and public education purposes.

10-woman limit for donors

In Victoria, a donor treatment procedure may not be carried out if it may result in more than ten women having children who are genetic offspring of the donor. In the past financial year, there were no notifications received from registered ART providers in relation to 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 BDM of each AI procedure and resultant pregnancies or births. There were no AI notifications from individual doctors in the past financial year.

Donor registers

BDM manages the two registers that record information about people taking part in, or born from, donor treatment: the Central Register and the Voluntary Register.

A statistical snapshot of the numbers of people who have been registered on the donor registers and who have applied for information from the Central Register and Voluntary Register – as well as some information about their applications – is provided in the following pages.

Donor registers and changes to legislation

Over the past few years, parliamentary reviews and legislative changes have affected the rights of donor-conceived people in Victoria to have access to information about their genetic heritage.

The most recent legislative amendments, passed in 2016, give all donor-conceived people, no matter when they were born, the right to know their genetic heritage. As a result, donors will no longer have the ability to prevent the release of their identifying information to their donor offspring, but will be able to determine how – or if – they have contact with an applicant. The amendments also provide for the management of the Central and Voluntary Registers to be moved from BDM to VARTA. This transition will enable VARTA to be a 'one door in' provider of support and information to donors, donor-conceived people, and their families. The new laws will come into effect by 1 March 2017.

These new laws build on the 2014 amendments which enabled:

- those conceived from donations prior to 1 July 1988 to obtain identifying information about their donors with donor consent, and
- those donors who donated prior to 1 July 1988 to obtain identifying information about their donor offspring with the offspring's consent.

These amendments do not apply to donations made from 1998 where donors consented to have their identity released at the time of donation.

The Central Register

The Central Register contains information about people involved in donor treatment procedures, including the donor-conceived person, his/her parent(s) and the donor. The information is provided to BDM by the clinics where treatment occurred and also directly from parents.

The following people can apply for information from the Central Register:

- donor-conceived people
- parents of a donor-conceived person
- donors
- descendants of donor-conceived people.

The register makes it possible to exchange information between donors, parents and donor-conceived people and for them to possibly arrange to meet. This process is known as donor linking.

Currently, if records and contact details can be found, the donor will be contacted and asked to give consent to the release of identifying information for donor-conceived people conceived from gametes donated prior to 1998. Those conceived from gametes donated after 1998 can obtain identifying information about their donor on reaching adulthood, as their donor consented at the time of donation.

Registrations on the Central Register – year ending 30 June 2016

Clinic notifications of births	From sperm donation	From egg donation	From both egg & sperm donation	Total
Total notified as at 30 June 2015	4,968	1,782	391	**7,141**
From 1 July 2015 to 30 June 2016	373	137	55	**565**
Total notified as at 30 June 2016	**5,341**	**1,919**	**446**	**7,706**

The Central Register was notified of 565 births – a third more than in the previous financial year (426).

Legislative changes enacted on 29 June 2015 resulted in pre-1988 birth records being added to the Central Register in this reporting period.

Of the 7,706 donor-conceived children registered on the Central Register, 3,107 are now 18 years or older and eligible to apply for information about their donor.

The number of applications to the Central Register has almost tripled compared to the previous reporting period (102 versus 35).

Registered donors by type	Sperm donor	Egg donor	Total
Total registered as at 30 June 2015	1,127	1,506	**2,633**
New donors registered 1 July 2015 to 30 June 2016	476	114	**590**
Total registered donors as at 30 June 2016	**1,603**	**1,620**	**3,223**

The number of new donors registered in 2015-16 was 590, which is around double the number in the previous financial year (298).

The increase in the number of sperm donors registered (476) almost tripled in 2015-16 compared with the previous year (120). This number includes pre-1988 sperm donors added to the register as a result of the 2014 legislative amendments enacted on 29 June 2015.

As at 30 June 2016, the average age of new egg donors whose eggs produced a child was 34 years 5 months (virtually unchanged from the previous year). With the addition of pre-1988 sperm donors to the Central Register, accurate calculations of the age of new sperm donors cannot be provided for 2015-16.

Applications to the Central Register – 1 July 2015 to 30 June 2016

Applications type	Number of applications
Applications for identifying information only	
From donor	3*
From donor-conceived person	1
From recipient parent	18
Total applications for identifying information	**22**
Applications for non-identifying information only	
From donor	4*
From donor-conceived person	10
From recipient parent	1
Total applications for non-identifying information	**15**
Applications for both identifying and non-identifying information	
From donor	7*
From donor-conceived person	39
From recipient parent	19
Total applications for both information	**65**
Total applications to the Central Register in 2015-16	**102**

* As donors may have more than one offspring, a donor may make multiple applications.

The largest number of applications was from donor-conceived people (50), followed by recipient parents (38) and donors (14 – some may have made multiple applications).

The Voluntary Register

The Voluntary Register contains information supplied voluntarily by donor-conceived people, donors and parents, making themselves available for potential information exchange or contact. Donor-conceived people, donors and parents can also use the register to exchange additional information. Family members (and descendants) can also record their wishes in relation to exchanging information with another party. In this way, links and information exchange between various parties can be facilitated.

The number of applications to the Voluntary Register (88) increased by 60 per cent compared with the previous year (55).

Applications to the Voluntary Register

Applicant type	Number of applications 1 July 2015 – 30 June 2016	Cumulative total
Donor	36	257
Donor-conceived person	23	133
Recipient parent	27	221
Relative	2	2
Total applications	**88**	**613**

As more people register information on the Voluntary Register, the likelihood of matches or information exchange increases. The number of linked applications is shown below.

Applicants to the Voluntary Register – linked in the year ending 30 June 2016

Applicant type	Number of linked applications
Donor	3
Donor-conceived person	14
Recipient parent	19
Relative	2
Total linked applications	**38**

The total number of applications to the donor registers in 2015-16 (190) is more than double the number in the previous year (90).

Achievements

VARTA's Donor Register Services

From 29 June 2015, VARTA implemented the 2014 legislative amendments to the *Assisted Reproductive Treatment Act 2008*, including developing the counselling, donor-linking and intermediary services for donor-conceived people, parents, donors and their families.

Connecting people linked by donor treatment remains a relatively new process both nationally and internationally. The new service development was informed by recommendations from the service's reference group which includes health professionals, donor-conceived people, donors and parents.

VARTA is a pioneering agency in this area and the experience gained through its services will have lasting impact on the processes and approaches developed for use by other providers of donor-linking support services, nationally and internationally.

Information and support sessions

People who applied to the donor registers after 29 June 2015 have been referred to VARTA by BDM for an information and support session.

Following 162 referrals from BDM, VARTA provided 138 sessions during the past financial year. The session helps the applicant to think through the implications of potential contact and what this might mean for the other person. Each applicant completes a Statement of Reasons form which explains why they have applied and the short and long-term goals they have for information exchange/ contact. This form is then sent to the person the applicant wants information about to help them decide whether to consent.

Support networks

Staff within the Donor Register Services work closely with all parties affected by donor conception. VARTA facilitates the Donor-Conceived Adult Network meetings for donor-conceived people held at VANISH. It also has regular contact with the Melbourne Anonymous Sperm Donors – MADMen. This group comprises men who were sperm donors for IVF programs, particularly in the 1970s and 1980s, and welcomes those from later periods as well.

Service delivery

VARTA's counselling staff have significant experience in donor linking and related areas. Ongoing support is provided to applicants and those contacted as a result of the application. Staff also respond to enquiries from people thinking about lodging an application and from those considering donor treatment. They approach all parties with neutrality and respect, and maintain confidentiality at all times.

The evaluation framework for VARTA's services has been developed and approved by the Health Research Ethics Committee of the Department of Health and Human Services. Evaluation processes are underway and the results to date are positive.

Clients are asked to complete an evaluation of VARTA services once their applications have been resolved. To date, 28 responses have been received – more than 50 per cent of respondents were donor-conceived people, almost 30 per cent were parents of a donor-conceived person, the remainder being donors. All respondents have been satisfied or very satisfied with the services provided by VARTA and commended the counsellors on their professionalism, communication, understanding, and support in this sensitive area.

Further evaluation of VARTA services is currently underway and a research project is planned to evaluate the Statement of Reasons form completed by applicants.

Challenges

Many early donors of sperm or eggs who donated prior to 1998, donated with the understanding that their identities would remain private. In acknowledgement of this, the *Assisted Reproductive Treatment Amendment Act 2016* gives these donors the right to decide if or how they establish contact with their donor offspring. Contact preferences – including a 'no contact' preference – will be made available both to pre-1998 donors and all donor-conceived people who are subject to applications. If a contact preference is breached, a significant fine may apply.

VARTA's experience has been that many donors are sympathetic to the needs of donor-conceived people who wish to know more about their genetic heritage. However, there are also donors with concerns about these legislative changes. VARTA encourages people who have concerns or questions to speak to one of its staff who will provide professional, sensitive, and unbiased support and information.

Looking ahead

VARTA will continue to develop its Donor Register Services, with an expected increase in demand resulting from the legislative change. The new legislation will also enable VARTA to refer to a specialised search agency if VARTA is unable to locate the subject of an application. The intent is to optimise outcomes for applicants. Results from the evaluation of the Donor Register Services from this reporting period will also inform preparations for the services under the new legislative regime, to take effect by 1 March 2017.

Focus 2 Public education, communications and promotion of service delivery

Achievements

Fertility and Assisted Reproduction: Teaching Module

VARTA and Family Planning Victoria (FPV) this year launched a ground-breaking educational resource, the *Fertility and Assisted Reproduction: Teaching Module.* The module expands the remit of sexuality education in schools to information about fertility, donor conception and ART – including IVF, donor conception and surrogacy.

The resource has been designed for teachers to use throughout the primary and secondary school years, adding to and improving students' understanding of the issues as they mature.

Launched in July 2015, the module was promoted to teachers through a range of professional, government and media channels and has been well received, with almost 300 downloads since its launch.

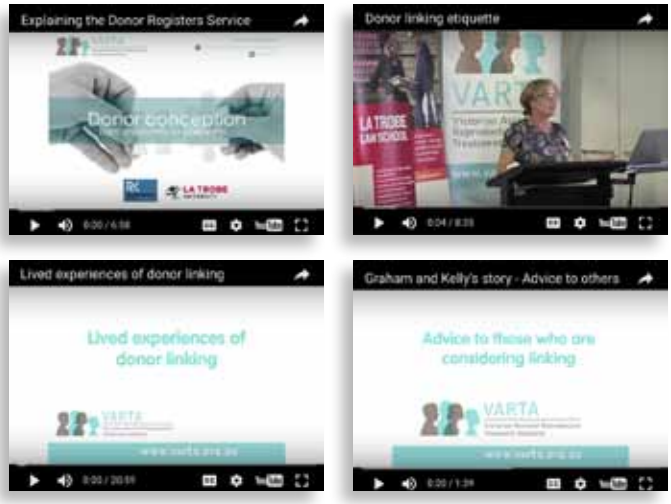
Donor legislation public education

VARTA has been involved with a range of public relations activities to promote greater understanding of changes to donor legislation. VARTA worked closely with the team behind the ABC television *Sperm Donors Anonymous* documentary, which included interviews with VARTA's Donor Register Services Manager and collaboration with their publicity team to encourage conversation about donor identity. Attracting an audience of 364,000 nationally plus 11,000 views on ABC iview, these programs helped to raise the profile of VARTA's public education information and services. VARTA also provided considerable assistance to Fairfax's *Good Weekend Magazine* for their in-depth article on donor conception.

Since the passing of new donor laws in 2016, VARTA has sought to target key audiences to inform them about legislative changes. VARTA worked with the Australian Medical Association Victoria to publish an explanatory article in its monthly publication, *Vicdoc*, on the changes to the law, the implications for donors, and the new services that VARTA will provide. It also worked with university alumni publications to promote this information to donors and recipient parents from the pre-1998 period.

Law Week

As part of its public education campaign on changes to donor legislation in Victoria, VARTA held the *Donor conception: from anonymity to openness* twilight seminar on 19 May. Run as part of Law Week 2016, and hosted in conjunction with Russell Kennedy Lawyers and La Trobe University, the evening provided a summary of the new donor laws, information about VARTA's Donor Register Services, and an overview of donor linking. The event was well attended with an audience of 85. Feedback provided from the event was positive; in particular, participants reported an increased understanding of the process involved in donor linking and support services available. Video recording of key elements of the event has been posted on the VARTA website.



Louis Waller lecture

Parenting begins before conception was the title of the Louis Waller Lecture 2015, delivered by Professor Sarah Robertson from the Robinson Research Institute, University of Adelaide, on 3 September - timed to coincide with *Fertility Week.*

Addressing an audience of more than 100 people, Professor Robertson discussed her research findings; namely that lifestyle and environmental factors for both parents in the months leading up to conception can directly impact on the health of a child at birth and into adulthood, and the so-called 'epigenetic' mechanisms involved.

VARTA launches online exhibition

Following its successful display in June 2015, the *Donor conception: towards openness* exhibition has now been rehoused as an online exhibition on the VARTA website.

The online collection incorporates most of the pieces exhibited in June 2015 as well as a range of additional works that could not be included at the time. Just as the original exhibition was the first of its kind, so too is this online gallery. Importantly, this virtual gallery will not only preserve the original exhibition, but will also grow and develop as VARTA continues to accept new submissions of work.

Time to tell

The *Time to tell* seminar once again proved to be a successful event. For the first time, VARTA opened ticket sales with discounted early bird rates. The initiative proved popular, with the event selling out, despite VARTA increasing attendance numbers to 120 participants. This new pricing structure and increased capacity promoted greater accessibility and affordability. Audio of the highlight segment – the panel of donor-conceived people, donors and parents – is available on the VARTA website.

Media coverage

VARTA has been developing an increasing profile of its services and is regularly called on by media to provide comment, contacts or background briefing. In the reporting period, there were at least 44 separate media enquiries and 35 interview appearances. The topics of interest to the media were varied, but highlights included:

- Donor conception and donor laws: numerous articles and broadcast programs on sperm donation, changes to donor conception legislation and identity. The media coverage resulted in a significant increase in calls to VARTA's Donor Register Services, as well as a growth in visits to the VARTA website. Egg donation practices and outcomes were also put under the spotlight throughout the year.
- IVF success rates: the ABC television Four Corners program *The Baby Business* provoked considerable discussion on the integrity of IVF success rate statistics, particularly for women in their forties. The program provoked a range of spin-off media enquiries and VARTA was interviewed on a number of occasions. In anticipation of the program, VARTA updated its *Understanding IVF success rates* brochure that saw a significant increase in downloads following its broadcast (refer to page 18).
- Egg freezing: VARTA staff members were interviewed for the ABC Radio National documentary *Cold comfort: is the fertility industry misleading women?*

Challenges

With its mandate to provide public education on issues concerning assisted reproduction in Victoria, one of VARTA's tasks will be getting its messages to appropriate audiences. For example, it will be important to find ways to target and provide information to sperm donors who donated before 1998 – as well as to donor-conceived people from the same period and their parents – about changes to donor laws and VARTA's Donor Register Services.

With the constantly changing legislative, commercial and cultural environment in relation to ART, VARTA will need to ensure that it remains responsive to enquiries and that its public education material – and particularly the website – remains up-to-date.

Looking ahead

VARTA continues to seek new ways to promote its public education messages and to maximise exposure by adopting – where resources permit – new media communications options. In particular, VARTA would like to increase its use of video messaging on social media.

With the new donor laws being a significant focus for the next reporting period, VARTA is considering providing a donor-linking seminar before the implementation of the legislation.

VARTA will continue to use its website as the primary tool of public communication and education, with an ongoing emphasis on promoting its website and online resources more widely through social media and other online media.

Focus 3 Partnerships and stakeholder engagement

Minister for Health Volunteer Award Winner

Nominated by VARTA, the volunteer committee that put together VARTA's *Donor conception: towards openness* exhibition in June 2015 was this year's winner of the Minister for Health's 'Outstanding achievement by a volunteer: innovation award'. The award recognised the outstanding work and commitment of the volunteer committee in creating this extraordinary exhibition which explored donor conception through art, photography and archival material, with live and original musical performances held during the exhibition opening.

The committee included Kim Buck, Chloe Allworthy and Myfanwy Cummerford, donor-conceived women who curated the art, musical and photographic elements of the exhibition, and Roger Clarke, a sperm donor from the 1980s who curated the archival section of the exhibition. In addition to the many hours that Kim, Chloe, Myf and Roger put into the creation of the exhibition, they have also given considerable time to promoting public understanding and awareness of the issues associated with donor conception.

Achievements

VARTA endeavours to forge strong collaborative relationships with a range of organisations and individuals to continue to expand its reach and share information.

Key among VARTA partnerships is the Fertility Coalition – comprised of VARTA as the lead agency, Andrology Australia, Jean Hailes for Women's Health and The Robinson Research Institute – that has been delivering the *Your Fertility* program since 2011.

Your Fertility has undertaken partnership activities with the following organisations:

- Australian Practice Nurses Association (APNA)
- Diabetes Australia
- Deakin University
- Fertility Society of Australia
- Family Planning Victoria and New South Wales
- Live Lighter
- Monash University
- Quit Victoria and its national network
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- The Obesity Coalition
- University of Melbourne
- Health websites: Health Direct, Better Health Channel, and Pregnancy Birth and Baby.

Your Fertility is a national public education program, funded by the Commonwealth and Victorian governments, with the aim to increase awareness among health professionals and the general public about the modifiable factors that affect fertility and reproductive outcomes.

