Application to import or export donated sperm, eggs or embryos

The Assisted Reproductive Treatment Act 2008 (the Act) requires that a person must not bring donor gametes, or embryos produced from donor gametes, into Victoria, or take them from Victoria, except with the written approval of the Victorian Assisted Reproductive Treatment Authority (VARTA). In addition, section 36 of the Act requires that those gametes or embryos taken from Victoria be used in a manner consistent with a purpose for which they could be used in Victoria.

Criteria for approval:

Approval for import or export will be subject to meeting a number of the following requirements. In most circumstances, these will be the criteria set out in the Act and the Authority's ‘Guidelines for the Import and Export of Donated Gametes and Embryos Produced from Donated Gametes’. Please review these guidelines before completing this form. Approvals will take into account:

1. Section 21 of the Australian Prohibition of Human Cloning for Reproduction Act 2002 (Cth) prohibits commercial trading in human eggs, sperm or embryos. The donor must not have received payment, other than reimbursement of medical or other expenses in relation to the donation itself.

2. Information that identifies the donor must be lodged at the Victorian clinic before treatment commences, so that should a live birth result, the Victorian clinic is able to notify the Victorian Registry of Births, Deaths and Marriages about details of the donor. This is a requirement of section 51 of the Assisted Reproductive Treatment Act 2008.

3. When a child is born as a result of a donor treatment procedure, information about the person who provided the gametes, the person/s to whom the child was born, and the child must be provided to the Victorian clinic so that this information may be recorded on the Victorian Central Register.

4. Clinics must ensure that the requirements of the Assisted Reproductive Treatment Act 2008 are met in relation to informed consent by the donor. The donor must receive information and be counselled by a counsellor providing services on behalf of a Victorian registered assisted reproductive treatment provider about record keeping and the operation of the Central Register of donor births in Victoria.

Please note: in addition to Victorian regulatory requirements, the provision of treatment in Victoria with the use of gametes or embryos imported from overseas is subject to the discretion of the clinic providing treatment. It is important that you contact the treating clinic prior to submitting an application.
How to complete this form

Step one - Before completing this form please contact both your current treating clinic and the destination clinic to inform them of your intention to submit this application to VARTA.

Step two - To assist in the application process, you must complete ALL fields marked with an * (incomplete applications will be returned to applicants for completion).

Section C
If you are unsure of any donor details, please contact the clinic where you obtained the donor gametes. Please note: if you provide the donor code, you are not required to provide the donor’s name as well. When providing the date of most recent donor consent, please provide the full date of consent.

Section D
Please provide full address details of each clinic, including the name of a contact person.

If you wish to enter into a surrogacy arrangement overseas, you will be required to sign an additional declaration.

Step three - Send the original completed form to VARTA. Please refer to the flow chart in Attachment 2 for more information on the process for approval.

While the Authority will endeavour to process your application promptly, in some cases when information, consents or counselling are required, applications may take a number of weeks to process.

Personal information
Under the Privacy Amendment (Enhancing Privacy Protection) 2012, VARTA is required to obtain consent to share your personal information contained within this application to other entities within Australia and overseas relevant to the application process.
Please enter all required information, indicated with an asterisk *
(Please print in block letters)

SECTION A

| * Applicant's name: | ______________________________________________ |
| * Sex: | □ Female
□ Male |
| * Date of birth: | ____/____/____ |
| * Partner's name (if applicable): | ______________________________________________ |
| * Sex: | □ Female
□ Male |
| * Date of birth: | ____/____/____ |
| * Mailing address: | ______________________________________________ |

* Contact phone numbers:  
BH: ____________________________  
AH: ____________________________  
MOB: ____________________________

* Contact email address:  ______________________________________________

SECTION B (please complete relevant option only)

| * Is this application for? | □ IMPORT OR □ EXPORT of: | □ Sperm
□ Egg
□ Embryo |
| * Number of embryos to be imported/exported: | ______________ |

Were these embryos donated to you?  
□ Yes
□ No

Was donated sperm used to form the embryo/s?  
□ Yes
□ No

Was a donated egg used to form the embryo/s?  
□ Yes
□ No

If importing, did you pay for the sperm/eggs used to form these embryos?  
□ Yes
□ No
Application to import or export donated sperm, eggs or embryos

If yes, please complete the questions in Attachment 1

* Number of straws of **donated sperm** to be imported/exported: 
  
  If importing, did you pay for this sperm?  
  □ Yes  
  □ No  
  If yes, please complete the questions in Attachment 1

* Number of **donated eggs** to be imported/exported: 
  
  If importing, did you pay for these eggs?  
  □ Yes  
  □ No  
  If yes, please complete the questions in Attachment 1

### SECTION C

* Donor Details:

**Donor 1**

Date of birth: 

Name (if known): 

Donor code: 

Date of most recent consent to donation: ____/____/____

**Donor 2 (if applicable)**

Date of birth: 

Name (if known): 

Donor code: 

Date of most recent consent to donation: ____/____/____
SECTION D

* Name and postal address of clinic where the sperm/eggs/embryos are currently stored:

* Contact person:

Have the eggs/sperm/embryos ever been stored at a clinic other than the clinic listed above? □ Yes □ No

* If yes, where were they previously stored?

