



## Individual Application – Importing Donor Material

# ART

Please review the VARTA [Guidelines for Importing and Exporting Donor Material – Individual Applications](#) and complete this form if you wish to **import donor material into Victoria**. Please submit your completed form to your Victorian clinic.

If you wish to apply to export donor material, complete the Exporting 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 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 r) <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 import application

Please indicate below the number of vials of sperm, eggs or embryos that you are applying to import as part of this application. Ensure that you confirm this number with your clinic before submitting your application. Importing more donor material than you have approval to import 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** including whether the arrangement has been approved by the Victorian Patient Review Panel)
- 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 import

If you have reimbursed the donor for expenses, please attach evidence of all relevant payments (e.g. invoices or receipts). If you do not have this information, please contact the clinic where the donor material was sourced.

- I/we are aware that reimbursements were made to the donor and **evidence of them is attached**; or
- I/we confirm that **no** reimbursements were made to the donor

## Section D – Clinic details

Please provide contact information for the clinics that will facilitate the import 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 imported 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 – Applicant signature/s

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

**Please forward your completed form to your Victorian clinic.**

## Section G – Clinic Declaration

Please complete this declaration if you are the Designated Officer of the receiving clinic for the proposed **import of donor material into 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**.

### Donor requirements under the Act

- We will give effect to the guiding principles under section 5 of the Act in carrying out treatment involving the imported donor material subject to this application.
- The donor/s consented to the import and use of their donor material in accordance with sections 16 and 17 of the Act, and regulation 8 of the *Assisted Reproductive Treatment Regulations 2019* (the Regulations).
- The donor/s received counselling from one of our clinic's counsellors in accordance with section 18 of the Act and regulation 9 of the Regulations.
- The donor/s have been given written advice about the matters set out in section 19 of the Act and provided our clinic with the prescribed identifying and non-identifying information.

### 10-women worldwide limit

- The transferring clinic confirmed that use of the imported 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.
- The transferring clinic has advised our 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 that result from treatment using the imported donor material.

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

- We confirm that our clinic and the transferring 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 import 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			