



This form is intended for people wanting to export the following 'donor material' out of Victoria:

- 1. Donor eggs
- 2. Donor sperm
- 3. Donated embryos (i.e. embryos donated to you or made using donor eggs and/or donor sperm)

If you¹ intend to export your own eggs, sperm, and/or embryos (made *without* any donor material), you **do not** need to apply for approval.

How to apply

- Submit a complete application and all supporting documents (such as invoices) to your Victorian clinic. If you are applying with your partner, submit only one application.
- Your Victorian clinic will review your application for completeness. If your application meets all legislative requirements, they will sign **Section F** ('Clinic Declaration') and submit your application and supporting documents to us on your behalf.
- We will confirm with your Victorian clinic once we receive your application, supporting documents, and a signed clinic declaration.
- 4. We will review your application and supporting documents to ensure it satisfies Victorian law. If necessary, we may request further information or seek clarification directly from your clinic.
- The Board will consider your application as soon as possible. In some cases, the Board may ask for more information. If your application is approved, the approval may include conditions.
- 6. We will notify you and your Victorian clinic of our decision as soon as possible.

What to do to avoid delays in processing

To minimise processing delays, we encourage you to:

- 1. provide as much detail about your application and circumstances as possible or available to you.
- attach invoices or other supporting documents for all expenses you or your clinics paid to the donor.
 If necessary, please speak to your clinic.
- 3. if any documents are in a language other than English, provide a certified English translation.
- review the 'Final Checklist' in Section E. Your application may be delayed if it is incomplete or missing any information.

You submitted your application – now what?

- A complete application takes an average of 4 to 6 weeks to finalise. We make all efforts to process applications as quickly as possible.
- The Authority is currently unable to provide any application status updates prior to 6 weeks from when it was submitted by your Victorian clinic.
- If you have questions after your application is submitted, please speak to your Victorian clinic.

What do we consider in your application?

We consider the following requirements set out in the Assisted Reproductive Treatment Act 2008 (the Act):

Guiding principles of the Act

- The welfare and interests of people born as a result of fertility treatment are paramount.
- Fertility treatment should not be used to exploit the:
 - reproductive capabilities of men or women
 - children born as a result of fertility treatment
- Donor-conceived people have the right to access information about their genetic heritage.
- The health and wellbeing of people undergoing fertility treatment must be protected at all times.
- People seeking to undergo fertility treatment must not be discriminated against.

^{1 &#}x27;You', 'your', 'I' or 'my' refers to those named as applicants in Section A. If appropriate by context, references to the singular include the plural and vice versa.





Use of donor material outside of Victoria

We will consider whether the way the donor material will be used outside of Victoria is consistent with the way it would be used in Victoria. If the use of donor material outside of Victoria is **not** consistent with the Victorian law, your application may not be approved.

Consent, counselling, and information provision

We also consider whether the donor:

- was counselled by a counsellor who provides services for a registered Victorian clinic on the prescribed matters under the Act.
- · consented to the use of their donor material.
- has been given written notice of the clinic where their donor material will be sent.
- provided identifying/non-identifying information.
- was given written information and advice about the Central Register, Voluntary Register, and the rights of individuals to apply to those registers.

Anonymous donors

Anonymous donation is not legal in Australia.

An anonymous donor is a donor whose identifying and non-identifying information is not available to you <u>or</u> your Victorian clinic. If your donor was recruited by a Victorian or interstate clinic and their information is not available to you (i.e. it has been de-identified), the recruiting clinic will have donor information available to assist with this application.

Worldwide limit for use of donor material

In Victoria, there is a 10-woman worldwide limit on the number of women who can have children using donor material from one donor.² The limit includes the donor and all of the donor's current or former partners.

Paying and reimbursing donors

Your donor can only be paid and/or reimbursed for 'reasonable expenses', which are expenses that the donor incurs *directly* in connection with their donation and can be verified with receipts or other supporting documentation – such as (but not limited to):

medical and counselling expenses

- travel and accommodation expenses
- · loss of earning or income
- · cost of legal advice

If you or your clinic directly paid/reimbursed the donor for these or any other expenses, we may request more information. If any payments cannot be supported by receipts, your application may not be approved.

Please submit invoices or supporting documents for **all** expenses paid/reimbursed to the donor (such as clinic fees, storage/freezing, tests). Please itemise these expenses in an excel spreadsheet and ensure that all documents clearly labelled.

Surrogacy arrangements

Surrogacy arrangements are very complex. If you are considering a surrogacy arrangement, you will need to get independent and specialist legal advice.