Professional development resources – active learning module and webinar

A comprehensive six-hour active learning module for health professionals, *Fertility, infertility and preconception care* was published by Jean Hailes for Women's Health in 2015 and continues to be accessed by health professionals. In May 2016, a live webinar *Fertility and preconception care* featuring VARTA's Senior Research Officer and Dr Raelia Lew was also delivered to their health professional network.

Your Fertility web tool

VARTA and the Robinson Research Institute worked in partnership to develop and test a 'fertility potential' interactive web tool. The educational tool was designed to inform individuals and couples about the modifiable lifestyle factors affecting fertility and to empower them to make timely decisions about their reproductive health. The tool was piloted by 30 test participants before launching live on the *Your Fertility* website. Funding opportunities to enhance the tool are being sought.

Smoking and male fertility

Andrology Australia worked closely with VARTA to promote messages around smoking and male fertility. It flagged the #QuitforFertility campaign in its *Male Briefs* newsletter, with a full feature article subsequently published in its magazine, *The Healthy Male*. Andrology Australia Director, Dr Rob McLachlan, was also featured as part of the #QuitforFertility video promotion. Additionally, activity earlier in the year by Andrology Australia prompted an in-depth article on preconception health and male fertility in *The Sydney Morning Herald/The Age.*

Fertility Week 2015

The focus for *Fertility Week* 2015 (1-7 September) was the impact of obesity on fertility and reproductive outcomes. The campaign aimed to make Australians aware that a small weight loss of 5-10 per cent improves fertility, increases the chances of conception and improves the health of the future child. Sponsored social media activity saw a significant audience reach of three million Australians. Partnerships with LiveLighter and Diabetes Victoria helped spread health promotion messages. Campaign videos and the annual Louis Waller Lecture on a related topic strengthened the campaign impact.

Challenges

VARTA is committed to working in partnership with other organisations or individuals. Partnerships have been integral to the success of the *Your Fertility* program. Evaluation of the Fertility Coalition, using VicHealth's Partnerships Analysis Tool, showed it to be an effective and successful partnership.

Looking ahead

Commonwealth funding for the *Your Fertility* program finished on 30 June 2016. VARTA will continue to promote research findings about factors affecting fertility. Sourcing funding for specific project work will remain a priority.

#QuitforFertility campaign with Quit Victoria

In recognition of World No Tobacco Day on 31 May, *Your Fertility* collaborated with Quit Victoria to spread the word on the impact that smoking can have on a person's fertility and their chance of having a healthy child at birth and into adulthood.

The #QuitforFertility social media campaign was launched with the release of an interactive online tool on 23 May. The tool, co-produced by *Your Fertility* and Quit Victoria, and the accompanying campaign attracted television, radio and print news coverage. Coverage on Channel 10 *Eyewitness News*, *7News*, *The Herald Sun* newspaper and a number of commercial radio stations combined to create a total audience reach of two million people. Articles also appeared in the *Medical Observer*, APNA's *Primary Times*, the Northern Health Network's *Your Local Health News*, Andrology Australia's *The Healthy Male* magazine, and the HealthDirect partner news.

The online tool was developed with Quit Victoria to highlight the benefits of quitting smoking from preconception, pregnancy, to birth and beyond. The tool can be found on both the *Your Fertility* and Quit Victoria websites, and was accessed 2,244 times collectively throughout the campaign period. The tool will continue to be available on the *Your Fertility* website.

Social media activity ran throughout the campaign period in the lead up to World No Tobacco Day, with messages reaching over 137,920 Australians and engaging up to 46,000. Five key messages, including two animated images, were delivered and shared by Quit Victoria, Fertility Coalition partners and the Better Health Channel. In addition, a series of videos highlighting smoking and fertility was launched on the *Your Fertility* website. Within the campaign period, the videos were played approximately 300 times in total.

Focus 4 Research, monitoring, evaluation and knowledge translation

Achievements

Co-investigators on NHMRC grants

VARTA staff are co-investigators on three grant applications to the National Health and Medical Research Council (NHMRC). To date, one of these, led by Professor Jane Halliday from the Murdoch Childrens Research Institute, has been successful and the research has begun; *Clinical review of a cohort aged 22-33 years conceived using Assisted Reproductive Technologies* is an investigation of the health and development of IVF-conceived adults.

The outcome of the other two, *Eggsurance?-The evaluation of a Decision Aid (DA) for women considering non-medical egg freezing* led by Professor Martha Hickey at the University of Melbourne and *Empowering couples to choose the right in vitro fertilisation procedure for a healthy baby: a population study of cumulative live births and cost-effectiveness of intracytoplasmic sperm injection (ICSI)* led by Dr Alex Wang at University of Technology Sydney (UTS), will be known by the end of the year.

In the later study, VARTA will work with Dr Wang to translate research findings into the cost-effectiveness of ICSI, using data collected by VARTA. The knowledge gained will help couples decide which ART treatment procedure they use.

FSA fact sheets translation for the general public

In partnership with the Preconception Health Special Interest Group of the Fertility Society of Australia (FSA), VARTA has translated fact sheets for the general public highlighting factors that influence fertility and the outcomes of assisted reproductive treatment. The fact sheets were originally developed for health professionals. The FSA has supported the development of the resources.

FPV fact sheets

Fact sheets on fertility, infertility and assisted reproductive treatments were prepared for Family Planning Victoria (FPV). These resources aim to address a resource gap in the information delivered to people of reproductive age who are seeking FPV's advice about starting a family.

ART success rates

In light of the increasing complexity of ART treatment and recent media attention regarding how IVF success is presented, VARTA, in collaboration with experts in the field, rewrote and launched the *Understanding IVF success rates* brochure. The newly released brochure has been well received by health professionals and the general public, with a 14-fold increase in the number of downloads compared to the previous financial year.

PCOS information

In collaboration with Dr Helena Teede, Monash University, and Professor Roger Hart, University of Western Australia, new information on polycystic ovarian syndrome (PCOS) management and the optimisation of fertility was developed and released online on the VARTA and *Your Fertility* websites in August 2015.

Possible health effects of IVF brochure

This is the most frequently used VARTA resource. After a thorough review of the literature and in consultation with experts in the field, this brochure was updated to reflect the current state of knowledge about possible health effects of IVF.

Annual report data collection

In collaboration with the University of Technology Sydney (UTS) and in consultation with registered ART providers, VARTA has revised treatment outcome data tables for the annual report. Changes were necessary to capture treatment outcomes associated with changing practices including the freezing of all embryos created and the use of cryopreserved eggs. It is increasingly likely that embryos or eggs are frozen for treatment at a later stage. The increasing use of cryopreserved eggs to form embryos is shown in table 2.5a, page 42. Given the significant impact of the woman's age on treatment outcomes, data tables have been also revised to provide outcomes for different age groups of women treated.

Challenges

The way in which ART providers determine and present success rates continues to be debated within the industry and to cause confusion for the general public. VARTA will continue to explore ways to communicate information about success rates with the general public.

Looking ahead

With changes in practices involving preimplantation genetic diagnosis (PGD) and preimplantation genetic screening (PGS), the *What is preimplantation genetic diagnosis?* brochure has undergone major rework and will be titled *Understanding genetic testing of embryos.* In developing this new version, experts in the field have been providing input and feedback.

With the expansion in the number of women undergoing genetic testing (38 per cent increase for PGD and 125 per cent for PGS on the previous financial year), it will be important for VARTA to continue to monitor activity and provide information for the general public. Data is provided on pages 34 and 52.

Monitoring

Clinic data trends

The data in this report shows an 8.2 per cent increase in the overall number of treatment cycles and a 7.1 per cent increase in the number of patients, compared with the past financial year (see figure 1).

Figure 1 Number of patients and treatment cycles per financial year 2008–09 to 2015–16

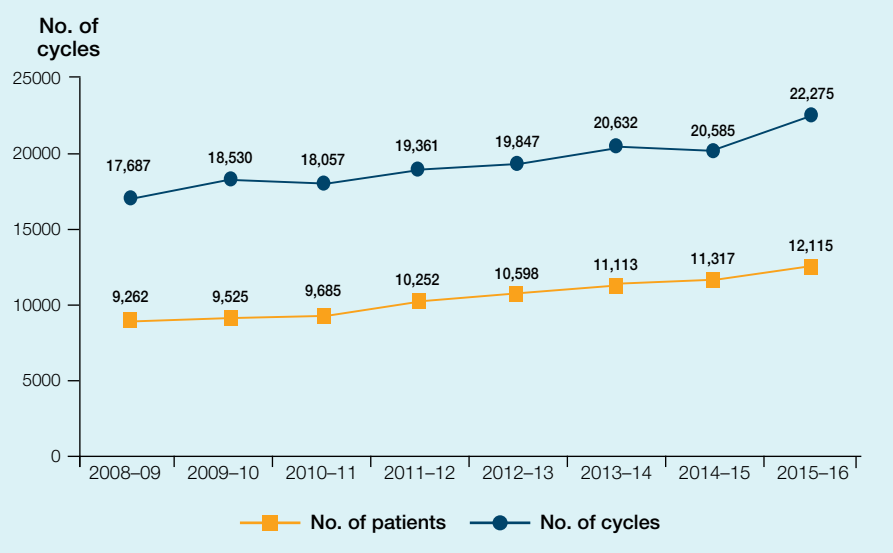
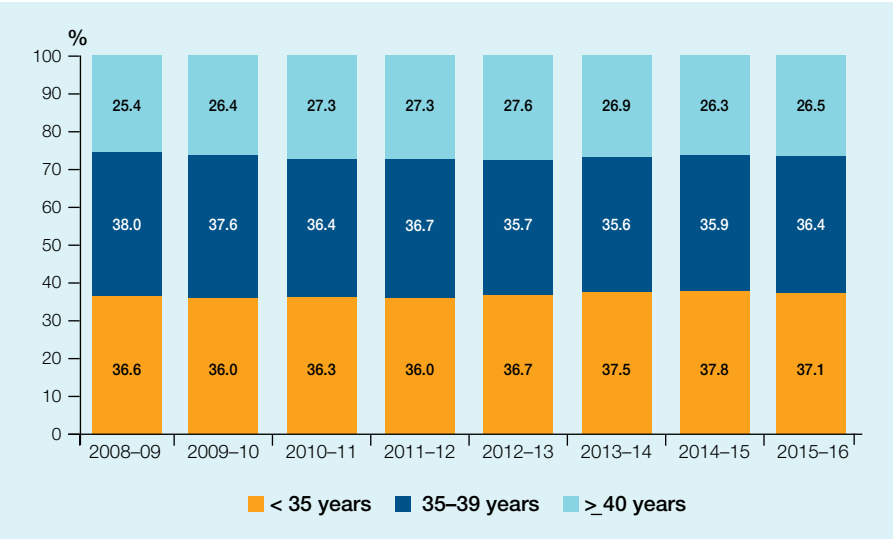


Figure 2 Age of women treated per financial year 2008–09 to 2015-16



Note: AI was not reported for 2008-09. 2008-15 data is from the final outcome data. 2015-16 data is from the treatment data

Treatment cycles

Final 2014-15 pregnancy outcomes data was updated in August 2016. 0.5 per cent of 2014-15 pregnancies (20 of 4,140) had unknown outcomes.

There has been no significant change in the proportion of women treated within each age bracket (see figure 2).

Single women continue to be the largest proportion of women treated with donor sperm (50 per cent), followed by women in same-sex relationships (35 per cent) and heterosexual relationships (15 per cent).

Expansion in IVF services

New customer segments

In the past year, low-cost IVF services have expanded nationally with the establishment of Sydney-based Primary IVF in Preston, Victoria. This provider adds to the existing presence of Fertility Centre clinics in Sunshine and Dandenong, affiliated to Melbourne IVF. Other low-cost IVF centres established by Monash IVF include BUMP in Sydney and MyIVF in Brisbane.

City Fertility Centre has launched five Rainbow Fertility centres nationally, including Melbourne. These centres cater exclusively for the LGBTI community.

New territories

Monash IVF's activities have expanded with additional partnership clinics in Australia and Malaysia. Virtus Health (which includes Melbourne IVF) also expanded with fertility clinics in Singapore and Ireland.

Publications

Peer-reviewed publications

- Hammarberg K, Zosel R, Comoy C, Deeks M, Holden C, Robertson S, Johnson L, Fertility-related knowledge and information-seeking behaviour among people of reproductive age: a qualitative study, *Human Fertility*, accepted for publication.
- Hammarberg K, Wilson C, McBain J, Fisher J, Halliday J, 2015, Age when learning about mode of conception and wellbeing among young adults conceived with ART, *Journal of Reproductive and Infant Psychology,* 33:5, 466-477.

Online publications

- Hammarberg K, Health check: How to get pregnant, *All 4 Women online,* 1 February 2016.
- How to get pregnant, *Lifehacker* website, 29 October 2015.
- Zosel R, Parenting before conception: for how long should prospective parents think about their own health, *Croakey*, November 2015.
- Johnson L, Thinking of trying for a baby in 2016? Here's what you should know … *the Bubhub,* 30 December 2015.
- McLachlan R & Lane M, Healthy man, healthy sperm – why men need to shape up for pregnancy, *The Age,* 7 February 2016.

Publications in partnership with other organisations

- Fertility Week 2015 to focus on obesity, *In Touch,* PHAA Vol 32, No 6, July 2015.
- IVF information added to sex education programs, *Health Victoria newsletter,* Vol 7-No 7, August 2015.
- Changing nature of donor conception, *Fertility Society of Australia (FSA) newsletter,* Spring-Summer 2015.
- Focus on male fertility health awareness, *FSA newsletter,* Spring-Summer 2015.
- Websites lacking in lifestyle guidance, *FSA newsletter,* Spring-Summer 2015.
- Hammarberg K, A new year's resolution for fertility and child health, *The Healthy Male,* newsletter of Andrology Australia, Summer 2015, Issue 57.
- Hammarberg K, Article on smoking and fertility, *The Healthy Male,* S8, 2016.

Other publications

- Bourne K et al. (2016), 'regulating the 'good' donor: the expectations and experiences of sperm donors in Denmark and Victoria, Australia', Chapter 10 in Golombok, Susan, et al., eds. *Regulating reproductive donation.* Cambridge University Press.
- Hammarbeg K, The evidence about obesity and reproductive outcomes, *Primary Time*s (APNA's quarterly research and news publication for primary health care nurses), Vol 15:2, 14-15.
- Hammarberg K, The facts about obesity and reproductive outcomes, *Vicdoc* (magazine of the Australian Medical Association Victoria), October 2015.
- Hammarberg K, What to tell mums who smoke, *Medical Observer,* May 2016.
- Hammarberg K, Nurses can drive education about smoking and reproduction, *Primary Times,* Vol 16 Issue 1.
- Johnson L, New donor conception laws passed in Victoria, *Vicdoc*, March 2016.
- The facts about smoking and reproduction, *Your Local Health News* (newsletter for the Northern Health Network), May 2016.

Presentations

Invited presentations

- Hammarberg K, *Patient care – counselling & psychological aspect,* invited faculty member and speaker at the LIFE (Learning Initiatives for Fertility Experts) ART Nurse Certification Course in Singapore.
- Hammarberg K, *'Your Fertility' a public education program to increase awareness about the adverse effects of obesity on reproductive outcomes,* Monash University Obesity Symposium.
- Robinson Research Institute on behalf of Your Fertility, *Making babies in the 21st century; towards equality in health,* Adelaide Convention Centre.
- Bourne K, invited speaker, *Donor linking,* Melbourne IVF Rainbow Families Seminar.
- Bourne K, invited speaker, *Donor-conceived adolescents*, Adolescent Medicine Unit, Royal Children's Hospital.
- Bourne K, invited speaker, *Third party reproduction – when it takes more than two to have a baby,* Western Infant and Perinatal Mental Health Network.
- Bourne K, guest lecturer, *Legislation and ethics in ART,* Monash University and University of Melbourne.
- Johnson L, Hammarberg K, Monash University short-course for health professionals from Japan:
  - Roles of VARTA (LJ)
  - VARTA research initiatives (KH)
  - Preconception health (KH).
- Bourne K, invited speaker, *Postcards from the surrogacy roundtable,* ANZICA workshop.
- Bourne K, guest lecturer, *Counselling management of patients for IVF, egg, sperm and embryo donation*, Monash University.
- Bourne K, guest lecturer, *Third party reproduction – when it takes more than two to have a baby,* Monash University and Ballarat University.
- Johnson L, presentation on surrogacy for Monash University roundtable.
- Bourne K, invited speaker, *Etiquette of donor linking in donor-conceived families,* Australasian Post Adoption Workshop.
- Hammarberg K, Johnson L, Bourne K, Fertility Society of Australia conference:
  - Invited plenary speaker, *Psychosocial care in ART – evidence to guide best practice* (KH)
  - *Fertility-related knowledge and information-seeking behavior among people of reproductive age: a qualitative study* (KH)
  - *Informing patients about factors that affect fertility and ART success: An audit of ART clinic websites* (LJ)
  - Chairing session, Psychosocial Free Communication (KB)
- Bourne K, invited speaker, *Bodies, borders and biologicals,* University of Melbourne Forum.
- Hammarberg K, Johnson L, Bourne K, invited speakers, Merck-Serono Symposium:
  - *Counselling: do patients like it and does it work?* (KH)
  - *Trip Advisor for IVF? What patients want to know* (LJ)
  - *Calling in the professionals for complex ART* (KB).
- Johnson L, guest presenter, *Regulation, the law and mitochondrial donation*, Monash University.
- Johnson L, presentation on the Victorian environment for *Regulating relations, forming families inside and outside of law's reach,* roundtable discussion, University of Technology Sydney (UTS).
- Bourne K, guest presenter, *Growing families through adoption, donor-conception & surrogacy,* donor conception panel, Refining Family Conference.
- Bourne K, invited speaker, *Donor conception and surrogacy practice in Australia,* International Social Services Conference.
- Hammarberg K, *Psychosocial care in ART – evidence to guide best practice,* Fertility Nurses of Australasia Nurse Education Evening, Melbourne.
- Hammarberg K, *Optimising fertility and chance of ART success: the role of lifestyle*, Masters of Clinical Embryology students at Monash University.
- Hammarberg K, *Psychosocial care in ART – evidence to guide best practice,* Melbourne IVF clinician meeting.

