



# **Annual Report 2010/11**

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## Contents

<b>Chair’s Report</b> .....	<b>2</b>
<b>What is ECART?</b> .....	<b>3</b>
Background .....	3
ECART’s functions .....	3
Purpose of this report.....	4
<b>What did ECART do in 2010/11?</b> .....	<b>5</b>
Surrogacy arrangements involving providers of fertility services.....	6
Donation of eggs and sperm between certain Family Members.....	6
Embryo donation for reproductive purposes.....	8
Creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm .....	8
Advice on established procedures .....	9
<b>What issues arose for ECART during 2010/11?</b> .....	<b>10</b>
Complaints .....	10
Issues causing ECART difficulty in reviewing applications.....	10
Issues referred to ACART .....	10
Training .....	10
<b>Who are the ECART members?</b> .....	<b>11</b>
Member requirements .....	11
Member attendance at ECART meetings 2010/11 .....	11
Member biographies .....	12
<b>Appendix A Applications considered by ECART in 2010/11</b> .....	<b>14</b>
<b>Appendix B Applications considered by ECART prior to 1 July 2010 but ongoing throughout 2010/11</b> .....	<b>16</b>

## Chair's Report

I am pleased to present the sixth Annual Report of the Ethics Committee on Assisted Reproductive Technology (ECART), for the year ending 30 June 2011.

### Applications

ECART is the ethics committee for the purposes of the Human Assisted Reproductive Technology Act 2004. ECART's main role is to review applications from fertility clinics who wish to conduct 'assisted reproductive procedures' on individuals, or 'human reproductive research', against guidelines issued by the Advisory Committee on Assisted Reproductive Technology ([ACART](#)).

In 2010/11, ECART reviewed 50 applications over five meetings; the previous year ECART reviewed 42 applications over six meetings. I expect the number of applications to continue to grow, in view of the additional category of applications for which ACART has developed guidelines, and recent amendments to the HART Act's provisions on storage of gamete and embryos. ECART recognises the need for its review process to be as focussed and efficient as possible, and has been developing shorter, simpler application forms to ensure this. I expect these forms will start to be used in the latter half of 2011.

### Additional function

Following a request from fertility clinics to be able to approach ECART for informal advice on established procedures, ECART wrote to the Minister of Health asking for this function to be assigned pursuant to [section 28\(1\)\(e\)](#) of the HART Act. The Minister agreed to assign this function to ECART, and asked for details of such advice to be included in future Annual Reports; these details can be found on [page 8](#) of this report.

### Committee members

I am very grateful to all ECART members for their continuing commitment, without which the committee could not function effectively. I look forward to another interesting and fulfilling year in 2011/12.



Kate Davenport  
**Chairperson**

# What is ECART?

## Background

The Human Assisted Reproductive Technology Act 2004 ([the HART Act](#)) aims to secure the benefits of assisted reproductive technology by taking appropriate measures for the protection and promotion of the health, safety, dignity and rights of those involved in them.

The HART Act prohibits and criminalises a number of activities, including the cloning of embryos for reproductive purposes, the sex-based selection of in vitro embryos, and the implantation of genetically-modified or hybrid embryos into humans or animals.

The HART Act also allows for assisted reproductive procedures to be declared “established” by the Governor-General by Order in Council. Examples of established procedures include the collection and storage of gametes and embryos, in vitro fertilisation (IVF), and some uses of pre-implantation genetic diagnosis (PGD). Fertility clinics do not need to obtain approval from ECART to carry out established procedures provided those clinics are appropriately accredited.

ECART’s approval is required under the HART Act in order to carry out assisted reproductive procedures (ARPs) that have not been declared to be established, and in order to carry out human reproductive research (HRR). Applications are considered in accordance with guidelines issued by the Advisory Committee on Assisted Reproductive Technology (ACART).

## ECART’s functions

The functions of ECART are to:

- consider and determine applications for assisted reproductive procedures or human reproductive research
- keep under review any approvals previously given, including those applications approved prior to the existence of ECART and, without limitation, to monitor the progress of any assisted reproductive procedures performed or any human reproductive research conducted under current approvals
- liaise with ACART on matters relating to assisted reproductive procedures and human reproductive research, and to forward to the advisory committee reports received under section 19(5) of the HART Act together with any comments or requests for advice that ECART considers appropriate
- consult with any persons who, in the opinion of the committee, are able to assist it perform its functions
- perform any other functions that the Minister of Health assigns to the committee by written notice.

