Application – Sex selection

When to use this form

Use this form to make an application to the Patient Review Panel (the Panel) for approval to select the sex of a future child.

The Panel is an independent body established under the *Assisted Reproductive Treatment Act 2008* (the ART Act) and is not part of any ART clinic. As such, unless you have previously made an application to the Panel, the Panel does not have access to any of your patient information so if you require any specific details or assistance to complete this form then you will need to contact your clinic directly.

Returning this form

Check that all questions are answered and that the form is signed and dated by everyone making the application. Forms that are incomplete may not be processed.

Completed applications forms can be emailed to prp@health.vic.gov.au.

Additional information

Upon receipt of this application, it will be reviewed by Panel staff and they will be in contact with you if anything additional is required prior to the matter being listed for hearing.

Once your matter has been allocated a hearing date, you will receive an official Notice of Hearing setting the time and date, as well as any other relevant details. Panel hearings are conducted via videoconference using Microsoft Teams.

You are entitled to attend the Panel hearing and be accompanied by another person. In most cases, you will be requested to attend the hearing with the Panel before a decision can be made.

It is an offence under the ART Act to knowingly or recklessly give false information or omit to give material information in an application, consent or request under the ART Act.

Outcome

Once the Panel has made a decision about your application, you will be sent a certificate stating the outcome via email. A copy of the certificate will also be sent to your clinic. At a later date, you will also receive written reasons for the Panel's decision.

Privacy statement

The Panel collects personal and health information relating to you as part of its role in considering applications for treatment in accordance with the ART Act. Where relevant, 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 clinic. This will be so it can process your application or to inform its decision-making, however, the Panel will not contact and/or provide a copy of your application to any third-parties without your consent.

Outcomes of applications are recorded and reported in a de-identified statistical form. If a decision of the Panel may be reasonably expected to have a significant impact on the way ART is carried out in Victoria then the Panel must provide the Secretary of the Department of Health with a de-identified copy of the decision. You will be advised if this occurs.

The information the Panel holds about you can be accessed by you upon request to the Panel by emailing prp@health.vic.gov.au.

Application – Sex selection

Applicant 1

☐Mr ☐Mrs ☐Miss ☐Ms ☐Mx ☐Other

First name

Last name

Date of birth / /

Postal address

Email address

Phone number

The information provided in this application is true and correct

Signature

/ /

Applicant 2

☐Mr ☐Mrs ☐Miss ☐Ms ☐Mx ☐Other

First name

Last name

Date of birth / /

Postal address

Email address

Phone number

The information provided in this application is true and correct

Signature

/ /

Have you received counselling from a genetic counsellor and/or clinical geneticist regarding this condition? ☐Yes ☐No

Do you require assisted reproductive treatment for a reason other than sex selection (eg. infertility)? ☐Yes ☐No

Have embryos already been formed? ☐Yes ☐No

Clinic

☐ Adora Fertility ☐ Ballarat IVF ☐ City Babies

☐ City Fertility Centre ☐ Create Fertility ☐ Genea

☐ Life Fertility Clinic ☐ Melbourne IVF ☐ Monash IVF

☐ Newlife IVF ☐ No. 1 Fertility ☐ Public Fertility Service

☐ Thrive Fertility ☐ The Royal Women's Hospital

Other:

Which sex do you wish to select for?

☐ Female ☐ Male

What is your reason for seeking sex selection?

☐ To reduce the risk of transmission of a genetic condition to a future child.

☐ Other (provide details)

Where sex selection is to reduce the risk of transmission of a genetic condition

What is the condition?

Who in your family is affected by this condition?

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Additional details:

Do you have any children not already listed above? ☐Yes ☐No

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Additional details:

Patient Review Panel

Application – Sex selection

Describe the impact of the condition on the affected members of your family.

Describe what impact it would have on you and your family if you were to have another child affected by this condition.

Describe the impact of the condition on the other (non-affected) members of your family, including yourselves.

Do you receive NDIS or other professional support for this condition? ☐Yes ☐No

Details:

If you already have a child or children with this condition, how might that affect a future child who doesn't have it? What would you do to reduce any negative effects on that future child?

Attachments

The below documents will assist the Panel in the consideration of your application. Please mark those you have attached.

- ☐ Letter/report from genetic counsellor and/or clinical geneticist supporting sex selection
- ☐ Letter from IVF doctor supporting treatment and sex selection
- ☐ Information about family history of the condition
- ☐ Evidence of diagnosis of the condition
- ☐ Results of genetic testing relating to the condition