Abstracts presented at conferences

- Crocker E, Hammarberg K, Zosel R, Johnson L, *Improving public awareness about the impact of obesity on reproductive outcomes,* Population Health Congress, Hobart, September 2015.

Focus 5 Organisational capability, capacity, compliance and sustainability

Achievements

VARTA has hosted seven interns in the past year from the fields of medicine, health promotion, embryology and law from Melbourne, Monash and Deakin universities. Projects have included:

- involvement with social marketing campaigns focused on the impact of age, lifestyle and timing of intercourse on a person's capacity to conceive and have a healthy baby
- a webinar presentation for health professionals on fertility produced by Jean Hailes for Women's Health for *Your Fertility*
- involvement with the review of brochures such as *Understanding IVF success rates*
- media involvement in a campaign to highlight the impact of smoking on fertility
- a review of *Your Fertility* website content to ensure all information is informed by evidence and up-to-date
- involvement in the preparation and evaluation of *Fertility Week* and twilight seminars
- environmental scanning of IVF clinic websites' content on success rates and genetic testing of embryos
- updating of comparative information about features of ART legislation across Australia
- planning for testing key *Your Fertility* messages to reach university students via a postcard in medical centres and cafes.

Challenges

Preparing for sensitive legislative changes while maintaining momentum with current responsibilities is always challenging. Weekly planning sessions have been established to prioritise all aspects of current work.

Looking ahead

VARTA will continue to seek opportunities for interns to be involved in its public education program. With the implementation of further legislative changes from 1 March 2017, new staff will need to be recruited for management of the donor registers and associated services. Maintenance of the staffing involved with communications and public education will ensure that the promotion of research associated with fertility and infertility can continue. It will also be crucial for the dissemination of information associated with these issues.

Dr Raelia Lew

Dr Raelia Lew, a fertility specialist with a passion for women's health, is working with VARTA throughout 2016 as part of attaining a certification in reproductive endocrinology and infertility from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Raelia has made a significant contribution to the work of the *Your Fertility* program and VARTA since joining us in January 2016. Raelia was involved in developing *Your Fertility's* #QuitforFertility campaign, delivered in partnership with Quit Victoria (refer to page 17), that coincided with World No Tobacco Day on 31 May. Raelia's expertise has been utilised in the development of information for VARTA's website and patient information resources, and in the delivery of a webinar for health professionals on preconception health and fertility (refer to page 16). Raelia has contributed to many initiatives and events and we look forward to what she will accomplish during the remainder of her time with VARTA.

Isabelle Purcell

During her internship at VARTA, Isabelle, a Deakin University health promotion student, made a significant contribution and was a valuable part of the team. She assisted the VARTA team in many ways but, most importantly, undertook a systematic desktop audit to assess the quality of the information about chances of success available on the websites of ART providers in Australia and New Zealand. She found that most clinics' information is non-specific and difficult to interpret. This work will be presented at the FSA Annual Conference, to be held 4-7 September 2016, where it is hoped that it will spark debate about how clinics can improve the way they explain the chances of ART success to their patients to allow them to make more informed decisions about treatment.

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 71, to facilitate identification of the Authority's compliance with statutory disclosure requirements.

Data integrity

ART treatment outcome data is collected from registered ART providers directly by VARTA and by the University of Technology Sydney (UTS). In addition, data is collected from the Victorian Registry of Births, Deaths and Marriages for public education and monitoring purposes. Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, the information on treatment data included in this annual report will be made available at www.data.vic.gov.au in machine readable format.

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 reported data reasonably reflects actual performance. The Authority has critically reviewed these controls and processes during the year.

Melbourne 31/08/16

Environmental performance

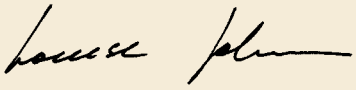
VARTA divides waste into recyclable, organic and landfill waste in conjunction with other statutory authorities housed at 570 Bourke Street, Melbourne. Double-sided photocopying reduces the use of paper in the office.

Freedom of Information

VARTA received no freedom of information requests in this financial year.

Insurance

I, Louise Johnson, Chief Executive Officer, certify that the Victorian Assisted Reproductive Treatment Authority has complied with Ministerial Direction 4.5.5.1 – through insurance coverage with the VMIA.



Melbourne 31/08/16

Consultancies

Details of consultancies (under $10,000)

In 2015-16, there were three consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2015-16 in relation to these consultancies is $14,515 (exclusive of GST).

Details of consultancies (valued at $10,000 or greater)

In 2015-16, there were two consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2015-16 in relation to these consultancies is $34,375 (exclusive of GST). Details of individual consultancies are presented below:

Consultant	Project detail	Start date	End date	Total project fees approved (exclusive of GST)	Total fees incurred in financial year (exclusive of GST)	Future commitments
Alison Coughlan	Strategic work – evaluation	1/07/15	30/06/16	$20,000	**$20,000**	$0
Rebecca Zosel	Strategic work – planning	1/07/15	30/06/16	$10,359	**$14,375**	$0
Total				**$30,359**	**$34,375**	**$0**

Information and communication technology (ICT) expenditure

The total ICT expenditure incurred during 2015-16 is $34,348 (excluding GST) with the details shown below.

Business as usual (BAU) ICT expenditure total (exclusive of GST)	Non-BAU ICT expenditure total (exclusive of GST)	Operational expenditure (exclusive of GST)	Capital expenditure (exclusive of GST)
$23,075	$11,273	$19,745	$14,603

Occupational health and safety

An occupational health and safety audit was organised in relation to a staff member's home office in February 2016 to identify any improvements that could be made to support her 'working from home' environment. Advice received was used to make adjustments as necessary.

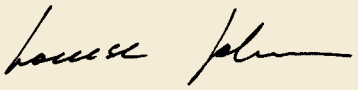
Protected Disclosure Act 2012

No disclosures have been notified to the Authority or forwarded to the Independent Broad-Based Anti-Corruption Commission, Victoria (IBAC).

Risk management

I, Louise Johnson, Chief Executive Officer, certify that the Victorian Assisted Reproductive Treatment Authority has complied with the Ministerial Direction 4.5.5 – Risk Management Framework and Processes. The Authority Audit Committee has verified this.

I also certify that the Authority has risk management processes in place consistent with the *AS/NZS ISO 31000:2009* and an internal control is in place that enables the executive to understand, manage and satisfactorily control risk exposures. The Board verifies this assurance and that the risk profile of the Authority has been critically reviewed within the last 12 months.



Melbourne 31/08/16

Board members

The Minister for Health nominates the members of the Authority and the appointments are made by the Governor-in-Council. Section 101 of the Act states that in making nominations to the Governor-in-Council, the Minister must have regard to the need for diversity and expertise.

The following is a list of membership during the 2015-16 financial year.

Kirsten Mander
Chairperson

Kirsten is an experienced director, business woman and lawyer. She has an extensive background as a senior executive and general counsel of a number of Australia's top companies, including Australian Unity, Sigma Pharmaceuticals, TRUenergy and Smorgon Steel Group. She currently serves on a number of boards, including Swinburne University, the International Women's Development Agency and the Consultative Council for Clinical Trials Research. Formerly she was Ethics Committee Chair of the Law Institute of Victoria and Victorian President of the Australian Corporate Lawyers Association. She is a fellow of the Australian Institute of Company Directors and the Governance Institute of Australia.

Margaret Coady
Term expired: 31 March 2016

Margaret is a member of the Centre for Applied Philosophy and Public Ethics, and a member of the Youth Research Centre, both at the University of Melbourne. She is also a foundation member of the Victoria Police Human Research Ethics Committee. She has been a consultant on codes of ethics to a number of professional organisations, including the Royal Australian and New Zealand College of Psychiatry and the Australian Association of Social Workers. She has published on children's rights and professional ethics both in academic journals and in more popular press.

David Edgar
Term expired: 14 May 2016

David is Scientific Director of Melbourne IVF and Reproductive Services at the Royal Women's Hospital. He is also an Associate Professor in the Department of Obstetrics and Gynaecology at the University of Melbourne. He was a member of the Infertility Treatment Authority from 2004 until it was replaced by VARTA in 2010, and has also served on the Royal Women's Hospital Human Research and Ethics Committee and on the Reproductive Technology Accreditation Committee. He has lectured and published widely in the areas of reproductive biology and human embryology.

Authority committees

Section 113 of the Act provides that the Authority may set up one or more committees, comprised of members of the Authority.

Twelve full board meetings of the Authority were held between 1 July 2015 and 30 June 2016.

Committees established are:

Finance, Audit and Risk Management Committee
Chair: David Edgar
Members: Victoria Heywood, Katrina Harkess
Number of meetings held: three.

Nomination and Remuneration Committee
Chair: Kirsten Mander
Members: Jennifer Jarman
Number of meetings held: one.

Working groups
Ad hoc working groups are established when required.

Katrina Harkess not pictured

Term expired: 31 March 2016

With a background in IT, Katrina has held a number of roles in the medical and security industries. A part-time student and full-time single parent of three donor-conceived children, she is actively involved in the parents of donor-conceived children community.

Victoria Heywood

Term expired: 22 July 2016

Victoria 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 31 adult non-fiction books.

Jennifer Jarman

Term expired: 14 May 2016

Jennifer is a midwife, lactation consultant, and childbirth educator with Frances Perry House private hospital. She was a member of the Royal Women's Hospital board prior to relocating to London where she completed a Masters degree in Health Policy, Planning and Financing at the University of London. She also served on the Committee of Management of the Centre Against Sexual Assault (CASA).

Nicki Mollard

Term started: 2 February 2016

Nicki's area of expertise is where the law, medicine and ethics intersect. She has a Masters degree in Bioethics from the Centre for Human Bioethics and published a first class thesis on the regulation of IVF in Victoria. Nicki is a barrister practicing in health law with particular interest in medical negligence, professional disciplinary matters and public health. Nicki is also a nationally accredited mediator. Nicki has researched and taught law at Monash University in the faculties of law and medicine, nursing and health sciences at undergraduate and postgraduate level for 15 years. Nicki is a former board member of the Victorian Cytology Service.

Executive structure

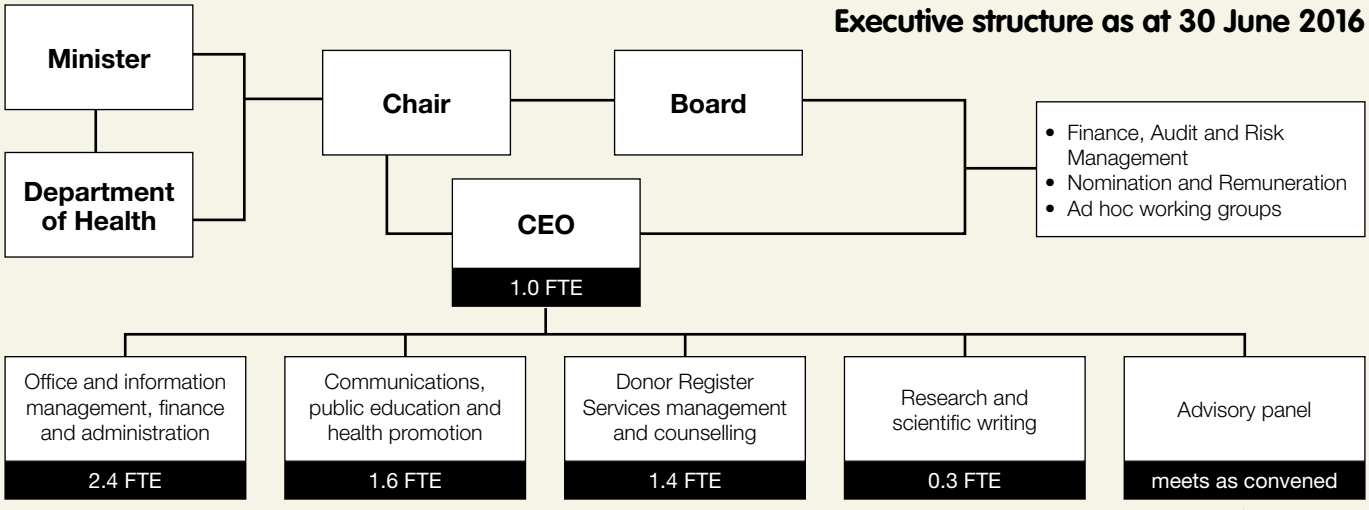
VARTA's Chief Executive Officer is Louise Johnson. Louise has an Honours degree in Microbiology, postgraduate qualifications in management and education, a Masters of Regulatory Studies and is a graduate of the Australian Institute of Company Directors. Louise is a community member of the Occupational Therapy Board of Australia, past member of the NHMRC Embryo Licensing Committee, and past chairperson for Women's Health Victoria. She is supported by staff members and contractors.

VARTA staff – front row (L-R): Karin Hammarberg, Louise Johnson, Kate Bourne, Ellen Crocker.
Back row (L-R): Caroline Jordan, Sue Curnow, Cathy Anderson, Marjorie Solomon, Tanya Thomson, Darren Collins

VARTA staff members / contractors

Louise Johnson	Chief Executive Officer	
Tanya Thomson	Office and Information Manager	
Kate Bourne	Manager Donor Register Services	
Cathy Anderson	Counsellor/Community Educator	
Marjorie Solomon	Public Relations Officer	
Caroline Comoy	Education and Health Promotion Officer	– maternity leave until February 2016
Ellen Crocker	Education and Health Promotion Officer	
Dr Karin Hammarberg	Senior Research Officer	
Darren Collins	Chief Finance Officer	– started work in May 2016
Susan Curnow	Casual Administration Officer	– started work in February 2016
Emily McDiarmid	Administration Officer	– finished work in December 2015
Hanna Genee	Project Officer	– finished work in February 2016
Rebecca Zosel	Health Promotion Adviser	

Executive structure as at 30 June 2016



Advisory panel

VARTA has established an advisory panel to contribute to its work on a voluntary basis. Membership is reviewed annually. Members of the panel are published on the VARTA website: **www.varta.org.au**

This report outlines the procedures carried out for registered ART providers under the *Assisted Reproductive Treatment Act 2008*. Data is provided on a financial year basis (between 1 July 2015 and 30 June 2016) as required under the Act.

ART treatment outcome data is collected from registered ART providers directly by VARTA and by the Faculty of Health, University of Technology Sydney (UTS).
The data is collected retrospectively. The following dates indicate when the latest updates were provided:

- 16/08/2016 Ballarat IVF
- 18/08/2016 City Fertility Centre
- 18/08/2016 City Babies
- 23/08/2016 Melbourne IVF
- 23/08/2016 Monash IVF
- 19/08/2016 Primary IVF

Pregnancy outcomes for each unit will only have been recorded up to these dates. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the above dates.

How to read the data

This report includes all forms of assisted reproductive treatment (ART) cycles and artificial insemination (AI) using either partner sperm or donor sperm. Cycles involving: purely egg or embryo movement; embryo disposal; cancelled prior to follicle stimulating hormone (FSH) stimulation; or prior to thawing the egg or embryo, are not included.

Where a woman may have treatment at more than one treatment site, the information is presented per registered ART provider. Elsewhere, details of each treatment site for a registered ART provider are shown.

The following diagram explains the ART process to help readers better understand the data reported.

Understanding the ART process

The IVF and ICSI process

Hormone stimulation	Fertility drugs are given to develop a number of eggs (stimulated cycle). In a natural cycle, no superovulatory drugs are used.
Egg retrieval	Eggs are collected.
Embryo development	In IVF, sperm is added to the eggs and, in ICSI, a single sperm is physically injected into each egg for the for embryos to develop. Sometimes more than one embryo develops that is suitable for transfer.
Embryo transfer	An embryo is placed in the uterus where it may implant and grow into a baby. When there are several embryos available for transfer, most commonly one is transferred[1] and the remainder frozen for later use if there is no pregnancy. Sometimes, all embryos are frozen.
Clinical pregnancy	A pregnancy is verified by ultrasound at approximately six to seven weeks into the pregnancy. A clinical pregnancy does not guarantee the birth of a baby, as some pregnancies miscarry.
Live birth	The birth of a living baby or babies (multiple births are classed as a single live birth). Collection of this data can be slow because the clinic has to wait until a baby is born to count him or her as part of the clinic's success rate.

The AI process

Egg development	One or two eggs are developed with or without the use of fertility drugs.
Monitoring	Ultrasound scans and blood tests are used to determine the right time to have the insemination.
Insemination	Partner or donor sperm is placed in the uterus just before ovulation.
Clinical pregnancy	A pregnancy is verified by ultrasound at approximately six to seven weeks into the pregnancy. A clinical pregnancy does not guarantee the birth of a baby, as some pregnancies miscarry.
Live birth	The birth of a living baby or babies (multiple births are classed as a single live birth). Collection of this data can be slow because the clinic has to wait until a baby is born to count him or her as part of the clinic's success rate.

1. Single embryo transfer (transferring one embryo at a time) is considered the gold standard of practice in IVF to minimise the risk of multiple pregnancy which are associated with higher risk to both mother and babies.

