

Reproductive Technology Data Submission Specifications

FORM B - CHILDREN FROM EXPORTED DONATED MATERIAL

EXPORT INFORMATION

Donation type 1-Sperm 2-Oocyte/s 3-Sperm and Oocyte/s 4-Embryo/s

WA male donor code WA female donor code

WA Export Licensee RTAC number _____ Export request date: ____ / ____ / ____

Receiving clinic name

Receiving clinic location
Other Australian state/territory or other country

RECIPIENT INFORMATION

Those who received donated material exported from WA

Female (or first parent):

Partner (or second parent):

WA ID code (if assigned)

WA ID code (if assigned)

Surname

Surname

First name

First name

Second name

Second name

Date of birth

Date of birth

Country of birth

Country of birth

If Country of Birth was Australia, provide state or territory

DONOR OFFSPRING INFORMATION

Pregnancy end date ____ / ____ / ____ Number of living children born _____
Date of birth of child/ren

Country of birth _____
If Australia, provide state or territory

Child/ren's surname _____

Order of birth: First baby Second baby Third baby Fourth baby

Sex _____ _____ _____ _____

First Name _____ _____ _____ _____

Second Name _____ _____ _____ _____

This form must be provided to the WA Department of Health once for each pregnancy that resulted in a living child where the pregnancy was a result of donor material exported from WA. The form is to be provided within one year of the birth by the Licensee that exported the material.