

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

This notification relates to:

- A birth
 A pregnancy
 A procedure where the outcome is unknown

Name of registered ART clinic

Suburb/town of registered ART clinic

STEP TWO - Details of child born as a result of a donor treatment procedure (if applicable)

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)

Birth Information

(complete only if the birth did not occur in Victoria)

Birth weight

 grams

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

- No

Was the child born alive?

- Yes

- No - Please state the gestation period (number of weeks)

STEP THREE - Details of woman who received a donor treatment procedure

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 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

Type of donor treatment procedure

- Artificial insemination (AI) Gamete intra-fallopian transfer (GIFT)
 In vitro fertilisation (IVF) Other - Please specify

Date of treatment procedure

Gametes used in the donor treatment procedure

- Donated sperm
 Donated egg
 Donated embryo - Provide embryo identification code

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 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)

Patient identification number (if applicable)

Period of consent to use sperm

From

To

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 - Egg 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)

Patient identification number (if applicable)

Period of consent to use egg/s

From

To

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 SIX - 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 Authority.

Signature

Surname (family name)

Given name(s)

Position title

National Perinatal Statistics Unit number

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.