## Purpose of this report

ECART's [Terms of Reference](#) require it to submit an Annual Report to the Minister of Health. This report should detail the number and type of applications for assisted reproductive procedures and human reproductive research, the date of first review, the final outcome, and the reason for the deferring or declining any applications. A summary of all applications to ECART in 2010/11 and their current status can be found in [Appendix A](#) of this report.

This annual report must also include information on:

- [members](#);
- [training](#);
- [complaints received](#);
- [issues causing ECART difficulty in reviewing applications](#); and
- [issues referred to the Advisory Committee on Assisted Reproductive Technology \(ACART\)](#).

Previous ECART annual reports and further information about ECART can be found at [www.ecart.health.govt.nz](http://www.ecart.health.govt.nz).

## What did ECART do in 2010/11?

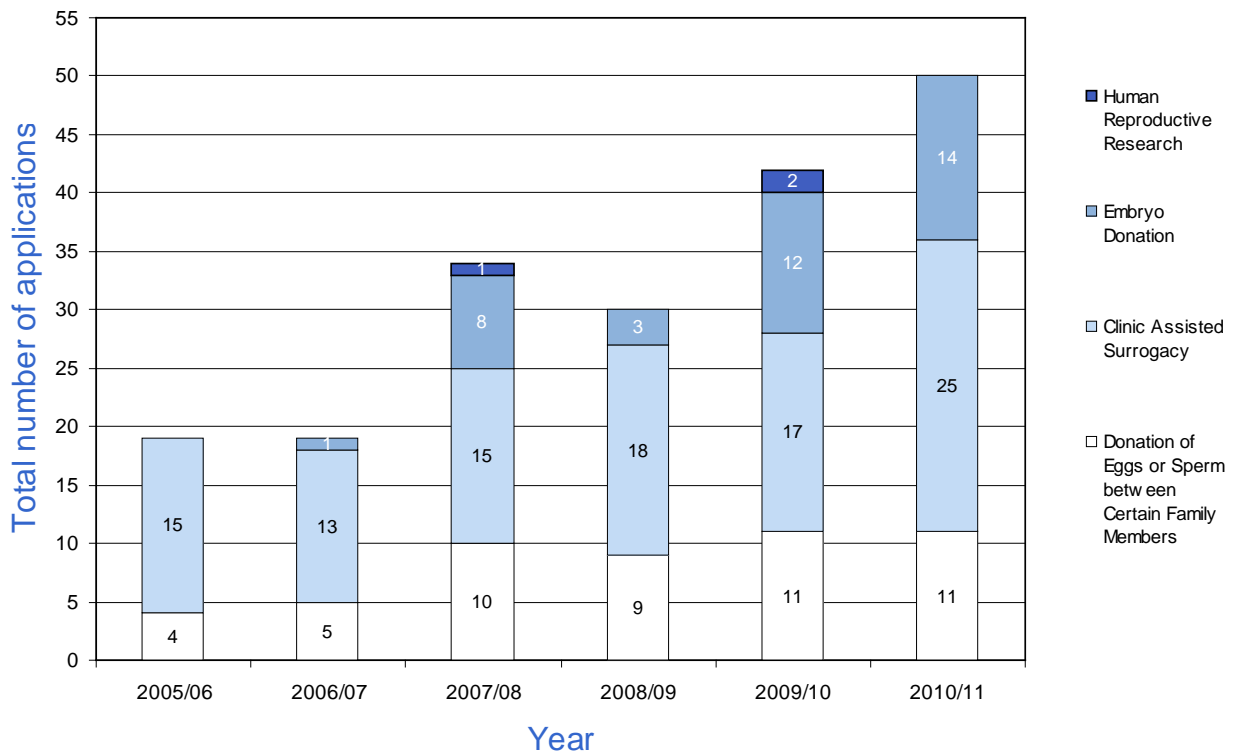
ECART held five meetings in 2010/11 to review 50 applications for assisted reproductive procedures. These included 25 applications for surrogacy arrangements involving providers of fertility services, 11 applications for the donation of eggs or sperm between certain family members, and 14 applications for embryo donation for reproductive purposes.

