



Clinic				
<input type="checkbox"/> Adora Fertility	<input type="checkbox"/> Ballarat IVF	<input type="checkbox"/> City Babies	<input type="checkbox"/> City Fertility Centre	<input type="checkbox"/> Create Fertility
<input type="checkbox"/> Genea	<input type="checkbox"/> Life Fertility Centre	<input type="checkbox"/> Melbourne IVF	<input type="checkbox"/> Monash IVF	<input type="checkbox"/> Newlife IVF
<input type="checkbox"/> No. 1 Fertility	<input type="checkbox"/> Public Fertility Service	<input type="checkbox"/> Thrive Fertility	<input type="checkbox"/> The Royal Women's Hospital	
<input type="checkbox"/> Other: _____				
Application type				
<input type="checkbox"/> EMBRYOS	<input type="checkbox"/> SPERM	<input type="checkbox"/> EGGS	<input type="checkbox"/> OVARIAN TISSUE	
Applicants				
Applicant 1		Applicant 2 (if applicable)		
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____		
First name: _____		First name: _____		
Last name: _____		Last name: _____		
Date of birth: _____		Date of birth: _____		
Postal address: _____		Postal address: _____		
Suburb _____		Suburb _____		
State _____ Postcode _____		State _____ Postcode _____		
Email address: _____		Email address: _____		
Phone number: _____		Phone number: _____		
Role: <input type="checkbox"/> Sperm provider <input type="checkbox"/> Egg provider		Role: <input type="checkbox"/> Sperm provider <input type="checkbox"/> Egg provider		
<input type="checkbox"/> Recipient of donated eggs, sperm or embryos		<input type="checkbox"/> Recipient of donated eggs, sperm or embryos		
<input type="checkbox"/> Other party making application on behalf of egg or sperm provider		<input type="checkbox"/> Other party making application on behalf of egg or sperm provider		
<i>The information provided in this application is true and correct</i>		<i>The information provided in this application is true and correct</i>		
Signature: _____		Signature: _____		
Date: _____		Date: _____		
SPERM ONLY				
Are you a clinic recruited sperm donor?				<input type="checkbox"/> YES <input type="checkbox"/> NO
EMBRYOS ONLY				
Are the embryos formed using donor sperm or donor eggs?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES and the embryos were formed <u>before</u> 22 August 2022, then your assisted reproductive treatment provider will be requested to provide a copy of the donor's written approval to an extension of storage.				

[illegible]

Storage details – multiple samples (<i>discard page if not required</i>)			
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	
Sample: _____ of _____			
Clinic ID: _____		Amount in storage: _____	
Original storage date: _____		Date storage expires: _____	

When to use this form

Use this form to make an application for an extension of storage for embryos, sperm, eggs or ovarian tissue.

Returning this form

If you do not have all the information required to complete this form (such as storage or expiration dates or the amount stored), then you will need to contact your clinic. The Patient Review Panel is an independent body so does not have access to your patient/clinical information.

Completed application forms should be emailed to prpstorage@health.vic.gov.au. It is important that you send a copy of your application to your clinic so that they know to keep your items in storage.

When you make an application to the Panel, your items can remain in storage, even if they have expired, until the Panel has made a decision.

Additional information

Expired storage. If you are applying after the current storage period has expired then you must provide the reason why or the Panel may not be able to approve your application.

No consent. If you are applying without the written approval of an egg or sperm provider, then please provide the reason why. While the Panel may approve short-term extensions of storage to allow time for an egg or sperm provider to be contacted to get their written approval, if an egg or sperm provider has refused to provide written approval then the Panel may not be able to approve an extension of storage.

Outcome

You will be sent a certificate stating the decision of the Panel via email and a copy will also be sent to your clinic. However, if your application is complex then the Panel may ask to speak to you (via videoconference) at a hearing before it makes its decision.

Privacy statement

The Panel collects personal and health information relating to you in accordance with its functions under the *Assisted Reproductive Treatment Act 2008* (the ART Act) and, where required, this information is handled in compliance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

The Panel's ability to consider your application may be hindered if you do not provide all relevant information and it is an offence under the ART Act to knowingly or recklessly give false or misleading information or omit to give material information to the Panel. All information provided will only be used for the purposes intended and will be treated as confidential unless otherwise required by law.

The Panel may seek additional information from your clinic to assist in the processing of your application and by submitting this form, you consent to this occurring.

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 Associate of the Panel by emailing prp@health.vic.gov.au.