Data reporting and success rates

The data presented here cannot be used to compare success rates between ART procedures and between treatment sites.

ART clinics in Victoria practice differently in terms of patient selection and use of laboratory techniques. When considering clinic success rates, personal circumstances and medical history must be taken into account in estimating an individual's chance of having a baby.

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.

The information on intention to treat is not available in the VARTA data.

It is not correct to compare the efficacy between ART procedures since cancelled cycles and others factors are not taken into consideration.

Therefore, the data reported here only presents number of cycles, type of ART procedures, number of pregnancies and number of births, not the success rates.

Section 1

Final outcomes for treatment cycles commenced in 2014-15 financial year

This section includes a final outcome of treatment procedures undertaken in 2014-15. These final figures were not available at the time of the production of the 2015 Annual Report.

Overview

Table 1.1 Number of women treated, 2014-15 financial year

Treatment site	No. of women treated	No. of cycles included	Refer to 1.4a No. of women with fresh embryos transferred	Refer to 1.4b No. of women with thawed embryos transferred	Refer to 1.4c No. of women with AI using partner sperm	Refer to 1.4c No. of women with AI using donor sperm
Ballarat IVF, Ballarat	284	506	151	123	32	10
City Babies, Richmond	165	324	0	0	159	0
City Fertility Centre, Bundoora	164	372	72	89	5	0
City Fertility Centre, Melbourne	591	1,177	310	269	50	54
Melbourne IVF, East Melbourne	3,232	6,326	1,626	1,280	201	126
Melbourne IVF, Mt Waverley	352	602	197	119	26	21
Melbourne IVF, Werribee	127	180	76	24	20	2
Monash IVF, Bendigo	76	126	51	33	0	0
Monash IVF, Clayton	2,132	3,873	944	1,023	74	48
Monash IVF, Frankston	20	26	8	5	0	0
Monash IVF, Geelong	235	430	133	118	4	10
Monash IVF, Mildura	58	86	37	10	2	1
Monash IVF, Richmond	2,200	3,986	1,065	967	65	52
Monash IVF, Sale	77	116	48	20	0	0
Monash IVF, Sunshine	199	308	127	40	0	0
Reproductive Services, RWH (Melbourne IVF)	1,405	2,147	724	536	69	42
Aggregated total	**11,317**	**20,585**	**5,569**	**4,656**	**707**	**366**

AI: artificial insemination.

Table 1.2 Number of women and pregnancy outcomes, 2014-15 financial year

Treatment site	No. of women treated by age at first treatment				Clinical pregnancies	No. of live births
	< 35	35–39	≥ 40	ALL		
Ballarat IVF, Ballarat	131	96	57	284	125	96
City Babies, Richmond	94	38	33	165	41	25
City Fertility Centre, Bundoora	84	43	37	164	53	43
City Fertility Centre, Melbourne	221	225	145	591	213	169
Melbourne IVF, East Melbourne	1,097	1,234	901	3,232	1,185	922
Melbourne IVF, Mt Waverley	173	105	74	352	145	111
Melbourne IVF, Werribee	65	33	29	127	38	34
Monash IVF, Bendigo	37	26	13	76	26	17
Monash IVF, Clayton	785	741	606	2,132	803	628
Monash IVF, Frankston	8	4	8	20	5	2
Monash IVF, Geelong	102	93	40	235	103	83
Monash IVF, Mildura	35	10	13	58	12	11
Monash IVF, Richmond	717	856	627	2,200	885	692
Monash IVF, Sale	35	27	15	77	22	17
Monash IVF, Sunshine	88	71	40	199	52	45
Reproductive Services, RWH (Melbourne IVF)	609	456	340	1,405	432	325
Aggregated total	**4,281**	**4,058**	**2,978**	**11,317**	**4,140**	**3,220**

Table 1.3 Number of women treated and pregnancy and birth outcomes, 2014-15 financial year

Treatment site	No. of women treated	Clinical pregnancies	No. of births				No. of live births	No. of babies born	No. of liveborn babies	Pregnancy outcome unknown
			No. of singletons	No. of sets of twins	No. of sets of higher order multiples	All				
Ballarat IVF, Ballarat	284	125	96	3	0	99	96	102	98	0
City Babies, Richmond	165	41	22	2	1	25	25	29	29	2
City Fertility Centre, Bundoora	164	53	42	1	0	43	43	44	44	0
City Fertility Centre, Melbourne	591	213	159	14	0	173	169	187	182	0
Melbourne IVF, East Melbourne	3,232	1,185	884	44	0	928	922	972	963	6
Melbourne IVF, Mt Waverley	352	145	105	5	1	111	111	118	118	1
Melbourne IVF, Werribee	127	38	32	2	0	34	34	36	36	1
Monash IVF, Bendigo	76	26	18	0	0	18	17	18	17	0
Monash IVF, Clayton	2,132	803	616	15	0	631	628	646	643	2
Monash IVF, Frankston	20	5	2	0	0	2	2	2	2	0
Monash IVF, Geelong	235	103	80	4	0	84	83	88	87	0
Monash IVF, Mildura	58	12	10	1	0	11	11	12	12	0
Monash IVF, Richmond	2,200	885	661	32	1	694	692	728	724	2
Monash IVF, Sale	77	22	17	0	0	17	17	17	17	0
Monash IVF, Sunshine	199	52	41	4	0	45	45	49	49	1
Reproductive Services, RWH (Melbourne IVF)	1,405	432	312	15	1	328	325	345	342	5
Aggregated total	**11,317**	**4,140**	**3,097**	**142**	**4**	**3,243**	**3,220**	**3,393**	**3,363**	**20**

Legend (for full glossary, refer to page 70)

Birth	A birth event – the delivery of a baby or babies
Live birth	Birth of a living baby or babies (multiple births are classified as a single live birth)
Babies born	Includes liveborn and stillborn
Liveborn babies	A baby that is born alive
Age at the first treatment	Age is based on the cycle date – either the first date where FSH/stimulation drug is administered, or the date of last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles)
Clinical pregnancy	A pregnancy verified by ultrasound at six/seven weeks gestation. A clinical pregnancy does not guarantee the birth of a baby, as miscarriages can occur. Women can have more than one clinical pregnancy in a financial year
Thawed	Cryopreserved/frozen eggs, sperm or embryos must be thawed prior to transfer

Final outcomes per procedure for treatment cycles commenced in 2014-15 financial year

Table 1.4a Fresh embryo transfer cycles and pregnancy outcomes, 2014-15 financial year

This data includes fresh embryos formed from thawed eggs.

Treatment site	No. of cycles with fresh embryo transferred	% of single embryo transfer	No. of clinical pregnancies	No. of live births	No. of liveborn babies	No. of cycles with fresh embryo transferred	% of single embryo transfer	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	Women using own/partner eggs or donor eggs/embryos									
	< 35					35–39				
Ballarat IVF, Ballarat	93	88.2	29	24	24	60	85.0	16	12	13
City Fertility Centre, Bundoora	40	100.0	10	9	9	22	68.2	8	8	8
City Fertility Centre, Melbourne	129	86.0	48	42	44	151	82.1	30	22	27
Melbourne IVF, East Melbourne	706	88.0	266	219	228	776	82.0	223	174	182
Melbourne IVF, Mt Waverley	105	84.8	42	30	33	79	77.2	25	18	18
Melbourne IVF, Werribee	39	97.4	13	12	12	24	66.7	6	4	6
Monash IVF, Bendigo	26	84.6	11	8	8	22	86.4	4	2	2
Monash IVF, Clayton	378	94.4	148	117	121	395	89.1	110	84	86
Monash IVF, Frankston	3	100.0	1	1	1	2	100.0	1	0	0
Monash IVF, Geelong	69	98.6	22	21	21	66	95.5	22	14	15
Monash IVF, Mildura	26	88.5	6	5	5	7	85.7	5	5	6
Monash IVF, Richmond	385	87.8	172	153	162	506	81.0	161	121	128
Monash IVF, Sale	26	73.1	12	11	11	16	68.8	6	4	4
Monash IVF, Sunshine	81	79.0	26	21	23	58	75.9	11	9	10
Reproductive Services, RWH (Melbourne IVF)	347	91.6	100	85	86	291	79.0	63	48	50
Aggregated total	**2,453**	**89.4**	**906**	**758**	**788**	**2,475**	**82.4**	**691**	**525**	**555**

	≥ 40					ALL				
Ballarat IVF, Ballarat	45	80.0	15	10	10	198	85.4	60	46	47
City Fertility Centre, Bundoora	28	53.6	0	0	0	90	77.8	18	17	17
City Fertility Centre, Melbourne	124	58.1	8	7	7	404	76.0	86	71	78
Melbourne IVF, East Melbourne	711	67.4	109	71	73	2,193	79.2	598	464	483
Melbourne IVF, Mt Waverley	70	58.6	8	6	6	254	75.2	75	54	57
Melbourne IVF, Werribee	19	73.7	1	1	1	82	82.9	20	17	19
Monash IVF, Bendigo	10	80.0	1	1	1	58	84.5	16	11	11
Monash IVF, Clayton	367	82.6	59	39	41	1,140	88.8	317	240	248
Monash IVF, Frankston	5	100.0	0	0	0	10	100.0	2	1	1
Monash IVF, Geelong	24	87.5	6	4	4	159	95.6	50	39	40
Monash IVF, Mildura	11	63.6	0	0	0	44	81.8	11	10	11
Monash IVF, Richmond	424	67.2	73	38	39	1,315	78.6	406	312	329
Monash IVF, Sale	19	47.4	1	0	0	61	63.9	19	15	15
Monash IVF, Sunshine	25	68.0	2	2	2	164	76.2	39	32	35
Reproductive Services, RWH (Melbourne IVF)	233	62.7	25	13	13	871	79.7	188	146	149
Aggregated total	**2,115**	**68.9**	**308**	**192**	**197**	**7,043**	**80.8**	**1,905**	**1,475**	**1,540**

Table 1.4b Thawed embryo transfer cycles and pregnancy outcomes, 2014-15 financial year

Treatment site	No. of cycles with thawed embryos transferred	% of single embryo transfer	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	Women using own eggs				
Ballarat IVF, Ballarat	168	95.8	58	45	46
City Fertility Centre, Bundoora	145	97.9	35	26	27
City Fertility Centre, Melbourne	395	90.6	114	88	94
Melbourne IVF, East Melbourne	1,922	84.9	523	406	423
Melbourne IVF, Mt Waverley	167	82.6	61	49	50
Melbourne IVF, Werribee	28	85.7	14	13	13
Monash IVF, Bendigo	43	95.3	10	6	6
Monash IVF, Clayton	1,452	93.9	468	373	380
Monash IVF, Frankston	6	100.0	3	1	1
Monash IVF, Geelong	172	97.1	51	42	45
Monash IVF, Mildura	11	81.8	1	1	1
Monash IVF, Richmond	1,347	91.9	458	366	381
Monash IVF, Sale	21	61.9	3	2	2
Monash IVF, Sunshine	54	77.8	13	13	14
Reproductive Services, RWH (Melbourne IVF)	702	83.0	212	151	160
Aggregated total	**6,633**	**89.2**	**2,024**	**1,582**	**1,643**

Note: Aggregate percentages have been calculated using total numbers within the treatment dataset. For example, the percentage of single embryo transfer was calculated as the total number of cycles with single fresh embryo transferred as a proportion of the total number of cycles with fresh embryo transferred.

Legend (for full glossary, refer to page 70)

Birth	A birth event – the delivery of a baby or babies
Live birth	Birth of a living baby or babies (multiple births are classified as a single live birth)
Babies born	Includes liveborn and stillborn
Liveborn babies	A baby that is born alive
Age at the first treatment	Age is based on the cycle date – either the first date where FSH/stimulation drug is administered, or the date of last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles)
Clinical pregnancy	A pregnancy verified by ultrasound at six/seven weeks gestation. A clinical pregnancy does not guarantee the birth of a baby, as miscarriages can occur. Women can have more than one clinical pregnancy in a financial year
Thawed	Cryopreserved/frozen eggs, sperm or embryos must be thawed prior to transfer

Table 1.4c Artificial insemination (AI) cycles and pregnancy outcomes, 2014-15 financial year

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	AI with partner sperm				AI with donor sperm			
	< 35							
Ballarat IVF, Ballarat	20	4	3	3	8	3	2	2
City Babies, Richmond	149	23	19	21	0	0	0	0
City Fertility Centre, Melbourne	41	2	2	2	37	0	0	0
Melbourne IVF, East Melbourne	149	17	13	14	73	19	16	17
Melbourne IVF, Mt Waverley	18	2	2	4	22	2	2	2
Melbourne IVF, Werribee	16	1	1	1	0	0	0	0
Monash IVF, Clayton	61	9	8	8	37	4	4	4
Monash IVF, Geelong	3	0	0	0	9	0	0	0
Monash IVF, Mildura	1	0	0	0	1	0	0	0
Monash IVF, Richmond	50	6	5	5	35	6	6	6
Reproductive Services, RWH (Melbourne IVF)	52	8	7	8	25	9	8	10
Aggregated total	**560**	**72**	**60**	**66**	**247**	**43**	**38**	**41**

	AI with partner sperm				AI with donor sperm			
	35–39							
Ballarat IVF, Ballarat	13	0	0	0	6	0	0	0
City Babies, Richmond	77	9	5	7	0	0	0	0
City Fertility Centre, Bundoora	4	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	36	3	3	3	31	6	3	3
Melbourne IVF, East Melbourne	109	11	9	11	107	16	13	14
Melbourne IVF, Mt Waverley	13	2	1	1	8	1	1	1
Melbourne IVF, Werribee	9	2	2	2	3	1	1	1
Monash IVF, Clayton	31	3	2	2	44	2	1	1
Monash IVF, Geelong	5	0	0	0	6	2	2	2
Monash IVF, Richmond	37	5	1	1	49	3	2	2
Reproductive Services, RWH (Melbourne IVF)	31	7	6	6	24	6	6	8
Aggregated total	**365**	**42**	**29**	**33**	**278**	**37**	**29**	**32**

Table 1.4c Artificial insemination (AI) cycles and pregnancy outcomes, 2014-15 financial year (continued)

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	AI with partner sperm				AI with donor sperm			
	≥ 40							
Ballarat IVF, Ballarat	9	0	0	0	3	0	0	0
City Babies, Richmond	62	9	1	1	0	0	0	0
City Fertility Centre, Bundoora	3	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	7	1	1	1	14	1	1	1
Melbourne IVF, East Melbourne	45	1	1	1	3	0	0	0
Melbourne IVF, Mt Waverley	5	1	1	2	1	1	1	1
Melbourne IVF, Werribee	8	0	0	0	0	0	0	0
Monash IVF, Clayton	22	0	0	0	1	0	0	0
Monash IVF, Geelong	0	0	0	0	2	0	0	0
Monash IVF, Mildura	2	0	0	0	0	0	0	0
Monash IVF, Richmond	17	1	0	0	4	0	0	0
Reproductive Services, RWH (Melbourne IVF)	9	2	1	1	1	0	0	0
Aggregated total	**189**	**15**	**5**	**6**	**29**	**2**	**2**	**2**

	AI with partner sperm				AI with donor sperm			
	ALL							
Ballarat IVF, Ballarat	42	4	3	3	17	3	2	2
City Babies, Richmond	288	41	25	29	0	0	0	0
City Fertility Centre, Bundoora	7	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	84	6	6	6	82	7	4	4
Melbourne IVF, East Melbourne	303	29	23	26	183	35	29	31
Melbourne IVF, Mt Waverley	36	5	4	7	31	4	4	4
Melbourne IVF, Werribee	33	3	3	3	3	1	1	1
Monash IVF, Clayton	114	12	10	10	82	6	5	5
Monash IVF, Geelong	8	0	0	0	17	2	2	2
Monash IVF, Mildura	3	0	0	0	1	0	0	0
Monash IVF, Richmond	104	12	6	6	88	9	8	8
Reproductive Services, RWH (Melbourne IVF)	92	17	14	15	50	15	14	18
Aggregated total	**1,114**	**129**	**94**	**105**	**554**	**82**	**69**	**75**

Table 1.5 Treatment using thawed eggs and pregnancy outcomes, 2014-15 financial year

Treatment site	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	No. of liveborn babies	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	Women using own eggs					Women using donor/partner eggs*				
City Fertility Centre, Bundoora	1	1	0	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	5	4	2	2	2	0	0	0	0	0
Melbourne IVF, East Melbourne	24	20	9	4	4	3	2	0	0	0
Monash IVF, Clayton	9	7	1	1	1	20	18	8	8	8
Monash IVF, Frankston	0	0	0	0	0	1	1	0	0	0
Monash IVF, Geelong	0	0	0	0	0	2	2	1	1	1
Monash IVF, Richmond	10	8	3	2	2	35	35	9	7	8
Monash IVF, Sunshine	4	2	0	0	0	0	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	15	12	0	0	0	0	0	0	0	0
Aggregated total	**68**	**54**	**15**	**9**	**9**	**61**	**58**	**18**	**16**	**17**

* Donor eggs include those imported from interstate or overseas.

