Patient Review Panel

GPO Box 4541
MELBOURNE VIC 3001

P. +61 3 9096 2806
E. prp@dhhs.vic.gov.au

APPLICATION FOR EXTENSION OF STORAGE OF GAMETES

For office use only

Date received D D M M Y Y Case code S T

Section 1: Applicant's Details

Date of Birth D D M M Y Y Title

First name

Last name

Postal address

Suburb

State Postcode

Phone number

Email address

Section 2: Application Type

Please circle the type of gametes stored:

Sperm **Oocytes** (*eggs/ovarian tissue slices etc.*)

Section 3: Facility Where Stored

Please circle where your gametes are stored:

Ballarat IVF **City Babies** **City Fertility Centre** **Melbourne IVF** **Monash IVF** **Primary IVF** **Royal Women's Hospital Andrology**

Has the facility where the gametes are stored been informed of this application? **YES** ☐ **NO** ☐

Are you a clinic recruited donor? **YES** ☐ **NO** ☐

Section 4: Extension period sought

How many more years would you like to keep the gametes in storage?

Section 5: Current Storage Details

Patient unique identifying number

Number of gametes Date first placed in storage D D M M Y Y Date when storage expires D D M M Y Y

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? D D M M Y Y D D M M Y Y

If so, please circle who approved storage extension

Infertility Treatment Authority (ITA) **Patient Review Panel (PRP)**

Other

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Section 7: Reason for extension

If the person who produced the gametes has given written approval for a specified longer storage period, the Panel may approve the longer storage period if it considers there are **reasonable grounds** to do so in the particular case.

Please tick all that apply:

☐ The gametes are or may be required by the applicant for use in a future assisted reproductive treatment procedure.

☐ The gametes have, will or may be donated to another for use in a future assisted reproductive treatment procedure.

☐ The gametes have, will or may be donated for the purpose of research.

☐ The applicant requires more time to make a decision regarding the future use or disposal of the gametes.

☐ Other (please provide details):

Section 8: Exceptional Circumstances – Application is being made after expiration of storage period

If an application is made **after** the period for storage of the gametes has expired, the Panel may approve a further storage period if it considers there are **exceptional circumstances** for failing to seek approval before the expiry of the period.

Is this application being made **after** the expiry of the statutory storage period? **YES** ☐ **NO** ☐

If yes, please provide **specific details** of why the application was not made prior to the expiry of the storage period:

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Section 9: Exceptional Circumstances – Application is being made without written consent

If the person who produced the gametes is unable to give written approval or their written approval is unable to be obtained, the Panel may approve a longer storage period if it considers there are **exceptional circumstances** for doing so.

Is the person who produced the gametes unable to give written consent for extension, or their written consent is unable to be obtained? **YES** ☐ **NO** ☐

If yes, please provide specific details of why the gamete provider is unable to give written consent or why their consent is unable to be obtained and, if applicable, what measures have been taken to contact the gamete provider:

Is this application being made on behalf of another person? **YES** ☐ **NO** ☐

If yes, what is your relationship to the person?

Section 10: Applicant's Signature

I confirm that the information provided on this application is true and correct.

Signature ..... Date D D M M Y Y

Completed forms can be:

- Scanned and emailed to prp@dhhs.vic.gov.au
- Mailed to:

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  MELBOURNE VIC 3001

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*. This information is handled in compliance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

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.