* Name and postal address of destination clinic for sperm/eggs/embryos:

* Contact person:

* If either of the above clinics overseas, please attach a copy of the relevant licence/accreditation certificate (see guidelines for further details).

* Which of the following applies to you? □ I/We wish to continue to attempt to have a child
  □ I/We wish to have a child that will be a genetic sibling of my/our existing child/children
  □ I/We have or are intending to relocate to Victoria or outside Victoria
  □ I/We wish to enter into a surrogacy arrangement
  □ This is a donation for the purpose of research
  □ I/We are unable to access a local donor
  □ Other (Please specify)

CHECKLIST:

- Have you informed your treating clinic that you are making this application? □
  (If no, please speak to both clinics before submitting this form)
- Are all fields marked with an * complete? □
- If you have a partner, have they signed this application? □
- If applying to import donor sperm, eggs or embryos produced from donor sperm/eggs have you completed Attachment 1?
  Please note: The Authority will not consider your application until this additional information received.
- If applicable, have you attached a copy of the overseas clinic’s licence or accreditation certificate? □
DECLARATION:

1. I/We declare that, to the best of my/our knowledge, the donor has neither received nor I/we offered any valuable consideration, other than reimbursement of medical or other expenses in relation to the sperm/eggs or embryos.

2. I/We will undertake to notify the Victorian clinic should a live birth result from the treatment procedure.

3. I/We have been counselled by a counsellor who provides services for a Victorian registered ART provider.

CONSENT:

4. I/We give consent for VARTA to share my/our personal information with other entities within Australia and overseas relevant to the processing of this application.

Please note: In completing this application, you must supply complete and accurate information. An applicant who omits to give material information, or who gives false or misleading information on purpose, may commit an offence under this Act.

Please be aware we may contact the clinic to confirm details contained on the application.

- Applicant’s signature: ______________________________
  Print name: ______________________________________
  Date: ____/____/____

- Partner’s signature (if applicable): ________________________
  Print name: ______________________________________
  Date: ____/____/____

Please forward the signed original copy to

Chief Executive Officer
Victorian Assisted Reproductive Treatment Authority
Level 30, 570 Bourke Street, Melbourne VIC 3000

Tel: (03) 8601 5250
ATTACHMENT 1

APPLICATION FOR IMPORT OF SPERM, EGGS OR EMBRYOS

In approving the import of gametes, or embryos produced from donor gametes, into Victoria, the Authority must give consideration to section 21 of the Australian Prohibition of Human Cloning for Reproduction Act 2002 (Cth) which prohibits commercial trading in human eggs, human sperm or human embryos.

Relevant sections of the Act are as follows:

Section 21
Offence - commercial trading in human eggs, human sperm or human embryos
(1) A person commits an offence if the person intentionally gives or offers valuable consideration to another person for the supply of a human egg, human sperm or a human embryo.
   Maximum penalty: Imprisonment for 15 years.
(2) A person commits an offence if the person intentionally receives, or offers to receive, valuable consideration from another person for the supply of a human egg, human sperm or a human embryo.
   Maximum penalty: Imprisonment for 15 years.
(3) In this section:
   reasonable expenses:
   (a) in relation to the supply of a human egg or human sperm - includes, but is not limited to, expenses relating to the collection, storage or transport of the egg or sperm; and
   (b) in relation to the supply of a human embryo:
      (i) does not include any expenses incurred by a person before the time when the embryo became an excess ART embryo; and
      (ii) includes, but is not limited to, expenses relating to the storage or transport of the embryo.
   valuable consideration, in relation to the supply of a human egg, human sperm or a human embryo by a person, includes any inducement, discount or priority in the provision of a service to the person, but does not include the payment of reasonable expenses incurred by the person in connection with the supply.

To enable the Authority to determine if the donor received valuable consideration for the supply of sperm, eggs or embryos, please provide the following details in the area provided below.

1. Which country did the donated sperm, eggs or embryos originate? __________
2. How much did you pay for the donated sperm, eggs or embryos? $________ (AUD)
3. Of the payment how much was for reasonable expenses? $________ (AUD) (see extract above).

If you do not have this information, please contact the clinic from which you obtained the sperm/eggs or embryos and attach any relevant documentation to this application.
Process for the **import** of donor gametes/embryos produced from donor gametes

1. Patient submits application to Authority
2. Correspondence explaining conditions of approval sent to both the interstate/overseas clinic and the receiving clinic requesting a signed declaration to be returned to the Authority
   - The Authority receives signed declarations from the interstate/overseas clinic and the receiving clinic
3. The Authority considers application
4. **Approval granted**
   - Correspondence giving approval sent to applicant and Victorian clinic. Import may proceed.
5. **Import not approved**
   - Applicant informed as to why application was not successful

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Process for the **export** of donor gametes/embryos produced from donor gametes

1. Patient submits application to Authority
2. Export is for the purposes of surrogacy
3. A signed declaration outlining additional conditions required by the applicant
4. The Authority considers application
5. **Approval granted**
   - Correspondence giving approval sent to applicant and Victorian clinic. Export may proceed.
6. **Export not approved**
   - Applicant informed as to why application was not successful