Table 1.6 Surrogacy cycles and pregnancy outcomes, 2014-15 financial year

This table includes cycles where embryo(s) was transferred to a surrogate woman.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred*	% of single embryo transfer**	No. of clinical pregnancies	No. of live births	No. of liveborn babies
City Fertility Centre, Melbourne	1	1	100.0	1	1	1
Melbourne IVF, East Melbourne	11	21	100.0	9	7	7
Monash IVF, Clayton	3	4	100.0	1	1	1
Monash IVF, Richmond	6	6	83.3	2	2	2
Reproductive Services, RWH (Melbourne IVF)	1	1	100.0	0	0	0
Aggregated total	**22**	**33**	**97.0**	**13**	**11**	**11**

** See note page 31.

Table 1.7 Outcome for preimplantation genetic diagnosis and screening, 2014-15 financial year

PGD is used for patients with a known genetic risk. PGS is used for the detection of numerical chromosome abnormalities. PGD IVF/ICSI and thaw cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

Registered ART provider (all sites)	No. of women in treatment	No. of embryos tested*	No. of embryos genetically-suitable for transfer	No. of genetically-suitable embryos transferred	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	PGD						
City Fertility Centre	2	11	5	1	1	1	1
Melbourne IVF, including Reproductive Services, RWH	106	740	221	124	25	21	21
Monash IVF	25	166	66	32	18	17	17
Aggregated total	**133**	**917**	**292**	**157**	**44**	**39**	**39**
	PGS						
City Fertility Centre	6	17	9	6	2	1	1
Melbourne IVF, including Reproductive Services, RWH	259	1738	285	223	65	60	66
Monash IVF	249	778	333	175	74	62	62
Aggregated total	**514**	**2,533**	**627**	**404**	**141**	**123**	**129**

PGD: preimplantation genetic diagnosis; PGS: preimplantation genetic screening.
* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested.

Section 2

ART procedures, 2015–16 financial year

This section provides ART treatment and clinical pregnancies for the 2015-16 financial year. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

Overview

Table 2.1 Number of women treated, 2015-16 financial year

Treatment site	No. of women treated	No. of cycles included	No. of women with FSH stimulation	No. of women with egg retrievals	No. of women with fresh/ thawed eggs inseminated incl. IVF/ICSI	No. of women embryos thawed	No. of women with fresh/ thawed embryos transferred	No. of women with AI using partner sperm	No. of women with AI using donor sperm
Ballarat IVF, Ballarat	264	450	176	170	167	134	201	22	8
City Babies, Richmond	190	389	187	0	0	0	0	175	0
City Fertility Centre, Bundoora	161	335	118	104	98	97	123	2	1
City Fertility Centre, Melbourne	672	1,352	459	430	404	323	491	55	74
Melbourne IVF, East Melbourne	3,204	6,473	2,492	2,174	1,952	1,617	2,213	166	129
Melbourne IVF, Mt Waverley	413	750	331	285	267	189	310	31	17
Melbourne IVF, Werribee	145	224	126	90	85	42	87	22	4
Monash IVF, Bendigo	129	213	101	92	89	56	105	0	3
Monash IVF, Clayton	2,085	3,812	1,502	1,361	1,274	1,008	1,523	100	57
Monash IVF, Geelong	307	575	221	201	191	168	246	10	15
Monash IVF, Mildura	67	103	52	40	36	21	45	3	3
Monash IVF, Richmond	2,384	4,365	1,846	1,682	1,541	1,062	1,735	41	48
Monash IVF, Sale	75	124	51	48	49	33	64	0	1
Monash IVF, Sunshine	212	326	178	161	150	57	165	0	0
Primary IVF, Preston	305	425	299	286	280	35	242	0	0
Reproductive Services, RWH (Melbourne IVF)	1,502	2,359	1,123	1,034	950	723	1,086	40	26
Aggregated total	**12,115**	**22,275**	**9,262**	**8,158**	**7,533**	**5,565**	**8,636**	**667**	**386**

FSH: Follicle stimulating hormone. IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection. AI: artificial insemination.

Table 2.2 Number of women treated and clinical pregnancies, 2015-16 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 27.

Treatment site	No. of women treated	No. of clinical pregnancies	No. of women treated	No. of clinical pregnancies	No. of women treated	No. of clinical pregnancies	No. of women treated	No. of clinical pregnancies
	< 35		35–39		≥ 40		ALL	
Ballarat IVF, Ballarat	143	62	75	39	46	10	264	111
City Babies, Richmond	97	21	56	10	37	2	190	33
City Fertility Centre, Bundoora	74	36	45	15	42	8	161	59
City Fertility Centre, Melbourne	260	102	260	100	152	33	672	235
Melbourne IVF, East Melbourne	1,084	495	1,223	465	897	201	3,204	1,161
Melbourne IVF, Mt Waverley	197	100	141	48	75	18	413	166
Melbourne IVF, Werribee	71	11	39	8	35	7	145	26
Monash IVF, Bendigo	65	30	43	13	21	5	129	48
Monash IVF, Clayton	778	339	742	314	565	134	2,085	787
Monash IVF, Geelong	143	63	114	56	50	13	307	132
Monash IVF, Mildura	38	12	14	5	15	1	67	18
Monash IVF, Richmond	694	331	970	394	720	167	2,384	892
Monash IVF, Sale	36	12	25	11	14	4	75	27
Monash IVF, Sunshine	91	39	67	14	54	9	212	62
Primary IVF, Preston	126	42	105	33	74	9	305	84
Reproductive Services, RWH (Melbourne IVF)	592	223	495	148	415	67	1,502	438
Aggregated total	**4,489**	**1,918**	**4,414**	**1,673**	**3,212**	**688**	**12,115**	**4,279**

Egg retrieval

Table 2.3 Number of egg retrieval cycles, 2015-16 financial year

Treatment site	No. of egg retrievals	No. of FSH stimulated egg retrievals	No. of egg retrievals with eggs collected	No. of eggs collected	No. of egg retrievals with eggs collected but not suitable for freezing or transfer	No. of eggs frozen	No. of cycles with eggs frozen
				< 35			
Ballarat IVF, Ballarat	122	122	122	1,345	6	0	0
City Fertility Centre, Bundoora	59	58	59	730	3	52	5
City Fertility Centre, Melbourne	180	180	179	2,418	15	50	6
Melbourne IVF, East Melbourne	947	941	930	12,936	52	726	65
Melbourne IVF, Mt Waverley	151	151	151	2,028	4	40	5
Melbourne IVF, Werribee	42	42	42	555	1	11	1
Monash IVF, Bendigo	56	56	56	734	4	0	0
Monash IVF, Clayton	640	638	635	8,079	41	401	46
Monash IVF, Geelong	116	116	115	1,333	0	86	6
Monash IVF, Mildura	21	21	21	175	2	0	0
Monash IVF, Richmond	587	587	586	7,691	29	391	42
Monash IVF, Sale	29	29	29	293	1	12	2
Monash IVF, Sunshine	87	87	87	1,123	1	49	4
Primary IVF, Preston	130	130	130	1,615	0	0	0
Reproductive Services, RWH (Melbourne IVF)	441	441	435	5,164	10	450	44
Aggregated total	**3,608**	**3,599**	**3,577**	**46,219**	**169**	**2,268**	**226**
				35-39			
Ballarat IVF, Ballarat	66	66	65	556	6	0	0
City Fertility Centre, Bundoora	38	37	38	455	1	19	2
City Fertility Centre, Melbourne	229	228	223	2,040	9	72	7
Melbourne IVF, East Melbourne	1,192	1,187	1,168	11,384	52	1,320	135
Melbourne IVF, Mt Waverley	126	126	124	1,393	1	60	11
Melbourne IVF, Werribee	31	31	30	286	1	30	3
Monash IVF, Bendigo	32	32	32	325	2	6	1
Monash IVF, Clayton	619	616	612	6,165	28	271	39
Monash IVF, Geelong	75	75	75	763	3	39	4
Monash IVF, Mildura	14	14	14	99	1	27	3
Monash IVF, Richmond	969	962	962	10,188	33	877	110
Monash IVF, Sale	21	21	21	148	2	0	0
Monash IVF, Sunshine	69	69	68	680	1	38	4
Primary IVF, Preston	122	122	119	923	4	0	0
Reproductive Services, RWH (Melbourne IVF)	410	406	402	3,838	14	165	28
Aggregated total	**4,013**	**3,992**	**3,953**	**39,243**	**158**	**2,924**	**347**

Egg retrieval

Table 2.3 Number of egg retrieval cycles, 2015-16 financial year (continued)

Treatment site	No. of egg retrievals	No. of FSH stimulated egg retrievals	No. of egg retrievals with eggs collected	No. of eggs collected	No. of egg retrievals with eggs collected but not suitable for freezing or transfer	No. of eggs frozen	No. of cycles with eggs frozen
	≥ 40						
Ballarat IVF, Ballarat	34	34	31	226	2	0	0
City Fertility Centre, Bundoora	40	40	40	246	3	0	0
City Fertility Centre, Melbourne	172	171	166	1,184	5	14	2
Melbourne IVF, East Melbourne	1,095	1,071	1,048	7,511	30	158	26
Melbourne IVF, Mt Waverley	89	89	81	499	1	11	2
Melbourne IVF, Werribee	34	34	33	221	0	0	0
Monash IVF, Bendigo	18	18	18	106	0	0	0
Monash IVF, Clayton	579	576	569	4,245	14	51	15
Monash IVF, Geelong	44	44	41	250	1	0	0
Monash IVF, Mildura	19	19	16	122	1	0	0
Monash IVF, Richmond	736	731	724	5,574	19	227	35
Monash IVF, Sale	12	12	11	49	0	0	0
Monash IVF, Sunshine	59	59	58	365	3	16	4
Primary IVF, Preston	84	84	83	522	1	0	0
Reproductive Services, RWH (Melbourne IVF)	389	383	366	2,230	7	81	8
Aggregated total	**3,404**	**3,365**	**3,285**	**23,350**	**87**	**558**	**92**
	ALL						
Ballarat IVF, Ballarat	222	222	218	2,127	14	0	0
City Fertility Centre, Bundoora	137	135	137	1,431	7	71	7
City Fertility Centre, Melbourne	581	579	568	5,642	29	136	15
Melbourne IVF, East Melbourne	3,234	3,199	3,146	31,831	134	2,204	226
Melbourne IVF, Mt Waverley	366	366	356	3,920	6	111	18
Melbourne IVF, Werribee	107	107	105	1,062	2	41	4
Monash IVF, Bendigo	106	106	106	1,165	6	6	1
Monash IVF, Clayton	1,838	1,830	1,816	18,489	83	723	100
Monash IVF, Geelong	235	235	231	2,346	4	125	10
Monash IVF, Mildura	54	54	51	396	4	27	3
Monash IVF, Richmond	2,292	2,280	2,272	23,453	81	1,495	187
Monash IVF, Sale	62	62	61	490	3	12	2
Monash IVF, Sunshine	215	215	213	2,168	5	103	12
Primary IVF, Preston	336	336	332	3,060	5	0	0
Reproductive Services, RWH (Melbourne IVF)	1,240	1,230	1,203	11,232	31	696	80
Aggregated total	**11,025**	**10,956**	**10,815**	**108,812**	**414**	**5,750**	**665**

Egg insemination

Table 2.4 Number of cycles with egg insemination, 2015-16 financial year
Table 2.4a Fertilisation, 2015-16 financial year

Treatment site	No. of cycles with eggs inseminated	% of cycles using ICSI or mixed IVF/ICSI**	No. of eggs inseminated	% of eggs inseminated using ICSI**	No. of cycles with embryos formed*	No. of embryos formed
			< 35			
Ballarat IVF, Ballarat	117	59.8	1,151	44.2	115	745
City Fertility Centre, Bundoora	52	88.5	547	85.4	51	379
City Fertility Centre, Melbourne	162	58.6	1,997	54.9	154	1,218
Melbourne IVF, East Melbourne	838	82.0	9,648	78.4	816	6,588
Melbourne IVF, Mt Waverley	147	87.1	1,611	83.9	145	1,119
Melbourne IVF, Werribee	40	92.5	423	90.1	40	293
Monash IVF, Bendigo	53	86.8	601	75.2	52	375
Monash IVF, Clayton	567	83.2	5,760	75.8	548	3,653
Monash IVF, Geelong	114	86.8	1,090	71.9	112	761
Monash IVF, Mildura	22	77.3	166	66.9	21	118
Monash IVF, Richmond	532	94.0	5,621	85.7	516	3,638
Monash IVF, Sale	28	78.6	245	75.5	26	151
Monash IVF, Sunshine	83	86.7	913	72.8	80	595
Primary IVF, Preston	130	51.5	1,417	35.0	125	821
Reproductive Services, RWH (Melbourne IVF)	392	74.5	3,954	71.3	379	2,730
Aggregated total	**3,277**	**80.9**	**35,144**	**74.2**	**3,180**	**23,184**
			35-39			
Ballarat IVF, Ballarat	61	67.2	485	41.2	60	311
City Fertility Centre, Bundoora	36	97.2	360	97.2	32	244
City Fertility Centre, Melbourne	211	70.1	1,677	61.0	203	1,066
Melbourne IVF, East Melbourne	1,014	84.3	8,043	81.1	961	5,446
Melbourne IVF, Mt Waverley	112	79.5	1,083	74.9	106	723
Melbourne IVF, Werribee	26	88.5	200	86.0	25	142
Monash IVF, Bendigo	30	96.7	261	84.7	29	153
Monash IVF, Clayton	562	89.1	4,497	83.3	528	2,830
Monash IVF, Geelong	68	83.8	609	71.3	67	418
Monash IVF, Mildura	10	60.0	58	58.6	9	26
Monash IVF, Richmond	834	95.6	7,091	92.4	804	4,484
Monash IVF, Sale	22	72.7	144	52.8	21	80
Monash IVF, Sunshine	65	87.7	509	77.4	58	253
Primary IVF, Preston	115	53.9	790	43.0	101	473
Reproductive Services, RWH (Melbourne IVF)	371	73.0	3,118	73.4	355	2,141
Aggregated total	**3,537**	**84.5**	**28,925**	**80.1**	**3,359**	**18,790**

IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection.
* Fertilised eggs with two pronuclei.
** See note page 29.

Egg insemination

Table 2.4a Fertilisation, 2015-16 financial year (continued)

Treatment site	No. of cycles with eggs inseminated	% of cycles using ICSI or mixed IVF/ICSI**	No. of eggs inseminated	% of eggs inseminated using ICSI**	No. of cycles with embryos formed*	No. of embryos formed
	≥ 40					
Ballarat IVF, Ballarat	38	65.8	256	59.4	32	138
City Fertility Centre, Bundoora	38	89.5	201	84.6	38	141
City Fertility Centre, Melbourne	168	72.6	1,064	70.0	152	677
Melbourne IVF, East Melbourne	1,055	83.0	6,700	83.7	961	4,412
Melbourne IVF, Mt Waverley	80	93.8	385	92.2	70	245
Melbourne IVF, Werribee	33	93.9	179	93.9	31	116
Monash IVF, Bendigo	21	100.0	105	94.3	19	76
Monash IVF, Clayton	586	90.6	3,624	87.3	532	2,211
Monash IVF, Geelong	42	97.6	206	90.3	36	135
Monash IVF, Mildura	15	53.3	110	37.3	14	61
Monash IVF, Richmond	711	95.9	4,544	95.1	660	2,751
Monash IVF, Sale	12	83.3	49	83.7	10	23
Monash IVF, Sunshine	53	90.6	297	72.7	47	192
Primary IVF, Preston	82	56.1	451	45.2	71	262
Reproductive Services, RWH (Melbourne IVF)	370	73.2	1,966	73.7	333	1,319
Aggregated total	**3,304**	**85.4**	**20,137**	**84.0**	**3,006**	**12,759**
	ALL					
Ballarat IVF, Ballarat	216	63.0	1,892	45.5	207	1,194
City Fertility Centre, Bundoora	126	91.3	1,108	89.1	121	764
City Fertility Centre, Melbourne	541	67.5	4,738	60.4	509	2,961
Melbourne IVF, East Melbourne	2,907	83.2	24,391	80.7	2,738	16,446
Melbourne IVF, Mt Waverley	339	86.1	3,079	81.7	321	2,087
Melbourne IVF, Werribee	99	91.9	802	89.9	96	551
Monash IVF, Bendigo	104	92.3	967	79.8	100	604
Monash IVF, Clayton	1,715	87.7	13,881	81.2	1,608	8,694
Monash IVF, Geelong	224	87.9	1,905	73.7	215	1,314
Monash IVF, Mildura	47	66.0	334	55.7	44	205
Monash IVF, Richmond	2,077	95.3	17,256	90.9	1,980	10,873
Monash IVF, Sale	62	77.4	438	68.9	57	254
Monash IVF, Sunshine	201	88.1	1,719	74.2	185	1,040
Primary IVF, Preston	327	53.5	2,658	39.1	297	1,556
Reproductive Services, RWH (Melbourne IVF)	1,133	73.6	9,038	72.5	1,067	6,190
Aggregated total	**10,118**	**83.6**	**84,206**	**78.6**	**9,545**	**54,733**

IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection.
* Fertilised eggs with two pronuclei.
** See note page 29.

