

Central Register Notification

Doctors

March 2017

Purpose

This form is for medical practitioners conducting artificial insemination procedures using donated gametes to submit to VARTA information regarding:

- the birth of a child born as a result of the procedure
- a pregnancy that occurred as a result of the procedure
- each procedure performed.

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

Note. All questions marked with an asterisk (*) must be completed. All other questions are optional.

STEP ONE - Event details

* This notification relates to:

- A birth
- A pregnancy
- An artificial insemination procedure using donor gametes

If outcome of artificial insemination is not a birth, go to Step Three

STEP TWO - Details of child born as a result of artificial insemination (if known)

*Surname (family name)

*Given name(s)

Gender

- Male
- Female
- Other

*Date of Birth

Place of birth

Name of place/institution

Suburb/Town (and country if born outside of Australia)

STEP THREE - Details of woman who received artificial insemination

*Surname (family name)

*Surname at birth (if different from above)

*Given name(s)

Place of birth

Suburb/Town

Country (if born outside of Australia)

Postal address

Street no. and name or P.O. Box number

Suburb/Town

State

Postcode

Country (if outside Australia)

Daytime telephone number

Woman's patient number (if applicable)

Date of treatment procedure

Does the woman have a partner? Yes No

If Yes, please specify partner's details

*Surname (family name)

*Surname at birth (if different from above)

*Given name(s)

Gender

- Male
- Female
- Other

Date of Birth

Place of birth

Suburb/Town

State (or country if born outside of Australia)

Postal address

Street no. and name or P.O. Box number

Suburb/Town

State

Postcode

Country (if outside Australia)

Daytime telephone number

STEP FOUR - Sperm donor's details

*Surname (family name)

*Given name(s)

*Other names used (if applicable) Given name and surname

*Date of Birth

Place of birth

Suburb/Town

State (or country if born outside of Australia)

Postal address

Street no. and name or P.O. Box number

Suburb/Town

State

Postcode

Country (if outside Australia)

Daytime telephone number

Place where donation was made

Name of clinic

State

Donor identification code (if applicable)

Donor identification number (if applicable)

Number of women donor has had children with
(include current and former partners)

Blood Group

- Group A Group B Group AB Group O
and
 Positive Negative

Genetic abnormalities

Build (e.g. slim, medium, heavy-set)

Height cm

Hair colour Eye colour

Current relationship status

- Single Married Domestic relationship
 Divorced Widowed Registered relationship

Usual occupation

(e.g. accountant, project manager, teacher or home duties)

Highest level of education attained

- Secondary Tertiary Post-graduate

Other

Interests

(e.g. outdoor activities, arts and culture, literature and travel)

Mother's country of birth

Maternal grandfather's country of birth

Maternal grandmother's country of birth

Father's country of birth

Paternal grandfather's country of birth

Paternal grandmother's country of birth

STEP FIVE - Declaration

I hereby certify that: The information recorded in this form is true and correct to the best of my knowledge. I understand that I must not knowingly or recklessly submit false or misleading information to the Registry.

Medical practitioner

Signature

Surname (family name)

Given name(s)

What is your Medical Practitioner's Board of Victoria (MPBV) registration number?

letters

numbers

Daytime telephone number

Date

Office Use Only

Ref No _____

Date 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 www.varta.org.au

Application enquiries dcrs@varta.org.au

General enquiries (03) 8601 5250

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



VARTA

Victorian Assisted Reproductive
Treatment Authority

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