ECART considers applications for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic-assisted surrogacy using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 1: Application Summary

Who is the person responsible for this procedure under section 18(1)(d) of the HART Act?

|  |  |  |
| --- | --- | --- |
|  | Name/role: |  |
|  | Clinic: |  |
|  | Address: |  |
|  | Email/phone number: |  |

Please provide the following details for the intending parent(s), surrogate parent(s) and gamete and embryo donors:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Intending parent (IP) | Intending parent (IP) | Surrogate (S) | Surrogatepartner (SP) | Gamete donor(s)(GD/GP) | Embryo donor(s)(ED/EP) |
|  | Age: |  |  |  |  |  |  |  |  |
|  | Nationality: |  |  |  |  |  |  |  |  |
|  | Country of residency: |  |  |  |  |  |  |  |  |
|  | Ethnicity: |  |  |  |  |  |  |  |  |
|  | Iwi (if Māori): |  |  |  |  |  |  |  |  |
|  | Number of children: |  |  |  |  |  |  |  |  |
|  | Age of children: |  |  |  |  |  |  |  |  |

All persons exercising powers or performing functions under the HART Act must be guided by each of the following principles that are relevant to the particular power or function. Please confirm that these principles will be respected during the conduct of this ARP.

|  |  |  |
| --- | --- | --- |
|  | the health and wellbeing of children born as a result of the performance of an ARP […] should be an important consideration in all decisions about that procedure: | Yes/No |
| b) | the human health, safety, and dignity of present and future generations should be preserved and promoted: |
| c) | while all persons are affected by ARPs […] women, more than men, are directly and significantly affected by their application, and the health and wellbeing of women must be protected in the use of these procedures: |
| d) | no ARP should be performed on an individual […] unless the individual has made an informed choice and given informed consent: |
| e) | donor offspring should be made aware of their genetic origins and be able to access information about those origins: |
| f)  | the needs, values, and beliefs of Māori should be considered and treated with respect: |
| g) | the different ethical, spiritual, and cultural perspectives in society should be considered and treated with respect: |
|  | If any of the HART Act principles cannot be respected, please explain why: |
|  |  |

|  |  |
| --- | --- |
| Signature of the person responsible: |  |
| Date: |  |

ECART considers applications for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic-assisted surrogacy using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 2(a): Report by medical specialist for the intending parent(s)

Who is the medical specialist for the intending parents?

|  |  |  |
| --- | --- | --- |
|  | Name of medical specialist: |  |
|  | Email/phone number: |  |
|  | Date(s) of meeting(s): |  |
|  | Meeting attendee(s): |  |

|  |  |  |
| --- | --- | --- |
|  | Has/have the intending parent(s) received independent medical advice?  | Yes/No |
|  |  |
| 2.6 | Do the intending parent(s) consent to the proposed procedure? |
|  |  |
| 2.7 | Describe any fertility treatments the intending parent(s) have had prior to this application |
|  |  |
| 2.8 | Describe, in as much detail as possible, alternative options open to the intending parent(s) to have a child, and whether these have been pursued. |
|  |  |
| 2.9 | Describe why this ARP is the ‘best or only’ opportunity for the intending parents to have a child. |
|  |  |
| 2.10 | Describe the medical advice you have provided to the intending parent(s), including any risks you have identified for this ARP and how they may be minimised/managed. |
|  |  |
| 2.11 | Describe the overall health and well-being of the intending parent(s). |
|  |  |
| 2.12 | Describe any conditions or issues during previous pregnancies and/or deliveries. |
|  |  |
| 2.13 | Describe any hereditary genetic disorders. |
|  |  |
| 2.14 | Describe any other relevant medical factors ECART should be aware of in relation to this ARP, and how they be minimised/managed. |
|  |  |
| 2.15 | Are any reports from specialists included with this application? If so, please attach reports where relevant. |
|  |  |
| 2.16 | Where it is proposed that the intending parents will be the recipients of embryo donation, have they been police vetted? |
|  |  |
| 2.17 | In the interest of fully informed consent for all parties, has the above information (in section 2) been shared with any gamete and/or embryo donors and/or surrogate (as applicable). |

|  |  |
| --- | --- |
| Signature of IP(s) medical specialist: |  |
| Date: |  |

ECART considers applications for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic-assisted surrogacy using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 2(b): Report by medical specialist for the embryo donor(s)

