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PRP R																	9096 2		vic gov	(21)
Panel E. PRPstorage@dhhs.vic.gov.au																				
APPLICATION FOR EXTENSION OF STORAGE OF EMBRYO/S																				
For office use only																				
Date received	D	D	M	N	1		r C	Case	code	1		S	5 1	r e						
Section 1: Applicant's Details																				
Date of Birth	D	D	м	м	Y	Y							-	Title						
First name																				
Last name																				
Postal address	<u>.</u>																			
Suburb																				
State													Pos	stcod	e	1	 			
Phone number																				
Email address																				
			L			L										L	L	L		
Section 2: Applicant'	s Pa	rtner	Deta	ails (i	if ap	olica	ble)													
Date of Birth	D	D	М	M	Y	Y		ç			çını		-	Title						
First name																				
Last name																				
Postal address																				
Suburb	ļ			<u> </u>																
State													Pos	stcod	е					

Adora Fertility	Ballarat IVF	City Babies
Melbourne IVF	Monash IVF	Number 1 Fertility

Section 3: Assisted Reproductive Treatment Clinic Please tick where your embryos are stored:

The Royal Women's Hospital

Genea Melbourne

City Fertility Centre

Other	
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Phone number

Email address



GPO Box 4541 MELBOURNE VIC 3001

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Section 4: Extension period sought							
How many more years would you like to keep the embryos in storage?							
If you do not do not provide a specific requested longer storage period, then the Panel may not be able to approve your application.							
Section 33A(1) of the Assisted Reproductive Treatment Act 2008 (Vic) states that if the persons who produced the gametes from which the embryo has been formed have given written approval for a <u>specified</u> longer storage period, the Patient Review Panel may approve the longer storage period if it considers there are reasonable grounds to do so in the particular case.							
Section 5: Current Storage Details							
Patient unique identifying number Image: Constraint of the set o							
If so, please tick which:							
Eggs Sperm Both							
If the embryos were formed using donor eggs/sperm or if you are the recipient of donor embryos then, unless you or your clinic provide the written consent of the donor to an extension of storage, the Panel may not be able to approve your application. If you or your clinic are <u>unable</u> to obtain the donor's written consent, then please ensure you complete <u>Section 9</u> of this form.							
Section 32(2)(c) of the Assisted Reproductive Treatment Act 2008 (Vic) provides that embryos may not be placed or remain in storage unless the persons who have produced the gametes from which the embryo has been formed have consented to its storage for the purpose of later transfer.							
Section 6: Previous Extension Details (if applicable)							
Has storage been extended previously? YES NO First extension date Second extension date							
If so, when was the extension(s) granted?							
If so, please circle who granted storage extension:							
Infertility Treatment Authority (ITA) Patient Review Panel (PRP) Clinic Other Image: Clinic indication of the second seco							
Section 7: Reason for extension Please tick <u>one</u> of the following boxes:							
I/we intend to use the embryos in an assisted reproductive treatment procedure.							
I/we intend to donate the embryos to another person/couple for use in an assisted reproductive treatment procedure but require more time for this to occur.							
The embryos have already been donated to another person/couple for use in an assisted reproductive treatment procedure.							
If you wish to provide additional details, please do so on an attached sheet.							
If you provide a reason for seeking an extension that does not relate to using the embryo/s in an assisted reproductive treatment procedure, then the Panel may not be able to approve your application.							
If one or both of the gamete providers refuses to provide written consent to an extension of storage and/or has withdrawn their consent to the usage of the embryo/s, then the Panel may not be able to approve your application.							
Section 32(2)(a) of the Assisted Reproductive Treatment Act 2008 (Vic) prohibits the storage of embryos unless there is an intention to transfer the embryo to the body of a woman in a treatment procedure.							



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Section 8: Exceptional Circumstances – Application is being made AFTER the expiry	of the s	torage pe	eriod	
Is this application being made AFTER the expiry of the statutory storage period?	YES		NO	
If no, go to the next section.		_	•••	
If yes, please provide the exceptional circumstances that prevented you from making an a date:	applicatio	on before	the ex	piry
If your application is made after the storage has expired and you do not explain what exception	nal circu	mstances	prever	nted
you from making an application before the expiry, then the Panel may not be able to ap				
Section 33A(3) of the Assisted Reproductive Treatment Act 2008 (Vic) provides that if an applic for storage has expired, the Patient Review Panel may approve a further storage period if it co <u>circumstances</u> in the particular case for failing to seek approval before the expir	nsiders	there are <u>e</u>	the pe xception	eriod onal
Section 9: Exceptional Circumstances – Application is being made WITHOUT written	consen	t of game	te pro	vider
Is this application being made WITHOUT the written consent of one of the gamete	YES			
providers?	TES		NO	
If no, go to the next section.				
If yes, please provide details below of the exceptional circumstances that have prevented providing their written consent:	l the gan	nete provi	der fro	m
		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
If you are making this application without the written concent of one or more of the genete pro-	vidoro o	nd you do	not ov	alain
If you are making this application without the written consent of one or more of the gamete pro- what <u>exceptional circumstances</u> have prevented them from providing their written consent to may not be able to approve your application.				
Section 33A(2) of the Assisted Reproductive Treatment Act 2008 (Vic) provides if a person who the embryo has been formed is unable to give written approval, or the person's written approva Patient Panel may approve a longer storage period if it considers there are exceptional cir	al is unab	ole to be ol	otained	



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Section 10: Applicant's Signature		
I confirm that the information provided on this application is tr	ue and correct.	
Signature	Date	D D M M Y Y
Section 11: Applicant's Partner's Signature (if applicable)		
I confirm that the information provided on this application is tr	ue and correct.	
Signature Completed forms can be: • Scanned and emailed to <u>PRPstorage@dhhs.vic.gov.au</u> • Mailed to: Patient Review Panel GPO Box 4541 MELBOURNE VIC 3001	Date	D D M M Y Y
The Patient Review Panel is an indepe Is not affiliated with, or part of, any assiste		

As this application relates to the storage of your embryos, it is important that you <u>NOTIFY YOUR CLINIC</u> that you are making an application to the Patient Review Panel. The best way to do this is to forward them a copy of the completed application.

The contact details for all Victorian assisted reproductive treatment clinics can be found at: <u>https://www.varta.org.au/regulation/list-registered-victorian-art-clinics</u>

Privacy Statement

The Patient Review Panel collects personal and health information relating to you as part of its role in considering applications for treatment in accordance with the Assisted Reproductive Treatment Act 2008 (Vic). This information is handled in compliance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

The collection of this information is necessary for the Panel to perform its functions. The Panel's ability to handle and determine your application may be hindered if you do not disclose/provide all relevant information.

All information provided will only be used for the purposes intended. All information will be treated as confidential unless otherwise required by law.

In some circumstances the Panel may discuss your application with your ART provider or disclose information about you to a third party for the purposes of obtaining an opinion/assessment/information about your application. Where it is intended to disclose information to a third party your consent will be sought.

Outcomes of applications will be recorded and reported on in a de-identified statistical form and a copy of the certified decision provided to your ART provider. If a decision of the Panel may be reasonably expected to have a significant impact on the way in which treatment is carried out in Victoria the Panel must provide the Victorian Assisted Reproductive Treatment Authority with a de-identified copy of the decision (you will be advised where this occurs).

The information the Panel holds about you can be accessed by you upon request to the Associate to the Panel: prp@dhhs.vic.gov.au / 03-9096 2806.