



# Individual Application – Exporting Donor Material **ART**

Review the VARTA [Guidelines for Importing and Exporting Donor Material – Individual Applications](#) and complete this form if you intend to **export donor material out of Victoria**. Please submit your completed form to your Victorian clinic.

If you wish to apply to import donor material, complete the Importing Donor Material application form [here](#).

## Section A – Applicant details

Please provide your details. If you are applying with your partner, please complete one application form together.

	Applicant 1	Applicant 2 (if applicable)
Given name/s		
Surname		
Date of birth		
Mailing address		
Phone number		
Email address		

## Section B – Donor details

Please provide donor details to allow VARTA to confirm that all donor requirements have been met under the *Assisted Reproductive Treatment Act 2008* (the Act).

	Donor 1	Donor 2 (if applicable) <sup>1</sup>
Given name/s		
Surname		
Date of birth		
Donor code		
Most recent date of consent		

<sup>1</sup> Only complete if embryo created from donor sperm and donor egg.

<p><b>Please select the option that is relevant to your application:</b></p>	<input type="checkbox"/> Know the donor personally before starting treatment (friend/family) <input type="checkbox"/> Donor recruited by me (e.g. through advertising or internet forums) <input type="checkbox"/> Donor recruited by a Victorian clinic <input type="checkbox"/> Donor recruited by an interstate clinic <input type="checkbox"/> Donor recruited by the following overseas clinic or egg/sperm bank: _____ <input type="checkbox"/> Other _____ (e.g. donor referred by a friend)	<input type="checkbox"/> Know the donor personally before starting treatment (friend/family) <input type="checkbox"/> Donor recruited by me (e.g. through advertising or internet forums) <input type="checkbox"/> Donor recruited by a Victorian clinic <input type="checkbox"/> Donor recruited by an interstate clinic <input type="checkbox"/> Donor recruited by the following overseas clinic or egg/sperm bank: _____ <input type="checkbox"/> Other _____ (e.g. donor referred by a friend)
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## Section C – Details of export application

Please indicate the number of vials of sperm, eggs or embryos that you are applying to export as part of this application. Ensure that you confirm this number with your clinic before submitting your application. Exporting more donor material than you have approval to export may be a breach of the Act.

	Donor 1	Donor 2 (if applicable)
<b>Vials/straws of donor sperm</b>		
<b>Donor eggs</b>		
<b>Embryos produced using donor sperm</b>		
<b>Embryos produced using donor eggs</b>		
<b>Embryos produced using donor sperm and eggs</b>		

### Reasons for making the application

I/we are making this application:

- To undertake assisted reproductive treatment
- To enter a surrogacy arrangement (if so, please provide **further supporting information** detailed below)
- Other (please provide details): \_\_\_\_\_

Other relevant information:

- I/we wish to have a child who will be a genetic sibling of my/our existing child/children
- I/we are unable to access a local donor
- Other (please provide details): \_\_\_\_\_

## Further information concerning application to export

If you are applying to **export donor material overseas**, provide a copy of the overseas clinic’s licensing, accreditation, or quality assurance certificate.

- I/we have attached **further supporting information** about the clinic’s licensing, accreditation, or quality assurance certificate

## Section D – Clinic details

Please provide contact information for the clinics that will facilitate the export arrangement.

	Victorian Clinic	Interstate / Overseas Clinic
<b>Name of clinic</b>		
<b>Contact person</b>		
<b>Contact number</b>		
<b>Contact email</b>		
<b>Postal address</b>		

If the donor material has been sourced from a clinic different to the Victorian or interstate / overseas clinic where they are currently stored, please provide details of this clinic:

<b>Name of clinic</b>	
<b>Postal address</b>	
<b>Contact email</b>	

## Section E – Declarations and consent

Please review and complete the following declaration. I/we:

- Declare that I/we have not given or offered to give ‘valuable consideration’ to the donor/s. The donor/s, to the best of my/our knowledge, has not received or offered to receive valuable consideration for the supply of their donor material. All payments made to the donor/s (if any) have been reimbursements of ‘reasonable expenses’ incurred in connection with the supply of the donor material.
- Declare that no third-party (e.g. individual, clinic, agency, or organisation) has given or offered to give ‘valuable consideration’ to the donor/s. To the best of my/our knowledge, the donor/s have not received or offered to receive ‘valuable consideration’ for their donor material. All payments made to the donor/s (if any) have been reimbursements of ‘reasonable expenses’ incurred in connection with the supply of the donor material.
- Undertake to notify my/our clinic in Victoria should a live birth result from treatment using the exported donor material.
- Consent to VARTA using the information provided in this application to communicate with relevant organisations, including the clinics, to process this application.

