



Application for Donor Information

Human Reproductive Technology Act 1991

Applicant details

Family name:

Name:
First name Other names

Date of birth: / /

Sex at birth: Male Female

Country of birth:
If Australia, provide State or Territory

Contact:
Phone Email

Maternal information

Information about the mother and the treatment she received that resulted in the applicant's birth

The following must be provided

Mother's name:
(At the time of fertility treatment) Family name Maiden name

First name Other names

Date of birth: / /

The following should be provided if known

Name of fertility clinic in Western Australia:

ID code assigned to mother by fertility clinic:

Postcode of mother at the time of treatment:

Donation type: Sperm Egg Sperm and egg Embryo

Male donor code: Female donor code:
Donor codes as assigned by WA fertility clinic

Applicant signature

Signature: _____ Date: _____

Please forward application to:

RTU@health.wa.gov.au or

Reproductive Technology Unit, PO Box 8172, Perth Business Centre, WA 6849

Please include a copy of identification documents with this application:

Identification document/s should include your photograph, signature and current residential address.

For Department of Health Use only

RTU Officer's name:
Must be an authorised officer as defined by the *Human Reproductive Technology Act 1991*

Applicant's identity has been confirmed

Applicant will receive approved counselling

Application ID:

Date of application: / /