Who is the medical specialist for the embryo donor(s)?

|  |  |  |
| --- | --- | --- |
| 2.1 | Name of medical specialist: |  |
| 2.2 | Email/phone number: |  |
| 2.3 | Date(s) of meeting(s): |  |
| 2.4 | Meeting attendee(s): |  |

|  |  |  |
| --- | --- | --- |
| 2.5 | Has/have the embryo donor(s) received independent medical advice? | Yes**/**No |
|  |  |
| 2.6 | Has there been, or will there be written consent to the embryo donation from both donors? |
|  |  |
| 2.7 | Will this embryo donation produce full genetic siblings in more than two families? |
|  |  |
| 2.8 | Are the embryos being donated created from the donor’s own gametes? |
|  |  |
| 2.9 | If not, is there written consent to the embryo donation from the gamete donor(s)? |
|  |  |
| 2.10 | Are the embryos surplus to the needs of the donor(s) i.e. have they completed their family or no longer intend to have children? |
|  |  |
| 2.11 | Are there any medical risks to the donor(s) as a direct result of this procedure? If yes, describe the risks to the donors and how they may be minimised/managed. |
|  |  |
| 2.12 | Describe the overall health and well-being of the donor(s). |
|  |  |
| 2.13 | Describe any hereditary genetic disorders and if there are any, whether this information has been shared with the intending parent(s) and or surrogate (as applicable). |
|  |  |
| 2.14 | Describe any other relevant medical factors ECART should be aware of in relation to this ARP, and how they may be managed/minimised. |
|  |  |
| 2.15 | Describe any restrictions that have been placed on the use of the embryos. |
|  |  |
| 2.16 | How many embryos do the donors have to donate? |
|  |  |
| 2.17 | Describe what will happen to any unused embryos. |
|  |  |
| 2.18 | Do the embryo donors consent to on-donation of the embryos (within the two-family limit for full genetic siblings)?  |
|  |  |
| 2.19 | Are all parties aware of the storage conditions in section 10 of the HART Act? |
|  |  |
| 2.20 | In the interest of fully informed consent for all parties, has the above information (in section 2b) been shared with any gamete and/or embryo donors and/or surrogate? |
|  |  |

|  |  |
| --- | --- |
| Signature of ED(s) medical specialist: |  |
| Date: |  |

ECART considers applications for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic-assisted surrogacy using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 2(c): Report by medical specialist for the gamete donor

Who is the medical specialist for the gamete donor?

|  |  |  |
| --- | --- | --- |
| 2.1 | Name of medical specialist: |  |
| 2.2 | Email/phone number: |  |
| 2.3 | Date(s) of meeting(s): |  |
| 2.4 | Meeting attendee(s): |  |

|  |  |
| --- | --- |
| 2.5 | Has the gamete donor received independent medical advice? Is there anything of note that should be included for ECART’s consideration? |
|  |  |
| 2.6 | Does the gamete donor consent to the proposed procedure? |
|  |  |
| 2.7 | Is this a donation between certain family members? If yes, would any resulting embryo be formed by eggs and sperm from (i) father and daughter (ii) mother and son (iii) brother and sister (iv) grandfather and granddaughter (v) grandmother and grandson? |
|  |  |
| 2.8 | Does the gamete donor understand that their gametes may be used to create more than one embryo? |
|  |  |
| 2.9 | Does the gamete donor understand that their gametes may be used to create more than one child for the intending parents? |
|  |  |
| 2.10 | Has the gamete donor agreed to on-donation?  |
|  |  |
| 2.11 | Describe the medical advice you have provided to the gamete donor, including any risks you have identified for this ARP and how they may be minimised/managed |
|  |  |
| 2.12 | Describe any hereditary genetic disorders |
|  |  |
| 2.13 | If there are any hereditary genetic disorders, has this information been shared with the intending parent(s) and or surrogate (as applicable) |
|  |  |
| 2.14 | Have any specialist reports been requested? Please attach the reports of any specialists, where relevant |
|  |  |

|  |  |
| --- | --- |
| Signature of GD medical specialist: |  |
| Date: |  |

Section 2(d): Report by medical specialist for the surrogate parent(s)

