

## APPLICATION FOR EXTENSION OF STORAGE OF EMBRYO/S

<b>For office use only</b>										
Date received	D	D	M	M	Y	Y	Case code	S	T	E

### Section 1: Applicant's Details

Date of Birth	D	D	M	M	Y	Y	Title				
First name											
Last name											
Postal address											
Suburb											
State							Postcode				
Phone number											
Email address											

### Section 2: Applicant's Partner Details (if applicable)

Date of Birth	D	D	M	M	Y	Y	Title				
First name											
Last name											
Postal address											
Suburb											
State							Postcode				
Phone number											
Email address											

### Section 3: Assisted Reproductive Treatment Clinic

Please tick where your embryos are stored:

Adora Fertility    
 Ballarat IVF    
 City Babies    
 City Fertility Centre    
 Genea Melbourne

Melbourne IVF    
 Monash IVF    
 Number 1 Fertility    
 The Royal Women's Hospital

Other: \_\_\_\_\_

**Section 4: Extension period sought**

How many more years would you like to keep the embryos in storage?

**If you do not do not provide a specific requested longer storage period, then the Panel may not be able to approve your application.**

Section 33A(1) of the *Assisted Reproductive Treatment Act 2008 (Vic)* states that if the persons who produced the gametes from which the embryo has been formed have given written approval for a specified longer storage period, the Patient Review Panel may approve the longer storage period if it considers there are reasonable grounds to do so in the particular case.

**Section 5: Current Storage Details**

Patient unique identifying number

Number of embryos  Date first placed in storage

Date when storage expires

Were these embryos formed using **donor** gametes (sperm/eggs)?

YES

NO

If so, please tick which:

Eggs

Sperm

Both

**If the embryos were formed using donor eggs/sperm or if you are the recipient of donor embryos then, unless you or your clinic provide the written consent of the donor to an extension of storage, the Panel may not be able to approve your application. If you or your clinic are unable to obtain the donor's written consent, then please ensure you complete Section 9 of this form.**

Section 32(2)(c) of the *Assisted Reproductive Treatment Act 2008 (Vic)* provides that embryos may not be placed or remain in storage unless the persons who have produced the gametes from which the embryo has been formed have consented to its storage for the purpose of later transfer.

**Section 6: Previous Extension Details (if applicable)**

Has storage been extended previously?

YES

NO

First extension date

Second extension date

If so, when was the extension(s) granted?

If so, please circle who granted storage extension:

Infertility Treatment Authority (ITA)

Patient Review Panel (PRP)

Clinic

Other

**Section 7: Reason for extension**

Please tick **one** of the following boxes:

I/we intend to use the embryos in an assisted reproductive treatment procedure.

I/we intend to donate the embryos to another person/couple for use in an assisted reproductive treatment procedure but require more time for this to occur.

The embryos have already been donated to another person/couple for use in an assisted reproductive treatment procedure.

If you wish to provide additional details, please do so on an attached sheet.

**If you provide a reason for seeking an extension that does not relate to using the embryo/s in an assisted reproductive treatment procedure, then the Panel may not be able to approve your application.**

**If one or both of the gamete providers refuses to provide written consent to an extension of storage and/or has withdrawn their consent to the usage of the embryo/s, then the Panel may not be able to approve your application.**

Section 32(2)(a) of the *Assisted Reproductive Treatment Act 2008 (Vic)* prohibits the storage of embryos unless there is an intention to transfer the embryo to the body of a woman in a treatment procedure.



### Section 10: Applicant's Signature

I confirm that the information provided on this application is true and correct.

Signature \_\_\_\_\_ Date

D	D	M	M	Y	Y
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### Section 11: Applicant's Partner's Signature (if applicable)

I confirm that the information provided on this application is true and correct.

Signature \_\_\_\_\_ Date

D	D	M	M	Y	Y
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**Completed forms can be:**

- Scanned and emailed to [PRPstorage@dhhs.vic.gov.au](mailto:PRPstorage@dhhs.vic.gov.au)
- Mailed to:

Patient Review Panel  
GPO Box 4541  
MELBOURNE VIC 3001

**The Patient Review Panel is an independent statutory body and  
Is not affiliated with, or part of, any assisted reproductive treatment clinic.**

**As this application relates to the storage of your embryos, it is important that you NOTIFY YOUR CLINIC that you are making an application to the Patient Review Panel. The best way to do this is to forward them a copy of the completed application.**

The contact details for all Victorian assisted reproductive treatment clinics can be found at:  
<https://www.varta.org.au/regulation/list-registered-victorian-art-clinics>

#### Privacy Statement

The Patient Review Panel collects personal and health information relating to you as part of its role in considering applications for treatment in accordance with the *Assisted Reproductive Treatment Act 2008* (Vic). This information is handled in compliance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

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 ART provider or disclose information about you to a third party for the purposes of obtaining an opinion/assessment/information about your application. Where it is intended to disclose information to a third party your consent will be sought.

Outcomes of applications will be recorded and reported on in a de-identified statistical form and a copy of the certified decision provided to your ART provider. If a decision of the Panel may be reasonably expected to have a significant impact on the way in which treatment is carried out in Victoria the Panel must provide the Victorian Assisted Reproductive Treatment Authority with a de-identified copy of the decision (you will be advised where this occurs).

The information the Panel holds about you can be accessed by you upon request to the Associate to the Panel: [prp@dhhs.vic.gov.au](mailto:prp@dhhs.vic.gov.au) / 03-9096 2806.