

# Schedule 8-Certification to take donor gametes or embryos produced from donor gametes from Victoria

Regulation 9E(b) Assisted Reproductive Treatment Regulations 2019

## Purpose

This is the certification form to take donor gametes and/or embryos produced from donated gametes from Victoria.

A certification in this form must be provided to the Secretary of the Department of Health (the Secretary) attesting that specified certification criteria have been met **before** a person (either an individual or a registered ART provider) takes donated gametes and/or embryos produced from donated gametes (donor material/s) from Victoria.

## Instructions

- Read each certification criteria and tick the corresponding box to attest to the criteria.
- As required, comment in 'free text' areas of certification
- The certification will only apply to the donor material listed at the start of the certification, please ensure you select the correct donor material type (donor gametes and/or embryos produced from donor gametes)
- Additional information to assist a person to make a certification to bring donor gametes and/or embryos produced from donor gametes into Victoria is available in the [Guideline – Movement of donated gametes and embryos formed from donated gametes into Victoria](https://www.health.vic.gov.au/assisted-reproduction/assisted-reproductive-treatment-regulation) <<https://www.health.vic.gov.au/assisted-reproduction/assisted-reproductive-treatment-regulation>>
- To submit a certification to the Secretary, see Submission

Name of person making certification	
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Certification

For the purposes of section 36(3) of the *Assisted Reproductive Treatment Act 2008* (the Act),

I

of

propose to bring

produced from donor gametes from Victoria and certify that:

Certification Criteria		
1	The purposes for which the <b>donor material/s</b> will be used outside Victoria is consistent with a purpose for which it could be used in Victoria	<input type="checkbox"/>
2	The way in which the <b>donor material/s</b> will be used outside Victoria is consistent with the way in which it could be used in Victoria	<input type="checkbox"/>
3	I have received the name and contact details of the receiving party	<input type="checkbox"/>
4	I have provided written notice to the donor of the name and contact details of the receiving party	<input type="checkbox"/>
5	I have taken all reasonable steps to ensure that at the time of certification, the limit imposed by section 29 of the Act in relation to the use of the <b>donor material/s</b> has not been reached	<input type="checkbox"/>

## Certification Criteria

6	I have satisfied the following matters:	
	I have provided the person receiving the <b>donor material/s</b> (the receiving party) with a copy of the donor's consent under section 16 of the Act or evidence that the donor has provided the relevant consent	<input type="checkbox"/>
	<p>I have sighted:</p> <ul style="list-style-type: none"> <li>the donor's passport, driver licence or any other identification document displaying the donor's photograph and signature; <b>or</b></li> <li>a certified copy of the donor's passport, driver licence or any other identification document displaying the donor's photograph and signature</li> </ul>	<input type="checkbox"/>
	<p>I have provided the receiving party with the following information about the donor:</p> <ul style="list-style-type: none"> <li>the donor's unique donor identifier (if any)</li> <li>the donor's full name</li> <li>any other name by which the donor is or has been known</li> <li>the donor's date of birth</li> <li>the donor's place of birth (suburb or town and country)</li> <li>the donor's sex</li> <li>the donor's residential address</li> <li>the donor's phone number</li> <li>the date on which the donor produced the gametes</li> <li>the place at which the donor produced the gametes</li> <li>the donor's blood group</li> <li>any known genetic abnormality of the donor and, if available, any results of tests undertaken in relation to that abnormality</li> <li>the number of women who have given birth to children conceived using the <b>donor material/s</b>, including any current or former partner of the donor</li> <li>whether the donor has donated, or intends to donate, <b>donor material/s</b> to any other registered ART provider or to a doctor and, if so— (i) the name and address of that registered ART provider; or (ii) the full name and business address of that doctor</li> <li>the date on which the donor received counselling under section 18 of the Act and the name of the counsellor who provided the counselling</li> </ul>	<input type="checkbox"/>
<b>Items 7 and 8 only apply if the person making the certification is a registered ART provider (if not a registered ART provider mark 'NA')</b>		
7	<p>Where the <b>donor material/s was/were</b>* <u>not</u> produced at the premises of the registered ART provider, I have provided the receiving party with the date on which the <b>donor material/s</b> were received by me.</p> <p><i>NB: If the donor material/s were produced at the premises of the registered ART provider making the certification mark 'NA'</i></p>	<input type="checkbox"/> NA <input type="checkbox"/>
8	<p>I have provided the receiving party with the following information about the donor:</p> <p>The date on which I have sighted:</p> <ul style="list-style-type: none"> <li>the donor's passport, driver licence or any other identification document displaying the donor's photograph and signature; <b>or</b></li> <li>a certified copy of the donor's passport, driver licence or any other identification document displaying the donor's photograph and signature</li> </ul> <p>The number of children born as a result of a treatment procedure carried out by me using the <b>donor material/s</b></p>	<input type="checkbox"/> NA <input type="checkbox"/>

