



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"/> Other:				
First name:		First name:		
Last name:		Last name:		
Date of birth:		Date of birth:		
Postal address:		Postal address:		
Suburb		Suburb		
State		Postcode		
Email address:		Email address:		
Phone number:		Phone number:		
Role:		<input type="checkbox"/> Sperm provider	<input type="checkbox"/> Egg provider	
		<input type="checkbox"/> Recipient of donated eggs, sperm or embryos		
		<input type="checkbox"/> Other party making application on behalf of egg or sperm provider		
The information provided in this application is true and correct				
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 before 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.				

Storage details (for multiple samples, please provide details of each sample on the next page)

Sample: _____ of _____
Clinic ID: _____ Amount in storage: _____
Original storage date: _____ Date storage expires: _____

Extension details

Requested extension period: **YEARS:** **MONTHS:**

NOTE – if the requested extension period is not provided, the Panel cannot approve the application.

Have you had any previous extensions of storage? YES NO

Clinic extension date: _____ Patient Review Panel extension date: _____

Why are you seeking an extension of storage?

For my/our future use in a treatment procedure For donation to another for use in a treatment procedure
 Other: _____

Exceptional circumstances

Is this application being made after the storage has expired? YES NO

If YES, then you must provide details of the ‘exceptional circumstances’ that prevented you from making an application before the storage expired or the Panel will not be able to approve the application.

Is this application being made without the written approval of either the sperm provider or the egg provider? YES NO

If YES, please provide details of the “exceptional circumstances” for why the sperm/egg provider is unable to give written approval for an extension of storage or their written approval is unable to be obtained.

Storage details – multiple samples (*discard page if not required*)

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.