Who is the medical specialist for the surrogate?

|  |  |  |
| --- | --- | --- |
| 2.1 | Name of medical specialist: |  |
| 2.2 | Email/phone number: |  |
| 2.3 | Date(s) of meeting(s): |  |
| 2.4 | Meeting attendee(s): |  |

|  |  |
| --- | --- |
| 2.5 | Has/Have the surrogate parent(s) received independent medical advice? |
|  |  |
| 2.6 | Describe the medical advice you have provided to the surrogate parent(s), including any risks you have identified for this ARP and how they may be minimised/managed |
|  |  |
| 2.7 |  Is the surrogate aware of any medical risks for this ARP, and have they given their informed consent? |
|  |  |
| 2.8 | Describe the overall health and well-being of the surrogate |
|  |  |
| 2.9 | Describe any conditions or issues during previous pregnancies and/or deliveries |
|  |  |
| 2.10 | In the case where the surrogate is also the egg donor, describe any hereditary genetic disorders the surrogate has if applicable. |
|  |  |
| 2.11 | Have any specialist reports been requested for the surrogate? Please attach the reports of any specialists where relevant. |
|  |  |
| 2.12 | How many embryos will be transferred to the surrogate in one cycle? |
|  |  |
| 2.13 | In the interest of fully informed consent for all parties, has the above information (in section 2d) been shared with the intending parent(s) and/or the gamete donor(s) or embryo donor(s) (as applicable?) |
|  |  |

|  |  |
| --- | --- |
| Signature of SP(s) medical specialist: |  |
| Date: |  |

Section 3: Report by counsellor for the [intending parent(s)/gamete donor(s)/embryo donor(s)/surrogate parent(s)] [delete as applicable]

Who is the counsellor for the intending parent(s)/gamete donor(s)/embryo donor(s)/surrogate parent(s) [delete as applicable]

|  |  |  |
| --- | --- | --- |
| 3.1 | Name of counsellor: |  |
| 3.2 | Email/phone number: |  |
| 3.3 | Dates of counselling: |  |
| 3.4 | Counselling attendees: |  |
| 3.5 | Comments:  |
|  |  |

Section B of the ACART guidelines require ECART to determine that each party has received counselling in accordance with the New Zealand Fertility Services Standard.

|  |  |  |
| --- | --- | --- |
| 3.6 | Has/have the intending parent(s)/gamete donor(s)/embryo donor(s)/surrogate parent(s) [delete as applicable] received counselling in accordance with the NZ Fertility Services Standard? | Yes/No |

Section B of the ACART guidelines require ECART to consider whether counselling has included implications counselling for all parties.

