

## Central Register Notification

# Clinics

March 2017

#### Purpose

This form is for registered assisted reproductive treatment providers to submit to VARTA information regarding:

- the birth of a child born as a result of the donor treatment procedure
- a pregnancy that occurred as a result of the donor treatment procedure
- a donor treatment procedure where the outcome of that procedure is unknown.

#### Privacy and disclosure of information

The Victorian Assisted Reproductive Treatment Authority is responsible for the administration of the Central Register under the Assisted Reproductive Treatment Act 2008 (Vic).

The information requested on this form is collected under the provisions of this Act and forms the basis of a registration on the Central Register.

Further information visit

www.varta.org.au

STEP ONE - Event details	Given name(s)			
This notification relates to:				
A birth				
A pregnancy	Gender			
A procedure where the outcome is unknown	Male Female Other			
Name of registered ART clinic	Date of Birth DD/MM/YYYY			
Suburb/town of registered ART clinic	Place of birth Suburb/Town			
Subulib/towit of registered Atti clinic	Suburb/ fowri			
STEP TWO - Details of child born as a result of a	State (or country if outside of Australia)			
donor treatment procedure (if applicable)				
Surname (family name)	Postal address			
	Street no. and name or P.O. Box number			
Given name(s)				
Gender  Male Female Other	Suburb/Town			
Date of Birth DD/MM/YYYY	Ctota Destanda			
Place of birth Name of place/institution	State Postcode			
	Country (if outside Australia)			
	Country (in customer / doctume)			
Suburb/Town (and country if born outside of Australia)	Daytime telephone number			
	Woman's patient number			
Dirth Information				
Birth Information (complete only if the birth did not occur in Victoria)	Type of donor treatment procedure			
Birth weight	Artificial insemination (AI) Gamete intra-fallopian transfer (GIFT)			
grams	In vitro fertilisation (IVF) Other - Please specify			
Was the child one of a multiple birth?				
Note. Please ensure you complete a separate Central Register Notification form for each child of a multiple birth.				
Yes - What was the birth order of this child (e.g. first of twins or second of triplets)?				
of	Date of treatment procedure DD/MM/YYYY			
No	·			
Was the child born alive?	Gametes used in the donor treatment procedure  Donated sperm			
Yes	Donated egg			
No - Please state the gestation	Donated embryo - Provide embryo identification code			
period (number of weeks)				
STEP THREE - Details of woman who received a donor treatment procedure	Does the woman have a partner? Yes No			
Surname (family name)	If Yes, please specify partner's details			
Carrier (terriny reality)	Surname (family name)			
Surname at birth (if different from above)	Surname at birth (if different from above)			
	Garrianne at bintir (ii dilletent from above)			

Given name(s)	Postal address			
	Street no. and name or P.O. Box number			
Gender				
Male Other	Suburb/Town			
Date of Birth	Suburb/ fowri			
DD/MM/YYYY				
Place of birth	State Postcode			
Suburb/Town	Colodas			
	Country (if outside Australia)			
State (or country if outside of Australia)	Daytime telephone number			
Postal address Street no. and name or P.O. Box number	Place where donation was made			
	Name of clinic			
	State Donor identification code (if applicable)			
Suburb/Town	Dorion Identification code (ii applicable)			
	Patient identification number (if applicable)			
	i data ta data mada an ina mada (in appropria			
State Postcode	Period of consent to use sperm			
	From To			
Country (if outside Australia)	DD/MM/YYYY DD/MM/YYYY			
	Number of women donor has had children with			
Daytime telephone number	(include current and former partners)			
	Blood Group			
	Group A Group B Group AB Group O and			
STEP FOUR - Sperm donor's details	Positive Negative			
Surname (family name)	Genetic abnormalities			
Given name(s)				
are trialle(s)	Build (e.g. slim, medium, heavy-set)			
Other pames used (if applicable) Cives pame and surrams	Liste and the second se			
Other names used (if applicable) Given name and surname	Height cm			
	Hair colour Eye colour			
Date of Birth	Current relationship status			
DD/MM/YYYY	Single Married Domestic relationship  Divorced Widowed Registered relationship			
Place of birth	Usual occupation			
Suburb/Town	(e.g. accountant, project manager, teacher or home duties)			
	Highest level of education attained			
State (or country if born outside of Australia)	Secondary Tertiary Post-graduate			
	Othor			

Interests	Daytime telephone number			
(e.g. outdoor activities, arts and culture, literature and travel)				
	Place where donation was made Name of clinic			
Mother's country of birth				
Maternal grandfather's country of birth	State Donor identification code (if applicable)			
Maternal grandmother's country of birth	Patient identification number (if applicable)			
Father's country of birth	Period of consent to use egg/s			
	From To DD/MM/YYYY DD/MM/YYYY			
Paternal grandfather's country of birth				
Paternal grandmother's country of birth	Blood Group  Group A Group B Group AB Group O			
atoma grandinotici s country or birth	and Positive Negative			
	Genetic abnormalities			
STEP FIVE - Egg donor's details				
Surname (family name)				
	Build (e.g. slim, medium, heavy-set)			
Given name(s)				
	Height cm			
	Hair colour Eye colour			
Other names used (if applicable) Given name and surname	Current relationship status			
	Single Married Domestic relationship			
Date of Birth	Divorced Widowed Registered relationship			
DD/MM/YYYY	Usual occupation (e.g. accountant, project manager, teacher or home duties)			
Place of birth	(e.g. accountant, project manager, teacher of nome duties)			
Suburb/Town	Highest level of education attained			
	Secondary Tertiary Post-graduate			
State (or country if born outside of Australia)	Other			
	Interests			
Postal address Street no. and name or P.O. Box number	(e.g. outdoor activities, arts and culture, literature and travel)			
	Mother's country of birth			
	Mouner's country of Britis			
Suburb/Town	Maternal grandfather's country of birth			
State Postcode	Maternal grandmother's country of birth			
	Eather's country of hirth			
Country (if outside Australia)	Father's country of birth			

Paternal grandfather's country of birth				
Paternal grandmother's country of birth				
STEP SIX - Declaration				
I hereby certify that: The information recorded in this form is true a of my knowledge. I understand that I must no submit false or misleading information to the a Signature	t knowingly or recklessly			
0 (6 11				
Surname (family name)				
Given name(s)				
Position title				
1 Ostdori dde				
National Perinatal Statistics Unit number				
Daytime telephone number	Date			
	DD/MM/YYYY			

#### Office Use Only

Ref No		
Data Received		

### Mailing

Mail your completed form to:

Registers Officer

Victorian Assisted Reproductive Treatment Authority

Level 30, 570 Bourke Street

Melbourne VIC 3000

#### For more information visit:

Online <u>www.varta.org.au</u>

Application enquiries <u>dcrs@varta.org.au</u>

General enquiries (03) 8601 5250

(9.00am – 5.00pm Monday-Friday, except public holidays)



The Victorian Assisted Reproductive Treatment Authority is an independent statutory authority funded by the Victorian Department of Health and Human Services.