Arrangements outside of Victoria

If you are applying to export donor material to use in a surrogacy arrangement outside of Victoria, you must also complete **Section G**. We will consider:

- whether the proposed use of the donor material outside of Victoria is consistent with Victorian law (as explained above); and
- whether the proposed surrogacy arrangement will also comply with local requirements where you are seeking to enter the arrangement.

Privacy

The information that you provide in your application will only be used for the purpose of processing your application, and statistical, education, or reporting purposes in a de-identified form.

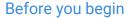
We will not share your personal information unless you have consented for us to do so, or we are required by law to disclose that information.

For more information

For more information about exporting donor material, please speak to your Victorian clinic.

² Amendments to the 10-woman donor limit under the Act commenced on 21 December 2021 and enable both women in a same-sex relationship to carry children using the same donor, or existing families to have a genetic sibling through a surrogacy arrangement. The change applies to new donations under donor consents given <u>after</u> 21 December 2021. The change does not apply retrospectively to donations made under donor consents provided before 21 December 2021. However, donors may reconsent to the use of their donations for expanded family arrangements after 21 December 2021.





We recommend typing directly into this form and signing it electronically. However, you may also print and submit a handwritten copy. If you submit a handwritten copy, write clearly using BLOCK letters in blue or black ink. When you are ready, submit a complete application with any supporting documents to your Victorian clinic.

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)
First name		
Last name		
Date of birth		
Residential address		
Phone number		
Email address		

Section B - Donor details

Note to applicants: if your donor was recruited by a Victorian or interstate clinic and you do not have all your donor's details, your Victorian clinic will provide this information to us separately. Any donor information provided separately by your clinic will be **for VARTA reference only.**

	Donor #1	Donor #2 (only if embryos are created from donor sperm <u>and</u> donor egg)
	 □ The donor is a family member □ The donor is a friend that I knew personally before starting treatment □ I recruited the donor (e.g. Facebook, online forums, etc) – please specify: 	 ☐ The donor is a family member ☐ The donor is a friend that I knew personally before starting treatment ☐ I recruited the donor (e.g. Facebook, online forums, etc) – please specify:
Please select the most relevant option	 □ Donor recruited by a Victorian clinic □ Donor recruited by an interstate clinic □ Donor recruited by an overseas clinic or egg/sperm bank − please specify: 	 □ Donor recruited by a Victorian clinic □ Donor recruited by an interstate clinic □ Donor recruited by an overseas clinic or egg/sperm bank – please specify:
	Other:(e.g. an agency connected you to the donor; donor referred by a friend)	Other: (e.g. an agency connected you to the donor; donor referred by a friend)





	Donor #1		Donor #2 (only if embryos are created from donor sperm <u>and</u> donor egg)			
Full name	First	Middle	Last	First	Middle	Last
Date of birth						
Donor code						
Most recent date of consent						

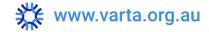
Section C - Details about the donor material

Please indicate the total quantity of donor material that you are applying to export as part of your application. We recommend confirming this number with your Victorian clinic before submitting your application. Exporting more donor material than you have written approval to export may be a breach of the Act.

	Total Quantity
Vials/straws of donor sperm	
Donor eggs	
Embryos made using donor sperm	
Embryos made using donor eggs	
Donated embryos (i.e. embryos donated to you or made using donor eggs <u>and</u> donor sperm)	

Reason for applying

	ason for applying			
	I am making this application to undertake assisted reproductive treatment.			
	I am making this application to enter a surrogacy arrangement (if so, please complete Section G).			
Oti	Other relevant information			
	I wish to have a child who will be a genetic sibling of my existing child.			
	If applicable: I have child/ren using donor material from the donor subject to this application.			
	I have moved to where my receiving clinic is located.			
	I am unable to access a local donor.			
	I wish to use a donation from someone that I know personally.			
	Please provide any other information that you consider relevant:			





Section D - Clinic details

Provide the complete contact information of the clinics that will facilitate the export.

	Victorian Clinic (Transferring Clinic)	Interstate / Overseas Clinic (Receiving Clinic)
Name of clinic		
Contact person		
Contact number		
Contact email		
Postal address		

Exporting to an overseas clinic

If you are applying to export donor material to a clinic overseas, pleas	e provide:
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- \square A copy of the overseas clinic's licensing, accreditation, and/or quality assurance certificate.
- ☐ A certified English translation (if the document is in a language other than English).

