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| Schedule 8-Certification to take donor gametes or embryos produced from donor gametes from Victoria | | |
| Regulation 9E(b) Assisted Reproductive Treatment Regulations 2019 | | |
| Purpose This form is the certification form to take donor gametes and/or embryos produced from donated gametes from Victoria.  A certification in this form must be provided to the Secretary of the Department of Health setting out that specified certification criteria have been met **before** a person (either an individual or a registered ART provider) takes donated gametes and/or embryos produced from donated gametes from Victoria. Instructions  * Complete all tick boxes and white free text boxes (where relevant) * Sections in grey must not be edited unless an Asterix (\*) appears next to the text. * Additional information to assist a person to make a certification to take donor gametes and/or embryos produced from donor gametes from Victoria is available in the [*Guideline- bringing or taking donor gametes and/or embryos into or from Victoria*](https://www.health.vic.gov.au/assisted-reproduction/assisted-reproductive-treatment-regulation) < https://www.health.vic.gov.au/assisted-reproduction/assisted-reproductive-treatment-regulation> * To submit a certification to the Secretary, see Submission | | |
| **Name of person making certification** |  |

# Certification

For the purposes of section 36(4) of the *Assisted Reproductive Treatment Act 2008* (**the Act***)*, I [**name of person making the certification**] of [**address of person making the certification**] propose to take **\*donor gametes/\*an embryo** produced from donor gametes from Victoria and certify that:

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| # | For all people making a certification | **X** |
| 1 | The purposes for which the\*donor gametes/\*embryo produced from donor gametes will be used outside Victoria is consistent with a purpose for which it could be used in Victoria |  |
| 2 | The way in which the \*donor gametes/\*embryo produced from donor gametes will be used outside Victoria is consistent with the way in which it could be used in Victoria |  |
| 3 | I have received the name and contact details of the receiving party |  |
| 4 | I have provided written notice to the donor of the name and contact details of the receiving party |  |
| 5 | I have taken all reasonable steps to ensure that at the time of certification, the limit imposed by section 29 of the Act in relation to the use of the \*donor gametes/\*embryo produced from donor gametes has not been reached |  |
| 6 | *I have satisfied the following matters* | |
| I have provided the person receiving the donor gametes or embryo produced from the donor gametes (the receiving party) with a copy of the donor’s consent under section 16 of the Act or evidence that the donor has provided the relevant consent |  |
| I have sighted-   * The donor’s passport, driver licence or any other identification document displaying the donor’s photograph and signature; or * A certified copy of the donor’s passport, driver licence or any other identification document displaying the donor’s photograph and signature |  |
| I have provided the receiving party with the following information about the donor-   * the donor's unique donor identifier (if any) * the donor's full name * any other name by which the donor is or has been known * the donor's date of birth * the donor's place of birth (suburb or town and country) * he donor's sex * the donor's residential address * the donor's phone number * the date on which the donor produced the gametes * the place at which the donor produced the gametes * the donor's blood group * any known genetic abnormality of the donor and, if available, any results of tests undertaken in relation to that abnormality * the number of women who have given birth to children conceived using the donor's gametes or an embryo produced from the donor's gametes, including any current or former partner of the donor * whether the donor has donated, or intends to donate, gametes or an embryo to any other registered ART provider or to a doctor and, if so— (i) the name and address of that registered ART provider; or (ii) the full name and business address of that doctor * the date on which the donor received counselling under section 18 of the Act and the name of the counsellor who provided the counselling |  |
| **#** | **If the person making the certification is a registered ART provider (if not a registered ART clinic provider ‘NA’)** | |
| 7 | *\*and the donor gametes were or the embryo produced from the donor’s gametes was not produced at the premises of the registered ART provider\** (if the donor gametes or the embryo produced from the donor’s gametes were produced at the premises of the registered ART provider mark ‘NA’)  I have provided the receiving party with the date on which the gametes were or the embryo was received by me |  |
| 8 | I have provided the receiving party with the following information about the donor:  The date on which I have sighted –   * the donor’s passport, driver licence or any other identification document displaying the donor’s photograph and signature; or * a certified copy of the the donor’s passport, driver licence or any other identification document displaying the donor’s photograph and signature; or   The number of children born as a result of a treatment procedure carried out by me using the donor’s gametes or an embryo produced from the donor’s gametes |  |
| **#** | **If the person making the certification is a doctor carrying out artificial insemination using donor gametes (if not a Doctor carrying out artificial insemination using donor gametes mark ‘NA’)** | |
| 9 | I have provided the receiving party with the following information about the donor   * the date on which the donor gametes were received by me * the date on which the donor received counselling under section 18 of the Act and the name of the counsellor who provided the counselling * the number of children born as a result of artificial insemination carried out by me using the donor’s gametes |  |

# Details

At the time of making this certification, the following details about the **\*donor gametes/\*embryo produced from donor gametes** to be taken from Victoria are accurate:

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| Specify the following details: | | | |
| Contact details of person making the certification: | telephone number | | |
| address | | |
| Name and contact details of the registered ART provider (if relevant) | Name | | |
| Contact details | | |
| The unique donor identifier(s) |  | | |
| Details about the **\*donor gametes/\*embryo produced from donor gametes** | Number of vials, straws or containers of donor sperm | Number of donor oocytes | Number of embryos produced from donor gametes |
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| Details of the proposed transport or movement of the **\*donor gametes/\*embryo produced from donor gametes** | The name and contact details of the transferring party including the country in which the transferring party is located | | |
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| The name and contact details of the person receiving the \***donor gametes/\*embryo produced from donor gametes** | | |
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| The date or proposed date of movement of the **\*donor gametes/\*embryo produced from donor gametes** from Victoria | | |
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| The method of transportation | | |
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# Declaration

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| **I acknowledge that providing information that I know or believe to be false or misleading is an offence.** | |
| **Signed** | signature of person making certification |
| **Name** | print name |
| **Date** |  |
| **Witness Signed** | signature of witness |
| **Witness Name** | print name |
| **Witness Date** |  |

# Submission

* The form must be completed in full, attesting to all certification criteria (inclusive of any exemption, where relevant).
* Email completed certifications to: [artregulation@health.vic.gov.au](mailto:artregulation@health.vic.gov.au) with the subject heading ‘Att: Schedule 8 certification’.
* The Health Regulator will acknowledge all certifications via return email. Once the certification has been submitted, the donor material can be taken from Victoria. Approval from the Health Regulator is not required.

# Notes

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| Section 36(4) of the Act provides the matters that a person must certify before a person brings donor gametes or an embryo produced from donor gametes from Victoria. |
| Regulation 9D of the Assisted Reproductive Treatment Regulations 2019 prescribes the additional matters that a person making a certification must satisfy for the purposes of section 36(4)(c) of the Act |

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| To receive this document in another format, phone 1300 650 172 using the National Relay Service 13 36 77 if required, or [email](mailto:artregulation@health.vic.gov.au) the Health Regulator <[artregulation@health.vic.gov.au](mailto:artregulation@health.vic.gov.au)>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, December, 2024  Available at [Assisted Reproductive Treatment](https://www.health.vic.gov.au/assisted-reproduction/assisted-reproductive-treatment-regulation)  <https://www.health.vic.gov.au/assisted-reproduction/assisted-reproductive-treatment-regulation> |