

## When to use this form

Use this form to make an application to the Patient Review Panel (the Panel) for an extension of storage for embryos, sperm, eggs or ovarian tissue.

The Panel is an independent body established under the *Assisted Reproductive Treatment Act 2008* (the ART Act) and is not part of any assisted reproductive treatment (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 [prpstorage@health.vic.gov.au](mailto:prpstorage@health.vic.gov.au).

**It is important that you provide a copy of the completed application form to your clinic so that they are aware that you have made an application for an extension of storage.**

## Additional information

If this application is made after the current or most recent statutory storage period has expired, the Panel is only able to approve the application if it is satisfied that there are 'exceptional circumstances' for the application not being made prior to expiry. As such, please ensure that you provide details to prevent delays in processing your application.

If an application is received by the Panel after the storage period has expired or if the storage period expires while the matter is being considered by the Panel, the ART Act allows embryos, sperm, eggs and ovarian tissue to remain in storage, but they cannot be used in a treatment procedure, until the Panel has made a decision.

If an application is made without the written consent of the egg provider and/or the sperm provider then the Panel can only approve the application if it is satisfied that there are 'exceptional circumstances' for doing so. As such, please ensure that you provide details to prevent delays in processing your application.

If embryos were formed using donor eggs and/or donor sperm before 22 August 2022 then your clinic will need to provide the Panel with a copy of the donors' written approval to an extension of storage for the specified period of time.

The ART Act only permits embryos to remain in storage where there is an intention that they be used in an assisted reproductive treatment procedure. If the egg provider and/or the sperm provider have withdrawn consent to use of the embryos or if you provide a reason for seeking an extension that does not relate to you or another person using the embryos in an assisted reproductive treatment procedure, it may not be possible for an extension of storage to be approved.

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. A copy of the certificate will be sent to your clinic. In some cases, you may be requested to attend a hearing with the Panel before a decision can be made.

## 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 other 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](mailto:prp@health.vic.gov.au).



## Application for extension of storage – Embryos, sperm, eggs or ovarian tissue

<p><b>Applicant 1</b></p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Other <input style="width: 100px;" type="text"/></p> <p>First name <input style="width: 100%;" type="text"/></p> <p>Last name <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Date of birth <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>Postal address <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Postcode <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p> <p>Phone number <input style="width: 100%;" type="text"/></p> <p><b>Role</b></p> <p style="text-align: right;">Sperm provider <input type="checkbox"/></p> <p style="text-align: right;">Egg provider <input type="checkbox"/></p> <p style="text-align: right;">Recipient of donated eggs or sperm or embryos <input type="checkbox"/></p> <p>Other <input style="width: 100px;" type="text"/></p> <p><i>The information provided in this application is true and correct and I consent to the extension of storage</i></p> <p>Signature <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Date <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p>	<p><b>Clinic</b></p> <p><input type="checkbox"/> Adora Fertility      <input type="checkbox"/> Ballarat IVF      <input type="checkbox"/> City Babies</p> <p><input type="checkbox"/> City Fertility Centre      <input type="checkbox"/> Create Fertility      <input type="checkbox"/> Genea</p> <p><input type="checkbox"/> Life Fertility Clinic      <input type="checkbox"/> Melbourne IVF      <input type="checkbox"/> Monash IVF</p> <p><input type="checkbox"/> Newlife IVF      <input type="checkbox"/> No. 1 Fertility      <input type="checkbox"/> Public Fertility Service</p> <p><input type="checkbox"/> Thrive Fertility      <input type="checkbox"/> The Royal Women's Hospital</p> <p>Other: <input style="width: 100%;" type="text"/></p> <p><b>Storage details</b></p> <p>Embryos <input type="checkbox"/>      Sperm <input type="checkbox"/>      Eggs <input type="checkbox"/>      Ovarian tissue <input type="checkbox"/></p> <p>Clinic ID <input style="width: 100%;" type="text"/></p> <p>Amount <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <input style="width: 100px;" type="text"/></p> <p>Original storage date <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>Current expiration date <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p><b>Have there been any previous extensions of storage?</b></p> <p>Clinic extension <input type="checkbox"/>      Date <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>PRP extension <input type="checkbox"/>      Date <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p><b>Why are you seeking an extension of storage?</b></p> <p style="text-align: right;">For my/our future use in a treatment procedure <input type="checkbox"/></p> <p style="text-align: right;">For donation to another for use in a treatment procedure <input type="checkbox"/></p> <p style="text-align: right;">Other <input type="checkbox"/></p> <p><input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/></p>
<p><b>Applicant 2 (if applicable)</b></p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Other <input style="width: 100px;" type="text"/></p> <p>First name <input style="width: 100%;" type="text"/></p> <p>Last name <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Date of birth <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>Postal address <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Postcode <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p> <p>Phone number <input style="width: 100%;" type="text"/></p> <p><b>Role</b></p> <p style="text-align: right;">Sperm provider <input type="checkbox"/></p> <p style="text-align: right;">Egg provider <input type="checkbox"/></p> <p style="text-align: right;">Recipient of donated eggs or sperm or embryos <input type="checkbox"/></p> <p>Other <input style="width: 100px;" type="text"/></p> <p><i>The information provided in this application is true and correct and I consent to the extension of storage</i></p> <p>Signature <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Date <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p>	<p><b>EMBRYOS ONLY:</b></p> <p>Are the embryos formed using donor sperm or eggs? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><b>SPERM ONLY:</b></p> <p>Are you a clinic recruited sperm donor? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><b>Is this application being made after the expiry date?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If yes, please provide reason/s:</p> <p><input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/></p> <p><b>Is this application being without the written consent of either a sperm provider or an egg provider?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If yes, please provide reason/s:</p> <p><input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/>  <input style="width: 100%;" type="text"/></p> <p><b>Requested extension period</b></p> <p style="text-align: center;"> <input style="width: 40px;" type="text"/> <b>MONTHS</b> <input style="width: 40px;" type="text"/> <b>YEARS</b> </p>