|  |  |  |
| --- | --- | --- |
| 3.7 | Has counselling included implications counselling for the intending parent(s)/gamete donor(s)/embryo donor(s)/surrogate parent(s) [delete as applicable] | Yes/No |
|  | Please describe the issues addressed as follows -  |
| 3.8 | That the intended procedure is the best or only opportunity for the intending parents to have a child |
|  |  |
|  | That the intending parents are not using the intended procedure(s) for social or financial convenience or gain |
|  |  |
| 3.9 | In cases where gametes or embryos will be donated, the reasons for wishing to donate or receive gametes or embryos |
|  |  |
| 3.10 | Do the gamete donor(s) and intending parent(s) understand that the gamete donor can vary or withdraw consent only up until an embryo is created? |
|  |  |
| 3.11 | How many treatment attempts have the parties agreed to be involved in? |
|  |  |
| 3.12 | The relationships between the parties and how they safeguard the well-being of all parties including any existing children and any resulting child/ren |
|  |  |
| 3.13 | Describe the extent to which the parties have discussed, understood and declared intentions between themselves about the pregnancy, labour and birth |
|  |  |
| 3.14 | Describe discussion around the possibility that the intending parent or surrogate, whoever carries a pregnancy, may decide to terminate a pregnancy |
|  |  |
| 3.15 | Describe the support that is available to the parties |
|  |  |
| 3.16 | Has there been discussion about any specific issues that might affect the health and well-being of all parties and especially any resulting child/ren? |
|  |  |
| 3.17 | Describe the discussion around any potential genetic, medical, social, cultural and intergenerational aspects of the proposed arrangement and how the wellbeing of all parties and especially any resulting child will be safeguarded. This should include the protection of whakapapa and genealogical links to hapū/iwi/whenua for gamete/embryos or resultant child, where this is a valued principle for whanau. |
|  |  |
| 3.18 | Describe discussion around implications if the resulting child/ren have medical conditions, disabilities or genetic disorders. |
|  |  |
| 3.19 | Has there been any undue influence on any of the parties? Describe the extent to which this may have occurred. |
|  |  |
| 3.20 | Describe the parties’ understanding of the requirements for information sharing under the HART Act 2004.  |
|  |  |
| 3.21 | Describe discussion had in relation to the rights of the potential child/ren including their rights to have access to identifying information about their donors and their surrogate (as applicable). |
|  |  |
| 3.22 | Describe the parties’ attitudes to openness about the proposed arrangement, especially with any resulting child/ren. |
|  |  |
| 3.23 | Describe discussion around the possibility of future contact with the resulting child/ren for themselves and their families, including any resulting children. |
|  |  |
| 3.24 | Describe discussion around attitudes to information sharing on social media, or with the media generally. |
|  |  |
| 3.25 | Describe discussion around the use, storage and disposal of gametes and embryos. |
|  |  |
| 3.26 | Describe how the residency status and plans of the parties and how that safeguards the wellbeing of the parties and especially any resulting child/ren. |
|  |  |
| 3.27 | Has counselling provided for whānau/extended family involvement? Describe how the counselling has provided for whānau/extended family. |
|  |  |
| 3.28 | Has counselling provided for the inclusion of any existing children (if applicable)? Describe how counselling has provided for any existing children. |
|  |  |
| 3.29 | Has counselling considered the factors that are important to uphold and maintain cultural integrity of the applicants? Have the applicants been asked whether they think counselling has been culturally appropriate for them?  |
|  |  |
| 3.30 | Is counselling available before, during and after the pregnancy or donation?  |
|  |  |
| 3.31 | Are there any other relevant counselling factors ECART needs to be aware of with this ARP? Examples of relevant factors may include, but are not limited to, current or past psychological issues, criminal history, and lifestyle factors such as drug or alcohol addiction |
|  |  |

Section G of the ACART guidelines requires ECART to consider the following additional provisions for the ARP of embryo donation

|  |  |
| --- | --- |
| 3.32 | In the case of embryo donation please describe the extent to which the donor(s) have completed their family or no longer intend to have children |
|  |  |
| 3.33 | Do the parties understand that the embryo donor(s) can withdraw or vary their consent only up to the point of placing the embryo in the gestating woman’s uterus. |
|  |  |
| 3.34 | Describe the parties’ feelings now and possible feelings in future about re-donations of the embryos |
|  |  |
| 3.35 | Have the intending parent(s) had police vetting? |
|  |  |