Donor material sourced from another clinic

In some instances, the donor material may have been sourced from a clinic *different* to where it is currently being stored (i.e. your Victorian clinic). If this is the case, please provide the source clinic's information:

	Source Clinic
Name of clinic	
Contact person	
Contact email	
Postal address	





Section E – Applicant declaration			
Consent and counselling			
☐ I declare that I received counselling by a counsellor who provides counselling services for a Victorian clinic.			
☐ I consent to the Authority using the information provided in this application to communicate with the transferring clinic, the receiving clinic, and the source clinic (if applicable) to process my application.			
Valuable consideration			
Note to applicants: if your donor was clinic recruited (and	therefore not known to you), y	ou may skip this section.	
☐ I declare that I have only reimbursed/paid the donor (or that the donor incurred directly in connection with the	-	lf) for 'reasonable expenses' ³	
$\ \square$ I have not paid the donor any other 'valuable consideration"	ation' (e.g. gifts or money) for	their donation.	
☐ I have confirmed that no third-party (such as another person, fertility clinic, agency, or organisation) has given or offered to give 'valuable consideration' to the donor in connection with the supply of the donor material.			
Notifying your Victorian clinic			
☐ I agree to notify my Victorian clinic if a live birth results from using the donor material subject to this application.			
False or misleading information			
☐ I declare that all statements made in my application a Act to 'knowingly or recklessly give false or misleading this application. I understand that committing such an	g information' or to 'omit to gi	ve material information' in	
	·	•	
Final checklist To avoid processing delays, you are encouraged to check	the following to ensure your a	pplication is complete.	
☐ My details in Section A are correct.	☐ If your donor was not	recruited by a Victorian or	
☐ I have provided as much donor details in Section B as available to me. My Victorian clinic will		e attached invoices/receipts ts made to the donor.	
provide additional information, if necessary.		cuments are in a language	
☐ I confirmed the total quantity of donor material that I intend to export with my Victorian clinic.		ave provided a certified my supporting documents.	
Applicant signatures			
X	x		
Name Date	Name	Date	
By signing this form, you are declaring that you have complete	ed this form personally and all st	atements are true and correct.	

³ 'Reasonable expenses' may include medical expenses, counselling expenses, travel and accommodation expenses, loss of earning or income, and cost of legal advice.





	ction F - Clinic declaration s declaration must be completed and signed by the Designated Officer of the Victorian clinic .
Do	nor details
	We confirm that the donor details in Section B are correct.
Do	nor counselling and consent
	We declare that the donor was counselled by a counsellor who provides counselling services for a registered ART provider (i.e. a Victorian clinic) on the prescribed matters in accordance with the Act and about their rights and obligations under Victorian law.
	We declare that the donor was notified of the proposed export application and consents to the export of their donor material. The donor has been or will be given written notice of the clinic where the donor material is sent.
10	-women worldwide limit
	The receiving clinic confirmed that the use of the exported donor material in treatment complies with the 10-women worldwide limit and is in accordance with the Act. This limit includes the donor and all of the donor's current or former partners.
	We will advise the receiving clinic of the total number of women who have children using the donor material subject to this application. This information is attached separately for VARTA reference only .
Va	luable consideration for supply of donor material
	We declare that our clinic has not given or offered to give the donor 'valuable consideration' for the supply of their donor material in a manner inconsistent with the <i>Prohibition of Human Cloning for Reproduction Act 2008</i> (VIC) (the PHCR Act). Any payments/reimbursements that we made to the donor (if any) were for 'reasonable expenses' that the donor incurred in connection with the supply of the donor material.
	We have confirmed that the receiving clinic has not given or offered to give the donor 'valuable consideration' for the supply of their donor material in a manner inconsistent with the PHCR Act. Any payments/reimbursements made to the donor by the receiving clinic (if any) were for 'reasonable expenses' that the donor incurred in connection with the supply of the donor material.
	We have confirmed that the applicant has not given or offered to give the donor 'valuable consideration' for the supply of their donor material in a manner inconsistent with the PHCR Act. Any payments/reimbursements made to the donor by the applicant (if any) were for 'reasonable expenses' that the donor incurred in connection with the supply of the donor material.
	We have confirmed that any other third-party (such as another individual, fertility clinic, agency, or organisation) has not given or offered to give the donor 'valuable consideration' for the supply of their donor material in a manner inconsistent with the PHCR Act. Any payments/reimbursements made to the donor by a third-party (if any) were for 'reasonable expenses' incurred in connection with the supply of the donor material.
	We attach supporting documents (e.g. invoices or receipts of payment) of all payments/reimbursements made to the donor (or on the donor's behalf) in connection with the supply of their donor material subject to this application. This may include, but is not limited to, medical expenses, storage/freezing expenses, lab/tests, etc.
	We confirm that the donor material was obtained in a manner consistent with all Commonwealth/State/Territory legislation, Reproductive Technology Accreditation Committee (RTAC) guidelines, and the National Health and

Medical Council's Ethical guidelines on the use of assisted reproductive technology in clinical practice.





