

**CONSENT TO DONATE SPERM**  
*For gametes donated on or after 22 August 2005*

I \_\_\_\_\_ (full name)

**consent to donate sperm to:**

<i>Delete option <b>not</b> wanted</i>	<i>Donor's signature</i>
A person or people who are <b>unknown to me</b> .	
A person/people known to me, as named below:	
Woman's name: _____ _____ Partner's name: (if applicable) : _____ _____	

**Duration of consent**

I acknowledge that:

- I may sign a new consent form at any time if I wish to change decisions listed on this form.
- If I want to withdraw consent, I must do so by notifying the clinic in writing. If I wish to consider withdrawing consent, I will discuss this with a doctor or counsellor from Fertility Associates.

**Information I have received**

- I have read Fertility Associates '*Information about donating sperm (clinic-recruited donors)*' or '*Information for personal sperm donors*':

<i>Date of publication:</i>	
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- I, and my partner (if applicable), have used counselling services according to my/our needs, have had the opportunity to ask questions about sperm donation and have had them answered to my/our satisfaction during full discussions with:

<i>Name of doctor:</i>	
<i>Name of counsellor:</i>	
<i>Name of nurse or laboratory staff member:</i>	

## Conditions of donating sperm

I acknowledge and accept that:

- The laboratory staff will decide whether sperm samples are suitable for storage or for use.
- Potential recipients will have access to the non-identifying information that I provide to the clinic.
- I must disclose to Fertility Associates any information about my health or my family's medical history that could affect the health of a child conceived from the use of my sperm now or any information that becomes known to me in the future. (It is possible that a child born disabled could sue you for damages if you failed to do this.)

## HART Act Conditions

- I have not received payment or valuable consideration for donating my sperm.
- Forwarding information to the Registrar-General**
- Upon the birth of a child from sperm donated by me, Fertility Associates must forward to the Registrar-General of Births, Deaths and Marriages my name, address, physical description, significant family medical history and family details (as described in the HART Act).
  - Upon the birth of a child from sperm donated by me, Fertility Associates must forward to the Registrar-General of Births, Deaths and Marriages the following information about the child: name, gender, date and place of birth, plus the name(s) and address(es) of the child's parents/guardians.

### Release of information about me to families

- A person born from sperm donated by me (or their parents/guardians where the person born is aged under 18 years) may request non-identifying and/or identifying information about me at any time after the birth.

### Notification of identifying information release

- Fertility Associates will endeavour to contact me when identifying information about me is released to people born from sperm I have donated (or their parents/guardians where the person is aged under 18 years).

### Release of information about donor siblings

- A person conceived from sperm donated by me (or their parents/guardians, if aged under 18 years) may request confirmation of the existence of other people born from sperm donated by me.
- A person born from sperm donated by me (or their parents/guardians, if aged under 18 years) may request identifying information about other people conceived from sperm donated by me. Fertility Associates will provide this information where the other people (or their parents/guardians, if aged under 18 years) have consented to this information being released.

### Requesting information about people born from my donated gametes

- I may request at any time from Fertility Associates the following information: whether any people have been born from sperm donated by me and the genders of those people.
- Upon reaching 18 years of age, people conceived from sperm that I have donated may consent to identifying information being released to me, if requested by me. However, there is no guarantee that people conceived from donor sperm will consent to this information being released to me. They may also cancel this consent at any stage.

### Other HART Act conditions

- A person conceived from donor sperm may, at age 16 or 17 years, apply to the Family Court to be treated as a person aged 18 years, in terms of the HART Act.
- I may update information held about me at any time. Fertility Associates will forward updated information to the Registrar-General where this is required under the HART Act.

## Counselling

- Fertility Associates strongly recommends counselling prior to information being accessed.

**Decisions about who can use my donated sperm (clinic-recruited donors only)**

- I request that:

<i>Specify number of families</i>	<i>Donor's signature</i>
My sperm be used for <span style="margin-left: 100px;"><i>(maximum of four)</i></span> families	

- I allow or do not allow the following possible use of my sperm:

<i>Delete options <b>not</b> wanted</i>	<i>Donor's signature</i>
My sperm can be used for heterosexual couples	
My sperm can be used for single women	
My sperm can be used for lesbian couples	
My sperm can be used for overseas patients having treatment at Fertility Associates	
My sperm can be used in conjunction with in vitro fertilisation (IVF)	

- I place the following (additional) restriction(s) on the use of my sperm:

<i>Restrictions</i>	<i>Donor's signature</i>

**The use of my sperm should I die**

- I acknowledge that the National Ethics Committee on Assisted Human Reproduction (NECAHR) states that if I die, my stored sperm should still be available to any couples or people who already have a child from the use of my sperm and who wish to try for another child.
- I acknowledge that the NECAHR guidelines ask me to designate two people who will tell the clinic should I die.

**Future contact with Fertility Associates**

- Fertility Associates may wish to contact me in the future to consider participation in surveys or research to help others.

<i>Delete option <b>not</b> wanted</i>	<i>Donor's signature</i>
I <b>consent</b> to being contacted for this reason	
I <b>do not consent</b> to being contacted for this reason	

**Declaration by the donor (and partner if applicable)**

I/we have chosen to donate sperm after careful consideration. I/we have been informed about and understand the reasons for carrying out the procedures required, and accept the consequences of such procedures.

	<i>Man donating sperm</i>	<i>Partner of man donating sperm (if applicable)</i>	<i>Fertility Associates staff member witnessing consent</i>
Name			
Date of birth			(Not applicable)
Signature			
Date of signing			