Section I of the ACART guidelines requires ECART to consider the following additional provisions for the ARP of clinic-assisted surrogacy arrangements

|  |  |
| --- | --- |
| 3.36 | Describe discussion around the possibility that the surrogate may not wish to relinquish the baby |
|  |  |
| 3.37 | Describe discussion around the possibility the intending parent(s) may change their mind about parenting a resulting child |
|  |  |
| 3.38 | Have the intending parent(s) sought approval for an adoption order in principle? To what extent are they aware of the adoption process? |
|  |  |
| 3.39 | Describe discussion around the day-to-day care, guardianship and adoption of any resulting child/ren and any ongoing contact between the parties |
|  |  |
| 3.40 | Describe discussion around the parties’ understanding of the extent to which they are legally allowed to reimburse the expenses of a surrogate.  |
|  |  |

|  |  |
| --- | --- |
| Signature of counsellor: |  |
| Date: |  |

Section 4: Joint counselling report by counsellor for the [intending parent(s)/gamete donor(s)/embryo donor(s)/surrogate parent(s)] [delete as applicable]

The ACART guidelines require ECART to take into account whether counselling has included joint counselling for all parties.

|  |  |
| --- | --- |
| Names of counsellors: |  |
| Email/phone number: |  |
| Dates of joint counselling: |  |
| Counselling attendees: |  |
| Comments:  |
|  |

|  |  |
| --- | --- |
| 4.3 | Describe the reasons for the wish to donate and receive gametes/embryos and or, the reasons for the wish to have a surrogacy arrangement. |
|  |  |
| 4.4 | Describe how the relationship between the parties safeguards the wellbeing of all and, especially any existing children and any children born of this ARP. |
|  |  |
| 4.5 | Describe any specific issues that may affect the health and wellbeing of any of the parties, and especially any resulting child (for example, a known familial genetic disorder). |
|  |  |
| 4.6 | Describe discussion around each other’s attitudes to openness about the intended arrangement, especially with any existing children and any children born of this ARP. |
|  |  |
| 4.7 | Describe discussion in relation to the resulting child’s rights to access information about their genetic origin and to have contact with their donors and or surrogate (as applicable). |
|  |  |
| 4.8 | Describe discussion in relation to each other’s needs, wishes, expectations, and plans regarding ongoing contact and information sharing.  |
|  |  |
| 4.9 | Describe the parties’ discussion on matters relating to the use and storage of gametes and embryos, and the disposal of any unused gametes and or embryos |
|  |  |
| 4.10 | Describe discussion around the implications of their feelings now, and feelings they may experience in the future, concerning any on donation of embryos? |
|  |  |
| 4.11 | Are there any relevant counselling factors for the gamete donor(s)/embryo donor(s)/surrogate that ECART needs to be aware of with this ARP?Examples of relevant factors may include, but are not limited to, whether any of the parties have been subjected to coercion or pressure, and external attitudes towards the donation. Current or past psychological issues, criminal history, and lifestyle factors such as drug or alcohol addiction. Please describe any other relevant factors and how they may be managed. |
|  |  |

|  |  |
| --- | --- |
| 4.12 | In the case of a surrogacy arrangement, describe the discussion, understanding and declared intentions between the parties about ongoing contact, day to day care, guardianship and adoption of any resulting child |
|  |  |
| 4.13 | In the case of a surrogacy arrangement, are there any other relevant joint counselling factors that ECART need to be aware of with this ARP?Examples of relevant joint counselling factors may include, but are not limited to, information sharing, the understanding of pregnancy management, the possibility of legal termination, the risk of a possible breakdown, and the risk the intending parent(s) will reject a resulting child.  |
|  |  |

|  |  |
| --- | --- |
| Signature of [applicant(s)] counsellor: |  |
| Date: |  |

|  |  |
| --- | --- |
| Signature of [applicant(s)] counsellor: |  |
| Date: |  |

ECART considers applications for surrogacy arrangements involving providers of fertility services using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 5: Report by legal advisor for intending parent(s)

Who is the legal advisor for the intending parent(s)?

|  |  |  |
| --- | --- | --- |
| 5.1 | Name of legal advisor: |  |
| 5.2 | Legal firm: |  |
| 5.3 | Address: |  |
| 5.4 | Email/phone number: |  |
| 5.5 | Date(s) of meeting(s): |  |
| 5.6 | Meeting attendees: |  |

Section D of the ACART guidelines requires ECART to determine that each party has received independent legal advice.

|  |  |  |
| --- | --- | --- |
| 5.7 | Has the intending parent(s) received independent legal advice? | Yes/No |
| 5.8 | Comments: |
|  |  |

Section D of the ACART guidelines requires ECART to take into account whether legal reports indicate that the parties understand the legal implications associated with surrogacy arrangements.