Egg insemination

Table 2.4b Use of embryos, 2015-16 financial year

Treatment site	No. of cycles with embryos transferred	No. of embryos transferred	No. of cycles with embryos frozen*	No. of cycles with ALL embryos frozen*	No. of embryos frozen*
			< 35		
Ballarat IVF, Ballarat	80	85	60	27	157
City Fertility Centre, Bundoora	25	26	44	24	147
City Fertility Centre, Melbourne	104	125	108	46	446
Melbourne IVF, East Melbourne	456	503	599	303	2,528
Melbourne IVF, Mt Waverley	110	129	101	29	443
Melbourne IVF, Werribee	30	32	23	8	101
Monash IVF, Bendigo	48	51	39	4	131
Monash IVF, Clayton	330	368	400	184	1,371
Monash IVF, Geelong	89	96	93	21	286
Monash IVF, Mildura	20	20	17	1	40
Monash IVF, Richmond	339	382	395	162	1,392
Monash IVF, Sale	23	30	18	3	66
Monash IVF, Sunshine	70	76	45	7	116
Primary IVF, Preston	102	113	79	18	284
Reproductive Services, RWH (Melbourne IVF)	270	292	282	97	1,185
Aggregated total	**2,096**	**2,328**	**2,303**	**934**	**8,693**
			35-39		
Ballarat IVF, Ballarat	37	40	29	16	59
City Fertility Centre, Bundoora	13	15	26	19	85
City Fertility Centre, Melbourne	157	190	125	38	323
Melbourne IVF, East Melbourne	605	701	605	280	1,848
Melbourne IVF, Mt Waverley	74	93	69	28	237
Melbourne IVF, Werribee	19	22	11	4	41
Monash IVF, Bendigo	26	27	22	3	56
Monash IVF, Clayton	311	340	321	159	876
Monash IVF, Geelong	53	55	49	12	150
Monash IVF, Mildura	7	7	3	0	5
Monash IVF, Richmond	511	606	500	232	1,456
Monash IVF, Sale	20	21	8	1	13
Monash IVF, Sunshine	47	61	15	2	29
Primary IVF, Preston	94	114	43	5	132
Reproductive Services, RWH (Melbourne IVF)	250	274	238	93	793
Aggregated total	**2,224**	**2,566**	**2,064**	**892**	**6,103**

* Embryos frozen may need to be suitable – i.e. of good quality and meeting freezing criteria.

Egg insemination

Table 2.4b Use of embryos, 2015-16 financial year (continued)

Treatment site	No. of cycles with embryos transferred	No. of embryos transferred	No. of cycles with embryos frozen*	No. of cycles with ALL embryos frozen*	No. of embryos frozen*
			≥ 40		
Ballarat IVF, Ballarat	19	25	10	6	16
City Fertility Centre, Bundoora	14	18	16	14	25
City Fertility Centre, Melbourne	122	174	68	24	181
Melbourne IVF, East Melbourne	543	729	431	258	1,080
Melbourne IVF, Mt Waverley	59	74	19	5	49
Melbourne IVF, Werribee	21	26	13	6	24
Monash IVF, Bendigo	18	24	7	0	9
Monash IVF, Clayton	344	422	217	106	434
Monash IVF, Geelong	32	33	23	4	35
Monash IVF, Mildura	12	14	4	1	4
Monash IVF, Richmond	388	497	309	189	711
Monash IVF, Sale	9	12	3	1	5
Monash IVF, Sunshine	43	55	19	2	38
Primary IVF, Preston	64	93	17	3	30
Reproductive Services, RWH (Melbourne IVF)	239	307	134	64	312
Aggregated total	**1,927**	**2,503**	**1,290**	**683**	**2,953**
			ALL		
Ballarat IVF, Ballarat	136	150	99	49	232
City Fertility Centre, Bundoora	52	59	86	57	257
City Fertility Centre, Melbourne	383	489	301	108	950
Melbourne IVF, East Melbourne	1,604	1,933	1,635	841	5,456
Melbourne IVF, Mt Waverley	243	296	189	62	729
Melbourne IVF, Werribee	70	80	47	18	166
Monash IVF, Bendigo	92	102	68	7	196
Monash IVF, Clayton	985	1,130	938	449	2,681
Monash IVF, Geelong	174	184	165	37	471
Monash IVF, Mildura	39	41	24	2	49
Monash IVF, Richmond	1,238	1,485	1,204	583	3,559
Monash IVF, Sale	52	63	29	5	84
Monash IVF, Sunshine	160	192	79	11	183
Primary IVF, Preston	260	320	139	26	446
Reproductive Services, RWH (Melbourne IVF)	759	873	654	254	2,290
Aggregated total	**6,247**	**7,397**	**5,657**	**2,509**	**17,749**

* Embryos frozen may need to be suitable – i.e. of good quality and meeting freezing criteria.

Egg insemination

Table 2.5 Number of cycles using thawed eggs, 2015-16 financial year
Table 2.5a Fertilisation, 2015-16 financial year

Treatment site	No. of cycles with eggs inseminated	% of cycles using ICSI or mixed IVF/ICSI***	No. of eggs inseminated	% of eggs inseminated using ICSI***	No. of cycles with embryos formed**	No. of embryos formed
	Women using own eggs					
Ballarat IVF, Ballarat	1	100.0	3	100.0	0	0
City Fertility Centre, Bundoora	1	100.0	15	100.0	1	11
City Fertility Centre, Melbourne	4	100.0	50	100.0	4	34
Melbourne IVF, East Melbourne	26	100.0	268	98.1	26	181
Melbourne IVF, Mt Waverley	2	100.0	17	100.0	2	13
Melbourne IVF, Werribee	1	100.0	12	100.0	1	3
Monash IVF, Clayton	13	100.0	90	100.0	13	54
Monash IVF, Richmond	7	100.0	80	100.0	7	49
Monash IVF, Sale	3	100.0	25	100.0	3	20
Monash IVF, Sunshine	3	100.0	28	100.0	3	10
Reproductive Services, RWH (Melbourne IVF)	16	100.0	127	94.5	16	86
Aggregated total	**77**	**100.0**	**715**	**98.1**	**76**	**461**
	Women using donor/partner eggs*					
City Fertility Centre, Melbourne	2	100.0	13	100.0	2	12
Melbourne IVF, East Melbourne	2	100.0	20	100.0	2	16
Monash IVF, Clayton	21	100.0	142	100.0	21	89
Monash IVF, Geelong	5	100.0	37	100.0	5	31
Monash IVF, Richmond	47	100.0	294	100.0	47	224
Aggregated total	**77**	**100.0**	**506**	**100.0**	**77**	**372**

* Donor eggs include those imported from interstate or overseas.
** Fertilised eggs with two pronuclei.
*** See note page 29.

Egg insemination

Table 2.5b Use of embryos, 2015-16 financial year

Treatment site	No. of cycles with embryos transferred	No. of embryos transferred	No. of cycles with embryos frozen**	No. of cycles with ALL embryos frozen**	No. of embryos frozen**
	Women using own eggs				
City Fertility Centre, Bundoora	0	0	1	1	3
City Fertility Centre, Melbourne	3	4	4	1	10
Melbourne IVF, East Melbourne	20	24	18	2	52
Melbourne IVF, Mt Waverley	1	2	1	1	1
Melbourne IVF, Werribee	0	0	1	1	3
Monash IVF, Clayton	12	12	6	0	14
Monash IVF, Richmond	7	8	4	0	5
Monash IVF, Sale	3	3	0	0	0
Monash IVF, Sunshine	3	4	0	0	0
Reproductive Services, RWH (Melbourne IVF)	15	18	10	1	30
Aggregated total	**64**	**75**	**45**	**7**	**118**
	Women using donor/partner eggs*				
City Fertility Centre, Melbourne	2	4	0	0	0
Melbourne IVF, East Melbourne	1	1	2	1	7
Monash IVF, Clayton	19	21	12	2	22
Monash IVF, Geelong	4	6	2	0	5
Monash IVF, Richmond	41	47	31	2	66
Aggregated total	**67**	**79**	**47**	**5**	**100**

* Donor eggs include those imported from interstate or overseas.
** Embryos frozen may need to be suitable - ie of good quality and meeting freezing criteria.

Use of embryos

Table 2.6 Number of cycles with fresh embryo transferred, 2015-16 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 27.

Treatment site	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
	< 35			35–39		
Ballarat IVF, Ballarat	80	93.8	36	37	91.9	16
City Fertility Centre, Bundoora	25	96.0	12	13	84.6	3
City Fertility Centre, Melbourne	104	79.8	34	157	79.0	31
Melbourne IVF, East Melbourne	452	89.6	157	591	84.8	176
Melbourne IVF, Mt Waverley	110	82.7	40	74	74.3	20
Melbourne IVF, Werribee	30	93.3	3	19	84.2	3
Monash IVF, Bendigo	48	93.8	21	26	96.2	10
Monash IVF, Clayton	331	88.5	127	311	90.7	97
Monash IVF, Geelong	89	92.1	35	53	96.2	17
Monash IVF, Mildura	20	100.0	6	7	100.0	2
Monash IVF, Richmond	336	87.8	115	501	81.8	152
Monash IVF, Sale	23	69.6	7	20	95.0	6
Monash IVF, Sunshine	70	91.4	22	47	70.2	10
Primary IVF, Preston	102	89.2	38	94	78.7	28
Reproductive Services, RWH (Melbourne IVF)	270	91.9	76	249	90.4	51
Aggregated total	**2,090**	**89.0**	**729**	**2,199**	**84.9**	**622**
	≥ 40			ALL		
Ballarat IVF, Ballarat	19	68.4	3	136	89.7	55
City Fertility Centre, Bundoora	14	71.4	2	52	86.5	17
City Fertility Centre, Melbourne	121	58.7	11	382	72.8	76
Melbourne IVF, East Melbourne	531	66.7	84	1,574	80.1	417
Melbourne IVF, Mt Waverley	59	74.6	6	243	78.2	66
Melbourne IVF, Werribee	21	76.2	3	70	85.7	9
Monash IVF, Bendigo	18	66.7	4	92	89.1	35
Monash IVF, Clayton	342	77.5	52	984	85.4	276
Monash IVF, Geelong	32	96.9	4	174	94.3	56
Monash IVF, Mildura	12	83.3	1	39	94.9	9
Monash IVF, Richmond	385	71.7	47	1,222	80.3	314
Monash IVF, Sale	9	66.7	1	52	78.8	14
Monash IVF, Sunshine	43	72.1	7	160	80.0	39
Primary IVF, Preston	64	54.7	5	260	76.9	71
Reproductive Services, RWH (Melbourne IVF)	236	72.0	28	755	85.2	155
Aggregated total	**1,906**	**70.5**	**258**	**6,195**	**81.9**	**1,609**

* See note page 29.

Use of embryos

Table 2.7 Number of cycles with fresh embryo formed from thawed eggs and transferred, 2015-16 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 27.

Treatment site	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
City Fertility Centre, Melbourne	5	40.0	0
Melbourne IVF, East Melbourne	21	81.0	14
Melbourne IVF, Mt Waverley	1	0.0	0
Monash IVF, Clayton	17	94.1	4
Monash IVF, Geelong	1	100.0	0
Monash IVF, Richmond	15	93.3	4
Monash IVF, Sale	3	100.0	1
Monash IVF, Sunshine	3	66.7	1
Reproductive Services, RWH (Melbourne IVF)	15	80.0	2
Aggregated total	**81**	**82.7**	**26**

* See note page 29.

Table 2.8 Number of cycles with embryo thawed, 2015-16 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 27.

Treatment site	No. of cycles with embryos thawed	No. of embryos thawed	No. of cycles with embryos transferred	No. of embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
Ballarat IVF, Ballarat	173	200	148	149	99.3	49
City Fertility Centre, Bundoora	160	174	156	167	92.9	42
City Fertility Centre, Melbourne	505	602	494	552	88.3	137
Melbourne IVF, East Melbourne	2,807	4,655	2,284	2,566	87.7	672
Melbourne IVF, Mt Waverley	290	372	259	291	87.6	87
Melbourne IVF, Werribee	66	97	59	66	88.1	12
Monash IVF, Bendigo	81	83	78	78	100.0	13
Monash IVF, Clayton	1,393	1,591	1,325	1,403	94.1	484
Monash IVF, Geelong	251	275	240	256	93.3	71
Monash IVF, Mildura	25	32	25	29	84.0	9
Monash IVF, Richmond	1,511	1,777	1,445	1,564	91.8	562
Monash IVF, Sale	51	76	48	62	70.8	13
Monash IVF, Sunshine	73	88	71	75	94.4	23
Primary IVF, Preston	39	49	39	43	89.7	13
Reproductive Services, RWH (Melbourne IVF)	1,021	1,608	909	1,023	87.5	269
Aggregated total	**8,446**	**11,679**	**7,580**	**8,324**	**90.2**	**2,456**

* See note page 29.

Section 3

Artificial insemination (AI), 2015–16 financial year

This section provides AI treatment and clinic pregnancies for the 2015-16 financial year. This data only includes AI insemination at registered ART providers and does not include AI at private doctor's facilities.

Table 3.1 AI with partner sperm for stimulated/unstimulated cycles, 2015-16 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 27.

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies
	FSH Stimulated		Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated	
	< 35				35–39			
Ballarat IVF, Ballarat	6	3	16	2	0	0	5	0
City Babies, Richmond	158	19	7	2	95	10	1	0
City Fertility Centre, Bundoora	1	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	9	2	32	2	6	1	26	2
Melbourne IVF, East Melbourne	111	14	14	3	88	9	17	2
Melbourne IVF, Mt Waverley	29	3	0	0	11	1	3	1
Melbourne IVF, Werribee	16	2	0	0	8	2	1	0
Monash IVF, Clayton	50	9	23	2	42	4	15	2
Monash IVF, Geelong	5	0	3	1	2	0	5	0
Monash IVF, Mildura	3	0	0	0	0	0	0	0
Monash IVF, Richmond	15	1	9	1	13	2	14	0
Reproductive Services, RWH (Melbourne IVF)	22	6	1	0	15	1	2	0
Aggregated total	**425**	**59**	**105**	**13**	**280**	**30**	**89**	**7**

	FSH Stimulated		Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated	
	≥ 40				ALL			
Ballarat IVF, Ballarat	2	0	3	0	8	3	24	2
City Babies, Richmond	58	2	7	0	311	31	15	2
City Fertility Centre, Bundoora	1	0	0	0	2	0	0	0
City Fertility Centre, Melbourne	0	0	6	2	15	3	64	6
Melbourne IVF, East Melbourne	27	1	7	0	226	24	38	5
Melbourne IVF, Mt Waverley	10	2	0	0	50	6	3	1
Melbourne IVF, Werribee	3	0	0	0	27	4	1	0
Monash IVF, Clayton	11	1	4	0	103	14	42	4
Monash IVF, Geelong	0	0	0	0	7	0	8	1
Monash IVF, Mildura	1	0	0	0	4	0	0	0
Monash IVF, Richmond	7	0	4	0	35	3	27	1
Reproductive Services, RWH (Melbourne IVF)	11	0	0	0	48	7	3	0
Aggregated total	**131**	**6**	**31**	**2**	**836**	**95**	**225**	**22**

AI: artificial insemination. FSH: follicle stimulating hormone.

Table 3.2 AI with donor sperm for stimulated/unstimulated cycles, 2015-16 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 27.

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies
	FSH Stimulated		Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated	
	< 35				35–39			
Ballarat IVF, Ballarat	0	0	6	0	0	0	4	1
City Fertility Centre, Bundoora	1	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	1	0	62	8	0	0	50	5
Melbourne IVF, East Melbourne	75	22	12	3	90	18	15	0
Melbourne IVF, Mt Waverley	11	2	0	0	12	3	1	1
Melbourne IVF, Werribee	3	1	0	0	3	0	0	0
Monash IVF, Bendigo	4	0	0	0	0	0	0	0
Monash IVF, Clayton	7	1	26	4	14	0	41	3
Monash IVF, Geelong	4	0	13	1	2	0	9	3
Monash IVF, Mildura	3	0	2	0	0	0	0	0
Monash IVF, Richmond	13	2	24	6	17	1	28	2
Monash IVF, Sale	1	0	0	0	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	19	3	0	0	13	3	1	1
Aggregated total	**142**	**31**	**145**	**22**	**151**	**25**	**149**	**16**

	FSH Stimulated		Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated	
	≥ 40				ALL			
Ballarat IVF, Ballarat	0	0	1	0	0	0	11	1
City Fertility Centre, Bundoora	0	0	0	0	1	0	0	0
City Fertility Centre, Melbourne	1	0	5	0	2	0	117	13
Melbourne IVF, East Melbourne	3	0	0	0	168	40	27	3
Melbourne IVF, Mt Waverley	0	0	0	0	23	5	1	1
Melbourne IVF, Werribee	0	0	0	0	6	1	0	0
Monash IVF, Bendigo	0	0	0	0	4	0	0	0
Monash IVF, Clayton	0	0	2	1	21	1	69	8
Monash IVF, Geelong	0	0	0	0	6	0	22	4
Monash IVF, Mildura	0	0	0	0	3	0	2	0
Monash IVF, Richmond	2	1	0	0	32	4	52	8
Monash IVF, Sale	0	0	0	0	1	0	0	0
Reproductive Services, RWH (Melbourne IVF)	0	0	0	0	32	6	1	1
Aggregated total	**6**	**1**	**8**	**1**	**299**	**57**	**302**	**39**

AI: artificial insemination. FSH: follicle stimulating hormone

Section 4

Donor ART treatment, 2015–16 financial year

Use of AI, refer to section 3. For storage of donor sperm, refer to section 7

Table 4.1 Number of recipients and clinical pregnancies by donation type, 2015-16 financial year

This table includes cycles where embryo(s) was transferred. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 27.

Donation type (all sites)	No. of recipients treated	No. of cycles with embryos transferred	No. of clinical pregnancies
Donor embryo	78	109	22
Donor/partner eggs			
– Fresh egg	255	165	61
– Thawed egg	13	11	3
– Embryos from donated eggs	273	366	112
Donor sperm*	1,111	1,548	408
Aggregated total**	**1,730**	**2,199**	**606**

* Excluded AI using donor sperm. Refer to table 3.2
** Some recipients had both donated eggs and sperm.