## Certification Criteria

Item 9 only applies if the person making the certification is a doctor carrying out artificial insemination using donor gametes (if not a Doctor carrying out artificial insemination using donor gametes mark 'NA')

9	I have provided the receiving party with the following information about the donor <ul style="list-style-type: none"> <li>the date on which the <b>donor material/s</b> were received by me</li> <li>the date on which the donor received counselling under section 18 of the Act and the name of the counsellor who provided the counselling</li> <li>the number of children born as a result of artificial insemination carried out by me using the donor's gametes</li> </ul>	<input type="checkbox"/>
		NA <input type="checkbox"/>

## Details

At the time of making this certification, the following details about the **donor material/s** to be taken from Victoria are accurate:

### Specify the following details:

Contact details of person making the certification:			
Name and contact details of the registered ART provider (if relevant)			
The unique donor identifier(s)			
Details about the <b>donor material/s</b>	Number of vials, straws or containers of donor sperm	Number of donor oocytes	Number of embryos produced from donor gametes
Details of the proposed transport or movement of the <b>donor material/s</b>	The name and contact details of the receiving party including the country in which the transferring party is located		
	The name and contact details of the person receiving the <b>donor material/s</b>		
	The date or proposed date of movement of the <b>donor material/s</b> from Victoria		
	The method of transportation		

## Declaration

I acknowledge that providing information that I know or believe to be false or misleading is an offence.	
<b>Person making certification</b>	
<b>Signed</b> <i>(either print out and sign or add image of signature)</i>	
<b>Name</b>	
<b>Date</b>	
<b>Witness details</b>	
<b>Witness signed</b> <i>(either print out and sign or add image of signature)</i>	
<b>Witness name</b>	
<b>Witness date</b>	

## Supporting information

Supporting information is sought to monitor compliance with the Act and must be true and correct.

Purpose of the import	Provide details here
How many women have given birth to children conceived using the donor's gametes or an embryo produced from the donor's gametes, including any current or former partner of the donor?	
How long have the <b>donor materials</b> been in storage at time of making certification?	
Is the donor aware of and given consent to the movement of donor gametes/embryo produced from donor gametes from Victoria?	
Are purposes for which the <b>donor material/s</b> are being used outside Victoria consistent with the Guiding Principles of the Act? <i>(yes/no/unsure)</i>	
I have read and understood the <b>Guidance document-Movement of donated gametes and embryos formed from donated gametes into Victoria</b> <i>(yes/no/unsure)</i>	

## Submission

- The form must be completed in full, attesting to all certification criteria (inclusive of any exemption, where relevant).
- Email completed certifications to: [artregulation@health.vic.gov.au](mailto:artregulation@health.vic.gov.au) with the subject heading 'Att: Schedule 8 certification'.
- The Secretary (or delegate) will acknowledge all certifications via return letter. Once the certification has been submitted, the donor material/s can be brought into Victoria. Approval from the Secretary (or delegate) is not required.

## Notes

Section 36(4) of the Act provides the matters that a person must certify before a person brings donor gametes or an embryo produced from donor gametes from Victoria.

Regulation 9D of the Assisted Reproductive Treatment Regulations 2019 prescribes the additional matters that a person making a certification must satisfy for the purposes of section 36(4)(c) of the Act

To receive this document in another format, phone 1300 650 172 using the National Relay Service 13 36 77 if required, or [email the Health Regulator](mailto:artregulation@health.vic.gov.au) <artregulation@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at [Assisted Reproductive Treatment](https://www.health.vic.gov.au/assisted-reproduction/assisted-reproductive-treatment-regulation) <<https://www.health.vic.gov.au/assisted-reproduction/assisted-reproductive-treatment-regulation>>