Have the intending parent(s) been advised of the following factors:

|  |  |  |
| --- | --- | --- |
| 5.9 | The legal issues associated with surrogacy arrangements | Yes/No |
| 5.10 | That surrogacy arrangements are legally unenforceable | Yes/No |
| 5.11 | That the surrogate parent(s) will be the legal parents of any child until a formal adoption has been approved | Yes/No |
| 5.12 | That the intending parent(s) name(s) will not be registered on the initial birth certificate  | Yes/No |
| 5.13 | That payment of surrogacy related costs must comply with section 14 of the HART Act 2004 | Yes/No |
| 5.14 | That the surrogate can opt for a legal termination of the pregnancy | Yes/No |
| 5.15 | That any legal disputes may have to be resolved by the Family Court | Yes/No |
| 5.16 | Describe the discussion with the intending parent(s) regarding the factors listed above: |
|  |  |

|  |  |  |
| --- | --- | --- |
| 5.17 | Are there any other relevant legal factors for the intending parent(s) that ECART needs to be aware of with this ARP?Examples of relevant factors may include, but are not limited to, intention of all parties for future contact | Yes/No |
| 5.18 | Describe any other relevant legal factors for the intending parent(s) and how they may be managed: |
|  |  |

|  |  |
| --- | --- |
| Signature of intending parent(s) legal advisor: |  |
| Date: |  |

ECART considers applications for surrogacy arrangements involving providers of fertility services using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 6: Report by legal advisor for surrogate parent(s)

Who is the legal advisor for the intending surrogate(s)?

|  |  |  |
| --- | --- | --- |
| 6.1 | Name of legal advisor: |  |
| 6.2 | Legal firm: |  |
| 6.3 | Address: |  |
| 6.4 | Email/phone number: |  |
| 6.5 | Date(s) of meeting(s): |  |
| 6.6 | Meeting attendees: |  |

Section D of the ACART guidelines requires ECART to determine that each party has received independent legal advice.

|  |  |  |
| --- | --- | --- |
|  | Have the surrogate parent(s) received independent legal advice? | Yes/No |
|  | Comments: |
|  |  |

Section D of the ACART guidelines requires ECART to take into account whether legal reports indicate that the parties understand the legal implications associated with surrogacy arrangements.

Have the surrogate parent(s) been advised of the following factors:

|  |  |  |
| --- | --- | --- |
|  | The legal issues associated with surrogacy arrangements | Yes/No |
|  | That surrogacy arrangements are legally unenforceable | Yes/No |
|  | That the surrogate parent(s) will be the legal parents of any child until a formal adoption has been approved | Yes/No |
|  | That receipt of surrogacy related costs must comply with section 14 of the HART Act 2004 | Yes/No |
|  | That receipt of life insurance for the surrogate is acceptable as it is only payable upon the death of the surrogate | Yes/No |
|  | That the surrogate can opt for a legal termination of the pregnancy | Yes/No |
|  | That any legal disputes may have to be resolved by the Family Court | Yes/No |
|  | Describe the discussion with the surrogate parent(s) regarding the factors listed above: |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | Are there any other relevant legal factors for the surrogate parent(s) that ECART needs to be aware of with this ARP? Examples of relevant factors may include, but are not limited to, intention of all parties for future contact | Yes/No |
|  | Describe any other relevant legal factors for the surrogate parent(s) and how they may be managed: |
|  |  |

|  |  |
| --- | --- |
| Signature of surrogate parent(s) legal advisor: |  |
| Date: |  |