- Have been counselled by a counsellor who provides counselling services for a Victorian registered assisted reproductive treatment provider (i.e. your Victorian clinic).
- Declare that all statements made in this application are true and correct and understand that it is an offence under section 38 of the Act to knowingly or recklessly give false or misleading information or omit to give material information in this application. Committing such an offence could result in a penalty.

## Section F – Declaration for surrogacy arrangements

You must complete this section if you intend to **export gametes or embryos to use in a surrogacy arrangement**.

Please confirm the nature of your proposed surrogacy arrangement:

- The surrogacy arrangement will occur **interstate**
- The surrogacy arrangement will occur **overseas**

To better understand your proposed surrogacy arrangement, please provide the following:

- A copy of the proposed surrogacy arrangement with the surrogate, including proof that it has been approved by the relevant authorities (if necessary).
- Information about the surrogate’s personal circumstances (e.g. their age; employment status; number of children of their own; details about whether they have been a surrogate before).
- Proof that the surrogate and their partner (if any) has been counselled and received legal advice regarding the surrogacy arrangement.
- Proof that you and your partner (if any) have obtained your own counselling and legal advice regarding the surrogacy arrangement.
- Details of reimbursement of costs expected to be made to the surrogate.
- Details of your travel itinerary (including proof of any government travel exemptions, if applicable).

Please review and declare the following. In addition to the declaration in **Section E**, I/we declare that:

- the surrogacy arrangement is altruistic.
- the sperm, eggs or embryos being exported from my/our Victorian clinic to the receiving clinic **will not** be used in a commercial surrogacy arrangement.
- the surrogate **will not** receive any ‘material benefit or advantage’ (e.g. money, gifts, or other benefit beyond ‘reasonable expenses’) prohibited under section 44 of the Act, other than reimbursement for prescribed costs as set out in Regulation 11 of the *Assisted Reproductive Treatment Regulations 2019*.
- all statements made regarding this surrogacy arrangement are true and correct, and understand that it is an offence under section 38 of the Act to knowingly or recklessly give false or misleading information or omit to give material information in this application; and that committing such an offence could result in a penalty.

## Section G – Applicant signature/s

	Applicant 1	Applicant 2 (if applicable)
<b>Signed</b>		
<b>Name</b>		
<b>Date</b>		

## Section H – Clinic Declaration

Please complete this declaration if you are the Designated Officer of the clinic for the **export donor material out of Victoria**. Under section 36(3) of the Act, VARTA will consider whether the purpose and way in which the donor material will be used outside of Victoria is consistent with purpose and way it could be used in Victoria.

### Donor details

- We confirm that the donor/s details in **Section B** are correct. If donor details are not known to the applicant, we have **attached** these separately for **VARTA’s reference only**.

### Consent to export

- Our clinic confirms that the donor/s are aware of the proposed export application and consent to the export of their donor material. The donor/s has been or will be given written notice of the clinic where the donor material is sent.

### 10-women worldwide donor limit

- The receiving clinic has confirmed that use of the exported donor material in treatment **will not** result in more than 10 women having children who are genetic siblings. This 10-woman limit includes the donor’s family.
- Our clinic has advised the receiving clinic of the number of women who have been treated with the donor material and/or already have children from the donor. This information is attached separately for **VARTA’s reference only**.

### Birth notification

- We undertake to notify VARTA of all live births resulting from treatment using donor material subject to this application.

### No valuable consideration offered or received for supply of donor material

- We confirm that our clinic and the receiving clinic has **not** given or offered to give, nor has the donor received or offered to receive, ‘valuable consideration’ to the donor/s for the supply of their donor material in a manner inconsistent with section 17 of the *Prohibition of Human Cloning for Reproduction Act 2008* (VIC) (the PHCR Act). Any payments made to the donor/s by our clinic (if any) have been reimbursements of ‘reasonable expenses’ incurred in connection with the supply of the donor material.
- We confirm that the applicant/s and/or any other third-party (e.g. individual, clinic, agency, or organisation) has **not** given or offered to give, nor has the donor/s received or offered to receive, ‘valuable consideration’ to the donor/s for the supply of their donor material in a manner inconsistent with section 17 of the PHCR Act. Any payments made to the donor/s by the applicant/s and/or third-party (if any) have been reimbursements of ‘reasonable expenses’ incurred in connection with the supply of the donor material.
- The donor material was obtained in a manner consistent with all relevant Commonwealth, State/Territory legislation, Reproductive Technology Accreditation Committee (RTAC) guidelines, and *National Health and Medical Council’s Ethical guidelines on the use of assisted reproductive technology in clinical practice* (the NHMRC Guidelines).

### Other

- Our clinic knows of no other reason why the export application should not be approved.
- Our clinic confirms that all statements made in this application are true and correct and understand that it is an offence under section 38 of the Act to knowingly or recklessly give false or misleading information or omit to give material information in this application. We understand that committing such an offence could result in a penalty.

Signatory to Declaration			
Signed		ART clinic	
Name		Date	
Title			