Table 4.2 Number of egg, sperm and embryo donors used in treatment by method of recruitment, 2015–16 financial year

Registered ART provider (all sites)	No. egg donors		No. sperm donors		No. embryo donors	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	10	0	1	11	1	4
City Fertility Centre	16	2	5	46	0	0
Melbourne IVF, including Reproductive Services, RWH	105	0	58	117	41	8
Monash IVF	113	3	55	120	10	17
Aggregated total	**244**	**5**	**119**	**294**	**52**	**29**

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2015-16 financial year

Registered ART provider (all sites)	No. recipients commencing treatment with donor/partner eggs		No. of cycles commenced using donor/partner eggs	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
	FRESH			
Ballarat IVF	9	0	11	0
City Fertility Centre	16	0	26	0
Melbourne IVF, including Reproductive Services, RWH	71	0	72	0
Monash IVF	114	3	130	3
Aggregated total	**210**	**3**	**239**	**3**
	THAWED			
Ballarat IVF	9	0	9	0
City Fertility Centre	0	2	0	2
Melbourne IVF, including Reproductive Services, RWH	1	0	1	0
Monash IVF	118	1	163	1
Aggregated total	**128**	**3**	**173**	**3**

Table 4.4 Number of recipients and treatment cycles with imported thawed donor eggs, 2015-16 financial year

Registered ART provider (all sites)	No. recipients commencing treatment with imported donor eggs		No. of cycles commenced using imported donor eggs	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	0	0	0	0
City Fertility Centre	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	0	0	0	0
Monash IVF	64	0	70	0
Aggregated total	**64**	**0**	**70**	**0**

Table 4.5 Relationship status of recipients of donor sperm treatment, 2015-16 financial year

Registered ART provider (all sites)	Relationship status of woman receiving donor sperm treatment			
	Single	Same-sex	Heterosexual	Other
Ballarat IVF	2	18	4	0
City Fertility Centre	117	105	25	3
Melbourne IVF, including Reproductive Services, RWH	224	178	49	0
Monash IVF	239	111	92	0
Aggregated total	**582**	**412**	**170**	**3**

Section 5

Surrogacy, 2015-16 financial year

Table 5 Surrogacy cycles and clinical pregnancies, 2015-16 financial year

This table includes cycles where embryo(s) was transferred to a surrogate woman during the financial year. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 27.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
Melbourne IVF, East Melbourne	14	31	100.0	6
Monash IVF, Clayton	5	7	100.0	3
Monash IVF, Richmond	8	8	100.0	2
Reproductive Services, RWH (Melbourne IVF)	1	1	100.0	1
Aggregated total	**28**	**47**	**100.0**	**12**

* See note page 29.

Section 6

Multiple pregnancies, 2015-16 financial year

Table 6 Number of clinical pregnancies measured by fetal heartbeats, 2015–16 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 27.

Treatment site	No. of clinical pregnancies	Number of fetal heartbeats				
		None	One	Two	Three or more	Not stated
Ballarat IVF, Ballarat	111	12	94	5	0	0
City Babies, Richmond	33	4	28	1	0	0
City Fertility Centre, Bundoora	59	7	48	4	0	0
City Fertility Centre, Melbourne	235	25	201	9	0	0
Melbourne IVF, East Melbourne	1,161	157	951	52	1	0
Melbourne IVF, Mt Waverley	166	22	136	8	0	0
Melbourne IVF, Werribee	26	1	24	1	0	0
Monash IVF, Bendigo	48	3	27	0	1	17
Monash IVF, Clayton	787	58	532	16	3	178
Monash IVF, Geelong	132	9	88	3	1	31
Monash IVF, Mildura	18	3	13	1	0	1
Monash IVF, Richmond	892	86	558	27	4	217
Monash IVF, Sale	27	3	15	0	0	9
Monash IVF, Sunshine	62	6	40	2	0	14
Primary IVF, Preston	84	10	70	4	0	0
Reproductive Services, RWH (Melbourne IVF)	438	71	345	22	0	0
Aggregated total	**4,279**	**477**	**3,170**	**155**	**10**	**467**

Section 7

Storage of gametes, 2015–16 financial year

Table 7.1 Storage of sperm, ovarian tissue, eggs and embryos, 2015-16 financial year

Registered ART provider (all sites)	No. of patients with sperm in storage as at 30 June 2016	No. of patients with ovarian tissue in storage as at 30 June 2016	No. of patients with eggs in storage as at 30 June 2016	No. of patients with embryos in storage as at 30 June 2016	No. of embryos in storage as at 30 June 2016
Ballarat IVF	222	0	6	292	783
City Fertility Centre	198	0	57	834	2,357
Melbourne IVF, including Reproductive Services, RWH	1,280	418	895	5,562	20,177
Monash IVF	3,217	131	646	7,559	23,046
Primary IVF	8	0	0	113	335
Aggregated total	**4,925**	**549**	**1,604**	**14,360**	**46,698**

Table 7.2 Storage of donor sperm, 2015–16 financial year

Registered ART provider (all sites)	No. of unique donors	No. of donors whose sperm is stored and available for donor treatment at 1 July 2015 (start of period)	New donors recruited during reporting financial year
Ballarat IVF	32	29	11
City Fertility Centre	61	72	15
Melbourne IVF, including Reproductive Services, RWH	326	223	60
Monash IVF	112	112	16
Aggregated total	**531**	**436**	**102**

Section 8

Preimplantation genetic diagnosis and screening, 2015-16 financial year

Embryo transfer could occur in a different financial year to PGD/PGS testing. For final outcome, refer to table 1.7 in next year's Annual Report. PGD IVF/ICSI and thaw cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

Table 8 Preimplantation genetic diagnosis and screening, 2015-16 financial year

Registered ART provider (all sites)	No. of women in treatment	No. of embryos tested*	No. of embryos genetically-suitable for transfer	No. of genetically-suitable embryos transferred
		PGD		
City Fertility Centre	3	14	9	3
Melbourne IVF, including Reproductive Services, RWH	120	671	216	152
Monash IVF	60	254	101	52
Aggregated total	**183**	**939**	**326**	**207**
		PGS		
City Fertility Centre	30	109	51	21
Melbourne IVF, including Reproductive Services, RWH	465	1,913	786	437
Monash IVF	660	2,174	1,154	348
Aggregated total	**1,155**	**4,196**	**1,991**	**806**

PGD: preimplantation genetic diagnosis. PGS: preimplantation genetic screening.
* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested.

PGD is used for patients with a known genetic risk. This can include sex selection to identify a specific genetic condition affecting one gender. PGS is used for the detection of numerical chromosome abnormalities.

For more information about these techniques, please read VARTA's *Understanding genetic testing of embryos* brochure, available at **varta.org.au**

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

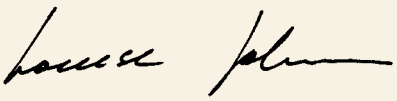
The attached financial statements for the Victorian Assisted Reproductive Treatment Authority have been prepared in accordance with Direction 4.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including 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, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2016 and the financial position of the Victorian Assisted Reproductive Treatment Authority at 30 June 2016.

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

We authorise the attached financial statements for issue on 9 September 2016.

Ms Kirsten Mander
Chairperson
Melbourne
Date 09/09/2016



Ms Louise Johnson
Chief Executive Officer
Melbourne
Date 09/09/2016

Mr Darren Collins
Chief Finance Officer
Melbourne
Date 09/09/2016

Comprehensive operating statement for the year ended 30 June 2016

	Notes	2016 $	2015 $
Revenue	2	**984,399**	935,810
Interest income	2	**345**	439
Employee benefits expense	3(a)	**(562,420)**	(544,247)
Supplies and services	3(b)	**(176,285)**	(206,769)
Project expenses – employee benefits expense		**(91,930)**	(89,684)
Project expenses – other		**(146,901)**	(57,112)
Net result before capital and specific items		**7,208**	38,437
Depreciation expense	3	**(14,028)**	(13,999)
Net result		**(6,820)**	24,438
Other comprehensive income		**-**	-
Comprehensive result for the year		**(6,820)**	**24,438**

Balance sheet as at 30 June 2016

	Notes	2016 $	2015 $
CURRENT ASSETS			
Cash and cash equivalents	7	**252,148**	268,896
Trade and other receivables	8	**19,602**	18,457
Other current assets	9	**15,088**	6,385
TOTAL CURRENT ASSETS		**286,838**	293,738
NON-CURRENT ASSETS			
Plant and equipment	10	**30,383**	27,065
Intangibles	11	**10,959**	9,434
TOTAL NON-CURRENT ASSETS		**41,342**	36,499
TOTAL ASSETS		**328,180**	330,237
CURRENT LIABILITIES			
Trade and other payables	12	**58,240**	67,955
Short-term provisions	13	**113,940**	97,988
TOTAL CURRENT LIABILITIES		**172,180**	165,943
NON-CURRENT LIABILITIES			
Long-term provisions	13	**2,141**	3,615
TOTAL NON-CURRENT LIABILITIES		**2,141**	3,615
TOTAL LIABILITIES		**174,321**	169,558
NET ASSETS		**153,859**	160,679
EQUITY			
Contributed capital	14	**11,200**	11,200
Retained earnings		**142,659**	149,479
TOTAL EQUITY		**153,859**	**160,679**
Capital and leasing commitments	18	**-**	-
Contingent liabilities	19	**-**	-

The accompanying notes form part of these financial statements

Statement of changes in equity for the year ended 30 June 2016

	Contributed capital $	Retained earnings $	Total $
Balance at 1 July 2014	11,200	125,041	136,241
Capital contributed	-	-	-
Surplus/(deficit) for the year	-	24,438	24,438
Other comprehensive income	-	-	-
Balance at 30 June 2015	11,200	149,479	160,679
Capital contributed	-	-	-
Surplus/(deficit) for the year	-	(6,820)	(6,820)
Other comprehensive income	-	-	-
Balance at 30 June 2016	**11,200**	**142,659**	**153,859**

Cash flow statement for the year ended 30 June 2016

	Notes	2016 $	2015 $
CASH FLOW FROM OPERATING ACTIVITIES			
Operating grants from government		**958,539**	902,321
Receipts from customers and others		**24,715**	37,492
Payments to suppliers and employees		**(981,476)**	(884,351)
Interest received		**345**	439
Net cash provided by operating activities	15	**2,123**	55,901
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for plant and equipment		**(15,168)**	(12,575)
Payment for intangibles		**(3,703)**	(4,937)
Net cash used in investing activities		**(18,871)**	(17,512)
Net increase/(decrease) in cash held		**(16,748)**	38,389
Cash at beginning of financial year		**268,896**	230,507
Cash at end of financial year	7	**252,148**	268,896

Notes to the financial statements for the year ended 30 June 2016

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 the Victorian Assisted Reproductive Treatment Authority (the 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 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.

The annual financial statements were authorised for issue by the Board of the Authority on 9 September 2016.

(b) Basis of preparation

This financial report has been prepared on an accruals basis and is based on historical costs, except for the revaluation of certain non-current assets, for which the fair value basis of accounting has been applied.

In the application of AAS, management is required to make judgments, estimates and assumptions about the 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.

Consistent with *AASB 13 Fair Value Measurement* the Authority determines the policies and procedures for recurring fair value measurements such as plant and equipment, and for non-recurring fair value measurements such as non-financial physical assets held for sale, in accordance with the requirements of *AASB 13 Fair Value Measurement* and the relevant FRDs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

- Level 1 – Quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable
- Level 3 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

For the purpose of fair value disclosures, the Authority has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

In addition, the Authority determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria (VGV) is the Authority's independent valuation agency.

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 2016, and the comparative information presented in these financial statements for the year ended 30 June 2015.

(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.

(e) Plant and equipment

Plant and equipment is 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.

More details about the valuation techniques and inputs used in determining the fair value of non-financial physical assets are discussed in Note 10 Plant and Equipment.

(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 (2015-16 and 2014-15) 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 and Human Services.

The following table indicates the expected useful lives of non-current assets on which the depreciation charges are based.

	2016 & 2015
Computer equipment	Up to 10 years
Office equipment	Up to 20 years
Software	Up to 5 years

Notes to the financial statements for the year ended 30 June 2016

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(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.

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 Net 30 days.

(j) Provisions

Provisions are recognised when the Authority 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 (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the ATO. 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 ATO 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 ATO are presented as operating cash flow. Commitments and contingent liabilities are presented on a gross basis.

(l) Employee benefits

Wages and salaries and annual leave

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

Those liabilities that the Authority do not expect to be settled within 12 months are recognised in the provision for employee benefits as current liabilities, measured at the 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 long service leave (LSL)

Conditional LSL representing less than 10 years of continuous service is disclosed as a non-current liability because 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 Australian Government Securities.

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 Authority are as follows:

Fund – Defined contribution plans:	Contributions paid or payable for the year	
	2016 $	2015 $
First State Super (Health Super)	32,969	31,963
Hesta Superannuation	19,352	17,434
Vic Super	4,583	1,608
Other	25,598	26,385
Total	**82,502**	**77,390**

(m) Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of the Authority's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in *AASB 132 Financial Instruments: Presentation.* For example, statutory receivables arising from taxes, fines and penalties do not meet the definition of financial instruments as they do not arise under contract.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with *AASB 132* and those that do not.

The following refers to financial instruments unless otherwise stated.

Categories of non-derivative financial instruments

Financial assets and liabilities at fair value through profit or loss

Financial assets are categorised as fair value through profit or loss at trade date if they are classified as held for trading or designated as such upon initial recognition. Financial instrument assets are designated at fair value through profit or loss on the basis that the financial assets form part of a group of financial assets that are managed by the Authority based on their fair values, and have their performance evaluated in accordance with documented risk management and investment strategies.

Financial instruments at fair value through profit or loss are initially measured at fair value and attributable transaction costs are expensed as incurred. Subsequently, any changes in fair value are recognised in the net result as other comprehensive income, as required by *AASB 139* para 55. Any dividend or interest on a financial asset is recognised in the net result for the year.

Financial assets and liabilities at fair value through profit or loss include the majority of the Authority's equity investments, debt securities and borrowings.

Reclassification of financial instruments at fair value through profit or loss

Financial instrument assets that meet the definition of receivables may be reclassified out of the fair value through profit or loss category into the receivables category, where they would have met the definition of receivables had they not been required to be

Notes to the financial statements for the year ended 30 June 2016

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(m) Financial instruments (continued)

classified as fair value through profit or loss. In these cases, the financial instrument assets may be reclassified out of the fair value through profit or loss category, if there is the intention and ability to hold them for the foreseeable future or until maturity.

Receivables

Receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, receivables are measured at amortised cost using the effective interest method, less any impairment.

Receivables include cash and deposits (refer to Note 1(c)), trade receivables and other receivables, but not statutory receivables.

Financial liabilities at amortised cost

Financial instrument liabilities are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit or loss over the period of the interest-bearing liability, using the effective interest rate method.

Financial instrument liabilities measured at amortised cost include all of the Authority's contractual payables, deposits held and advances received, and interest-bearing arrangements other than those designated at fair value through profit or loss.

(n) Leases

Operating leases

Operating lease payments, including any contingent rentals, are recognised as an expense 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.

(o) 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 Authority 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.

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 as received.

(p) Project expenses

Project expenses relate to the conduct of specifically funded activities of a defined nature and duration. Project expenses are recognised as expenses in the reporting period in which they are incurred.

(q) Other expenses

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

(r) Rounding off

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

(s) Comparatives

Where necessary the previous year's figures have been adjusted to facilitate comparisons. In Note 13 Provisions, prior year long service leave provisions have been restated to correctly reflect current and non-current provisions. This change has the effect of increasing short term provisions on the balance sheet by $14,768 and decreasing long term provisions by $14,768. This restatement has no impact on the prior year financial result.

(t) 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.

(u) 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 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 in the balance sheet.

(v) 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.

(w) New accounting standards and interpretations

Certain accounting standards and interpretations have been published that are not mandatory for 30 June 2016 reporting period. These standards are not expected to have any material impact for future financial reporting periods and the Authority has not and does not intend to adopt any of these standards early.

Notes to the financial statements for the year ended 30 June 2016

	Notes	2016 $	2015 $
NOTE 2: REVENUE			
Operating activities			
Government grants – Victorian Government		**750,954**	738,906
Government grants – in kind – Victorian Government		**3,018**	2,000
Government grants – Commonwealth Government		**207,585**	163,415
Other		**22,842**	31,489
		984,399	935,810
Other income			
Interest Income		**345**	439
NOTE 3: EXPENSES FROM ORDINARY ACTIVITIES			
Profit/(loss) from ordinary activities has been determined after the following expenses:			
(a) Employee benefits			
Salaries and wages and on-costs		**504,797**	495,540
Superannuation		**49,053**	43,801
Staff amenities		**434**	403
Staff development and seminars		**8,136**	4,503
Total employee benefits		**562,420**	544,247
(b) Supplies and services			
Accounting		**13,721**	20,590
Audit fees		**6,700**	6,500
Bank charges		**445**	336
Computer maintenance		**9,439**	2,258
Consultants fees		**6,440**	11,640
Courier/postage		**1,105**	648
Media and website		**32,860**	46,367
Insurance		**3,018**	2,275
Lease payments		**2,768**	3,819
Legal expenses		**5,175**	7,749
Maintenance		**822**	5
Member sitting fees		**18,117**	19,644
Motor vehicle expense		**1,304**	1,200
Office outgoings		**6,048**	11,638
Printing and publications		**30,482**	31,211
Resources		**4,175**	12,406
Symposium/seminars		**11,276**	10,543
Telephone		**6,379**	5,328
Travel and accommodation		**13,021**	9,791
Workers compensation		**2,990**	2,821
Total supplies and services expense		**176,285**	206,769
Project expenses		**238,831**	146,796
Depreciation and amortisation		**14,028**	13,999
Total expenses		**991,564**	911,811

Notes to the financial statements for the year ended 30 June 2016

NOTE 4: RESPONSIBLE PERSONS DISCLOSURES

Key management personnel

Authority members

Ms K Mander	Chairperson from 01/07/2015 to 30/06/2016
Ms V Heywood*	Member from 01/07/2015 to 30/06/2016*
Ms N Mollard	Member from 24/02/2016 to 30/06/2016
Ms M Coady	Member from 01/07/2014 to 31/03/2016
Ms K Harkess	Member from 01/07/2014 to 31/03/2016
Ms J Jarman	Member from 01/07/2014 to 14/05/2016
Dr D Edgar	Member from 01/07/2014 to 14/05/2016

*Ms V Heywood completed her Board term on 22/07/2016.