Otl	her		
	We know of no other reason why the export application s	houl	d not be approved.
	We declare that all statements made in our clinic declaration are true and correct . We understand that it is an offence under the Act to 'knowingly or recklessly give false or misleading information' or to 'omit to give material information' in this application. We understand that committing such an offence could result in a penalty.		
Final checklist To avoid processing delays, you are encouraged to check the following to ensure the application is complete.			
	If the donor's details in Section B are incomplete and/or not known to the applicant, we attached		We confirmed the total quantity of donor material to be exported as part of this application.
	this information for VARTA reference only.	П	We attached invoices and/or other supporting
	We attached information about the number of people who are currently being treated with or		documents for all reimbursements made to the donor available to us.
	have children using this donor's donor material.		

Designated Officer signature

	Designated Officer
Signature	
Full name	
Title	
Date	







This section is only required if you intend on entering into a surrogacy arrangement outside of Victoria.

Under Victorian law, the Authority must consider whether the purpose and way in which the donor material will be used outside of Victoria is consistent with how it could be used in Victoria. In addition to considering whether the proposed surrogacy arrangement is consistent with Victorian law, we may also have regard to whether it complies with local laws in the place where you are seeking to enter the arrangement.

Witi	n local laws in the place where you are seeking to enter the arrangement.				
Yo	ur proposed surrogacy arrangement				
	The surrogacy arrangement will occur interstate				
Inf	ormation to provide for review				
	better understand the nature of the proposed surrogacy arrangement and to minimise delays in process, please vide the following for our review, if available:				
Pro	posed arrangement				
	A copy of the signed surrogacy arrangement with the surrogate (if available) and evidence that it has been approved by the relevant authorities (if necessary). If a final copy is not available, please provide a draft.				
	Information about the surrogate's personal circumstances (including the surrogate's age, employment status, number of children of their own, details about whether they have been a surrogate before, etc).				
Cou	inselling				
	Evidence that you (and your partner, if any) received counselling regarding the surrogacy arrangement. This may be in the form of a counselling report or signed letter including counselling dates from your counsellor.				
	Evidence that the surrogate (and their partner, if any) received counselling regarding the surrogacy arrangement This may be in the form of a counselling report or signed letter including counselling dates from their counsello				
Leg	al advice				
	Evidence that you (and your partner, if any) received independent legal advice regarding the proposed surrogacy arrangement. This may be in the form of a signed letter from your lawyer to confirm they have provided you with legal advice. You are not required to provide us with details of the legal advice.				
	Evidence that the surrogate (and their partner, if any) received independent legal advice regarding the proposed surrogacy arrangement. This may be in the form of a signed letter from their lawyer to confirm they have provided the surrogate with legal advice. You are not required to provide us with details of the legal advice.				
Oth	er er				
	Details of payments/reimbursements made (or expected to be made) to the surrogate. Please provide invoices or other supporting documents, if available. Otherwise, please provide a breakdown of proposed payments.				
	If any of your supporting documents are in a language other than English, please provide a certified English translation of the documents				





Surrogacy declaration						
	I declare that the surrogacy arrangement is altruistic and that the donor material subject to this application will not be used in a commercial surrogacy arrangement.					
	I declare that the surrogate has not (or will not) receive any 'material benefit or advantage' (e.g. money, gifts, or other benefits) other than those permitted under the Assisted Reproductive Treatment Regulations 2019.					
	I declare that all statements made regarding this surrogacy arrangement are true and correct . I understand it is an offence under the Act to 'knowingly or recklessly give false or misleading information' or to 'omit to give material information' in this application. I understand that committing such an offence could result in a penalty.					
Applicant signatures						
x			x			
Name		Date	Name	Date		
By signing this form, you are declaring that you have completed this form personally and all statements are true and correct.						

⁴ Permitted costs include medical expenses incurred by the surrogate mother that are not recoverable under Medicare, health insurance, or another scheme; counselling expenses associated with the surrogacy; legal costs associated with the surrogacy; travel, accommodation, and childcare costs that the surrogate mother may have incurred; the surrogate's loss of earnings as a direct result of taking unpaid leave; health, life, or disability insurance costs.