Chief Executive Officer

Ms L Johnson

	Short term benefits		Total
	Salary and fees $	Superannuation $	$
2016			
Total compensation	**198,135**	**23,219**	**221,354**
2015			
Total compensation	184,944	17,678	202,622

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 2016 to various funds and notably First State Super (Health Super), Vic Super,and Hesta, 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 amounted to $82,502 (2015: $77,390) with employer statutory requirements specifying 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 9.50% of gross salaries. Contributions made by the Authority in accordance with employer obligations and excluding salary sacrifice arrangements were $53,005 (2015: $48,214).

	Notes	2016 $	2015 $
NOTE 6: AUDITORS REMUNERATION			
Remuneration of the auditors for Victorian Auditor General Officer		**6,700**	6,500
NOTE 7: CASH AND CASH EQUIVALENTS			
Cash at bank and on hand		**252,148**	268,896
Reconciliation of cash			
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		**251,910**	268,618
Cash on hand		**238**	278
		252,148	268,896
NOTE 8: TRADE AND OTHER RECEIVABLES			
CURRENT			
Trade and other receivables		**2,118**	3,115
GST receivables		**17,484**	15,342
		19,602	18,457
NOTE 9: OTHER CURRENT ASSETS			
CURRENT			
Prepayments		**14,816**	6,113
Deposit		**272**	272
		15,088	6,385

Notes to the financial statements for the year ended 30 June 2016

NOTE 10: PLANT AND EQUIPMENT	Notes	2016 $	2015 $
(a) Computer equipment			
At fair value		**51,896**	40,996
Less accumulated depreciation		**(35,302)**	(27,173)
		16,594	13,823
(b) Office equipment			
At fair value		**29,937**	25,669
Less accumulated depreciation		**(16,148)**	(12,427)
		13,789	13,242
Total plant and equipment		**30,383**	27,065

(a) Movements in carrying amounts **2016**	Computer equipment $	Office equipment $	Total $
Balance at the beginning of the year	13,823	13,242	27,065
Additions	10,900	4,268	15,168
Depreciation	(8,129)	(3,721)	(11,850)
Balance at end of year	**16,594**	**13,789**	**30,383**

(b) Fair value measurement hierarchy for assets as at 30 June 2016	Carrying amount as at 30 June 2016	Fair value measurement at end of reporting period using		
		Level 1*	Level 2*	Level 3*
Plant and equipment at fair value				
– Computer equipment	16,594	-	-	16,594
– Office equipment	13,789	-	-	13,789
Total of plant and equipment at fair value	**30,383**	**-**	**-**	**30,383**

*Classified in accordance with the fair value hierarchy

There have been no transfers between levels during the period.

Plant and equipment

Plant and equipment is held at carrying value (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the year to 30 June 2016.

For all assets measured at fair value, the current use is considered the highest and best use.

Notes to the financial statements for the year ended 30 June 2016

NOTE 10: PLANT AND EQUIPMENT (continued)	Plant and Equipment $
(c) Reconciliation of level 3 fair value	
Opening balance	27,605
Purchases (sales)	15,168
Transfers in (out) of level 3	-
Gains or losses recognised in net result	
– Depreciation	(11,850)
– Impairment loss	-
Subtotal	**30,383**
Items recognised in other comprehensive income	
– Revaluation	-
Subtotal	**30,383**
Closing balance	**30,383**
Unrealised gains/(losses) on non-financial assets	-

There have been no transfers between levels during the period.

(d) Description of significant unobservable inputs in level 3 valuations	Valuation technique	Significant unobservable inputs	Range (weighted average)	Sensitivity of fair value measurement to changes in significant unobservable inputs
Plant and equipment at fair value	Depreciated replacement cost	Cost per unit	$1,000 – $2,000 ($1,500)	A significant increase or decrease in cost per unit would result in a significantly higher or lower fair value
		Useful life of asset	10 – 20 years (15 years)	A significant increase or decrease in the estimated useful life of the asset would result in a significantly higher or lower valuation

NOTE 11: INTANGIBLES	Notes	2016 $	2015 $
SOFTWARE			
At cost		**19,684**	15,981
Less accumulated amortisation		**(8,725)**	(6,547)
Total intangibles		**10,959**	9,434

NOTE 12: TRADE AND OTHER PAYABLES			
CURRENT			
Trade creditors		**14,610**	3,510
Accruals		**19,436**	38,987
PAYG withheld		**14,174**	21,187
Superannuation payable		**6,151**	4,050
Salary package liability		**3,869**	221
		58,240	67,955

Notes to the financial statements for the year ended 30 June 2016

NOTE 13: PROVISIONS	**$**
Opening balance at 1 July 2014	86,126
Provisions raised during the year	15,477
Balance at 30 June 2015	101,603
Provisions raised during the year	14,478
Balance at 30 June 2016	**116,081**

	2016 $	**2015 $**
Current provisions		
Annual leave		
Unconditional and expected to be settled within 12 months	**49,476**	51,304
Unconditional and expected to be settled after 12 months	**-**	-
Long service leave (including on-costs)		
Unconditional and expected to be settled within 12 months	**54,459**	31,916
Unconditional and expected to be settled after 12 months	**10,005**	14,768
Total current provisions	**113,940**	97,988
Non-current provisions		
Long service leave (including on-costs)	**2,141**	3,615
Total provisions	**116,081**	101,603
Employee benefits and related on-costs		
Current employee benefits and related on-costs		
Annual leave entitlements	**49,476**	51,304
Long service leave entitlement	**66,605**	50,299
Total employee benefits and related on-costs	**116,081**	101,603
Movements in long service leave		
Balance at start of year	**50,299**	44,367
Provision made during the year		
Expense recognising employee service	**16,306**	5,932
Balance at end of year	**66,605**	50,299
NOTE 14: CONTRIBUTED CAPITAL		
Balance at the beginning of the reporting period	**11,200**	11,200
Capital contributions	**-**	-
Balance at the end of the reporting period	**11,200**	11,200

Notes to the financial statements for the year ended 30 June 2016

NOTE 15: CASH FLOW INFORMATION

	2016 $	2015 $
Reconciliation of cash flow from ordinary activities		
Operating profit/(deficit) from ordinary activities	**(6,819)**	24,438
Non-cash flows in profit from ordinary activities:		
Depreciation and amortisation	**14,028**	13,999
Loss on disposal of asset	**-**	-
Changes in assets and liabilities:		
(Increase)/decrease in trade and other receivables	**(1,145)**	3,681
(Increase)/decrease in other current assets	**(8,703)**	5,644
Decrease in trade and other payables	**(9,716)**	(7,338)
Increase in provisions	**14,478**	15,477
Cash flows from operations	**2,123**	55,901

NOTE 16: RELATED PARTY TRANSACTIONS

(a) Responsible minister

The Hon Jill Hennessy, Minister for Health, was the responsible minister for the reporting period.

Remuneration of the ministers is disclosed in the financial report of 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)
Ms N Mollard
Mr F Jackson
Ms R McDougall
Ms K Lai
Mr R Carson
Ms L Burns

Chief Executive Officer
Ms L Johnson

(c) Remuneration of responsible persons

The number of responsible persons are shown in their relevant income bands	2016 No.	2015 No.
Income band		
$0 – $9,999	**6**	6
$180,000 – $189,999	**-**	1
$200,000 – $209,999	**1**	-
Total numbers	**7**	**7**
Total remuneration received or due and receivable by responsible persons from the reporting entity amounted to:	**221,354**	202,622

(d) Transactions with related parties

There were no transactions with related parties during the year.

Notes to the financial statements for the year ended 30 June 2016

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 2016 (2015: NIL).

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 and financial liability are disclosed in Note 1 to the financial statements.

Categorisation of financial instruments			Carrying amount $	Carrying amount $
Financial assets	**Note**	**Category**	**2016**	**2015**
Cash and cash equivalents	7	Cash and cash equivalents	252,148	268,896
Receivables/deposits	8, 9	Loans and receivables	2,390	3,387
Financial liabilities		**Category**		
Payables	12	Trade and other payables	44,066	46,768

Risk management

i. Treasury risk management
The 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

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:

	Weighted average effective interest rate		Interest bearing floating interest rate		Non-interest bearing		Total	
	2016 %	2015 %	2016 $	2015 $	2016 $	2015 $	2016 $	2015 $
Financial assets:								
Cash and cash equivalents	**0.096**	0.087	**251,910**	268,618	**238**	278	**252,148**	268,896
Trade and other receivables			**-**	-	**2,390**	3,387	**2,390**	3,387
Total financial assets			**251,910**	268,618	**2,628**	3,665	**254,538**	272,283
Financial liabilities:								
Trade and other payables	**-**	-	**-**	-	**44,066**	46,768	**44,066**	46,768
Total financial liabilities	**-**	-	**-**	-	**44,066**	46,768	**44,066**	46,768

Notes to the financial statements for the year ended 30 June 2016

NOTE 17: FINANCIAL INSTRUMENTS (continued)

(b) Interest rate risk (continued)

	Notes	2016 $	2015 $
Trade and other payables are expected to be settled as follows:			
Less than 90 days		**44,066**	46,768
		44,066	46,768

(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:

	2016		2015	
	Carrying amount $	Net fair value $	Carrying amount $	Net fair value $
Financial assets				
Cash and cash equivalents	**252,148**	**252,148**	268,896	268,896
Trade and other receivables	**2,390**	**2,390**	3,387	3,387
Financial liabilities				
Trade and other payables	**44,066**	**44,066**	46,768	46,768

(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 0.096%.
- A parallel shift of +1% and -1% in inflation rate from year end rates of 1.0%.

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.

		Interest rate risk			
	Carrying amount $	-1% Profit/(loss) $	-1% Equity $	+1% Profit/(loss) $	+1% Equity $
2016					
Financial assets					
Cash and cash equivalents	252,148	(2,521)	(2,521)	2,521	2,521
2015					
Financial assets					
Cash and cash equivalents	268,896	(2,689)	(2,689)	2,689	2,689

Notes to the financial statements for the year ended 30 June 2016

NOTE 18: CAPITAL AND LEASING COMMITMENTS

(a) Capital commitments

The Authority had no capital commitments at 30 June 2016 (2015: NIL).

(b) Lease commitments

The Authority had no lease commitments at 30 June 2016 (2015: NIL).

(c) Other commitments

The Authority had no other significant commitments at 30 June 2016 (2015: NIL).

NOTE 19: CONTINGENT LIABILITIES

There are no contingent liabilities at 30 June 2016 (2015: NIL).

NOTE 20: ECONOMIC DEPENDENCY

The Authority is dependent upon State of Victoria, via the Department of Health and Human Services, 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 30, 570 Bourke 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 the Victorian Assisted Reproductive Treatment Authority.

VAGO
Victorian Auditor-General's Office

Level 24, 35 Collins Street
Melbourne VIC 3000

Telephone 61 3 8601 7000
Facsimilie 61 3 8601 7010
Website www.audit.vic.gov.au

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Victorian Assisted Reproductive Treatment Authority

The Financial Report

I have audited the accompanying financial report for the year ended 30 June 2016 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 summary of significant accounting policies and other explanatory information, and the accountable officer's, member of responsible body's and chief finance officer's declaration.

The Board Member's Responsibility for the Financial Report

The Board 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 Board Members determine 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 Board 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, I and my staff and delegates have complied with the applicable independence requirements of the Australian Auditing Standards and relevant ethical pronouncements.

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 2016 and 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*.

MELBOURNE
9 September 2016

Dr Peter Frost
Acting Auditor-General

Glossary

The terminology used in this report is fully explained below:

Age at first treatment	Age is based on the cycle date – either the first date where FSH/stimulation drug is administrated, or the date of last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles).
AI (artificial insemination) with partner sperm	A procedure of transferring sperm without also transferring an egg into the vagina, cervical canal or uterus of a woman.
AI with donor sperm	Artificial insemination with donor sperm.
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.
Egg retrieval	Procedure undertaken in an attempt to collect egg(s) from a woman.
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 egg by sperm. Only egg(s) with two pronuclei will be reported.
FSH stimulated cycle	A treatment cycle in which the woman's ovaries are stimulated with superovulatory drugs, excluding clomiphene citrate, to produce more than one egg.
Gamete	An egg or sperm.
ICSI (intra cytoplasmic sperm injection)	ICSI is a micromanipulation technique where a single sperm is injected into the inner cellular structure of an egg. For the purposes of this report, ICSI treatment cycles are included in the total of IVF treatment cycles.
IVF (in vitro fertilisation)	Co-incubation of sperm and egg 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.
Liveborn baby	A fetus delivered with signs of life after complete expulsion or extraction from its mother, beyond 20 completed weeks of gestational age.
Live birth	A birth event in which a live born baby is delivered. Live births are counted as birth events, e.g. a twin or triplet live birth is counted as one birth event.
Not FSH stimulated/ Unstimulated cycle	A treatment cycle where no super-ovulatory drugs are used or where only clomiphene citrate is used.
Number of fetal heartbeats	Number of fetal hearts seen by ultrasonography.
PGD (preimplantation genetic diagnosis)	PGD is a genetic test for embryos designed to reduce the risk of a person or couple passing on their genetic or chromosomal disorder to their child.
PGS (preimplantation genetic screening)	PGS is a scientific test used to screen for embryos which do not have the normal number of chromosomes (46 chromosomes).
Registered ART provider	A place in respect of which registration under Part 8 of the *Assisted Reproductive Treatment Act 2008* is in force.
Surrogacy	An arrangement whereby a woman is treated with an embryo created from gametes from the commissioning parent(s) or donor eggs and sperm. She carries the pregnancy with the intention or agreement that the offspring will be parented by the commissioning parent(s).
Thaw cycle	Cryopreserved/frozen eggs, sperm or embryos must be thawed prior to transfer. 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 eggs and sperm into the body of a woman.
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*. Before 2010, women were required to be eligible for treatment under Section 8 of the *Infertility Treatment Act 1995.*

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.

Report of operations

		PAGE
Charter and purpose		
FRD 22D	Manner of establishment and the relevant ministers	i
FRD 22D	Objectives, functions, powers and duties	1, 4-5, 8-9
FRD 22D	Nature and range of services provided	1, 4-5, 8-9
Management and structure		
FRD 22D	Organisational structure	26
Financial and other information		
FRD 10A	Disclosure index	71
FRD 11A	Disclosure of ex-gratia payments	n/a
FRD 21B	Responsible person and executive officer disclosures	2, 22-23, 53
FRD 22G	Application and operation of *Protected Disclosure Act 2012*	23
FRD 22G	Application and operation of *Carers Recognition Act 2012*	n/a
FRD 22G	Application and operation of *Freedom of Information Act 1982*	22
FRD 22G	Compliance with building and maintenance provisions of *Building Act 1993*	n/a
FRD 22G	Details of consultancies over $10,000	22
FRD 22G	Details of consultancies under $10,000	22
FRD 22G	Employment and conduct principles	26
FRD 22G	Major changes or factors affecting performance	6
FRD 22G	Occupational health and safety	23
FRD 22G	Operational and budgetary objectives and performance against objectives	6
FRD 24C	Reporting of office-based environmental impacts	22
FRD 22G	Significant changes in financial position during the year	6
FRD 22G	Statement on National Competition Policy	n/a
FRD 22G	Subsequent events	67
FRD 22G	Summary of the financial results for the year	6
FRD 22G	Workforce data disclosures including a statement on the application of employment and conduct principles	n/a
FRD 25B	Victorian Industry Participation Policy disclosures	n/a
FRD 29A	Workforce data disclosures	n/a
SD 4.2(g)	Specific information requirements	22
SD 4.2(j)	Sign-off requirements	2
SD 3.4.13	Attestation on data integrity	22
SD 4.5.5.1	Ministerial standing direction 4.5.5.1 compliance attestation	22
SD 4.5.5	Risk management compliance attestation	23

Financial statements

Financial statements required under Part 7 of the FMA		
SD 4.2(a)	Statement of changes in equity	55
SD 4.2(b)	Comprehensive operating statement	54
SD 4.2(b)	Balance sheet	54
SD 4.2(b)	Cash flow statement	55
Other requirements under Standing Directions 4.2		
SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	56
SD 4.2(c)	Accountable officer's declaration	53
SD 4.2(c)	Compliance with Ministerial Directions	56
SD 4.2(d)	Rounding of amounts	58

Legislation

Freedom of Information Act 1982	22
Protected Disclosure Act 2012	23
Carers Recognition Act 2012	n/a
Victorian Industry Participation Policy Act 2003	n/a
Building Act 1993	n/a
Financial Management Act 1994	2

VARTA

Victorian Assisted Reproductive Treatment Authority

ABN 94 021 324 852
Level 30, 570 Bourke Street,
Melbourne Vic 3000
Tel (61 3) 8601 5250
Email varta@varta.org.au
www.varta.org.au