Of the 50 assisted reproductive procedure applications reviewed in 2010/11 ([Graph 1 refers](#)), 36 were approved at first review, four approved subject to conditions, seven deferred, two were declined, and one application was withdrawn. As of 1 July 2011, two of these applications remain deferred.

No assisted reproductive procedure approved in 2010/11 resulted in a live birth before 30 June 2011. This is expected given the waiting time for clinics once an approval has been granted by ECART, and the gestational period for recipients whose applications were approved in 2010/11.

ECART received one application in 2010/11 for human reproductive research. The application involved the use of non-viable gametes and embryos to train embryologists in routine techniques. ECART did not consider this activity to constitute human reproductive research, and therefore did not review the application.

**Graph 1 - Total number of applications per year**



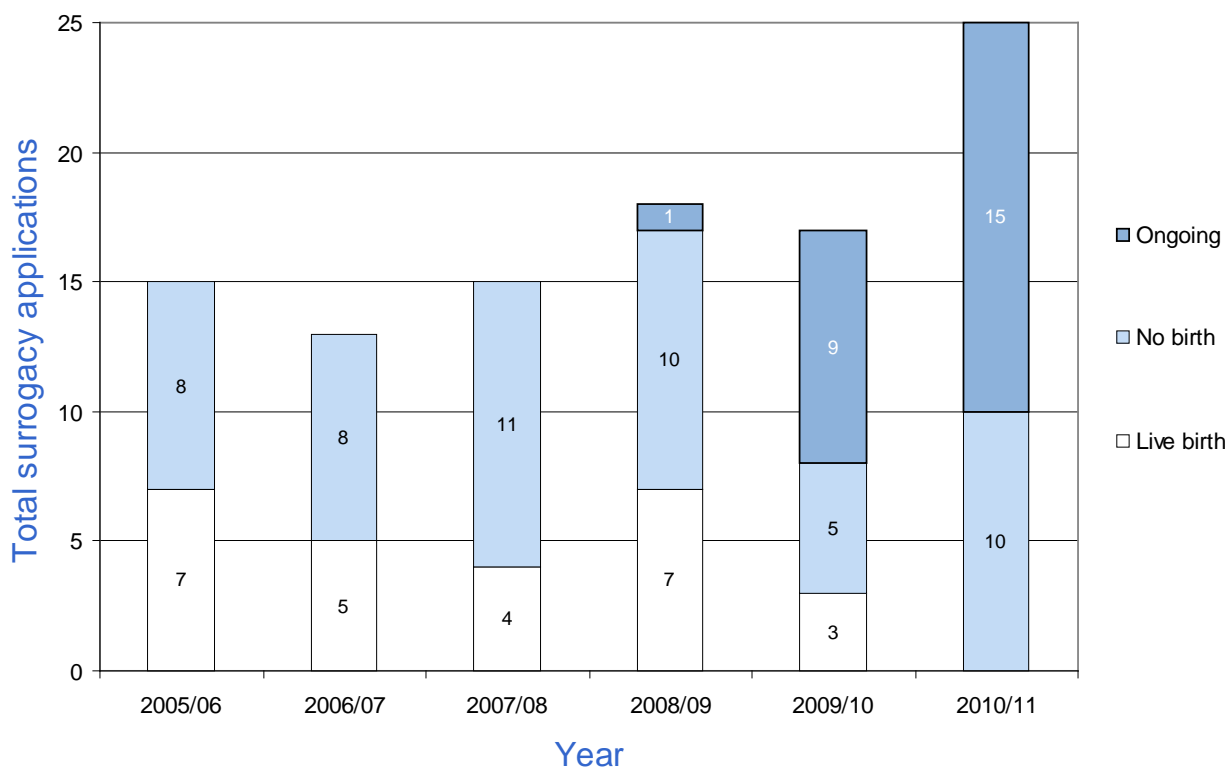
## Surrogacy arrangements involving providers of fertility services

In 2010/11, ECART reviewed 25 applications for [surrogacy arrangements involving providers of fertility services](#), an increase of nearly 50 percent over 2009/10.

As of 1 July 2011, 23 of the 25 surrogacy applications received by ECART in 2010/11 were approved; one application remained deferred for further information and one was declined.

Surrogacy applications approved by ECART have so far resulted in 26 live births.

**Graph 2 - Annual comparison of surrogacy arrangements involving providers of fertility services applications**



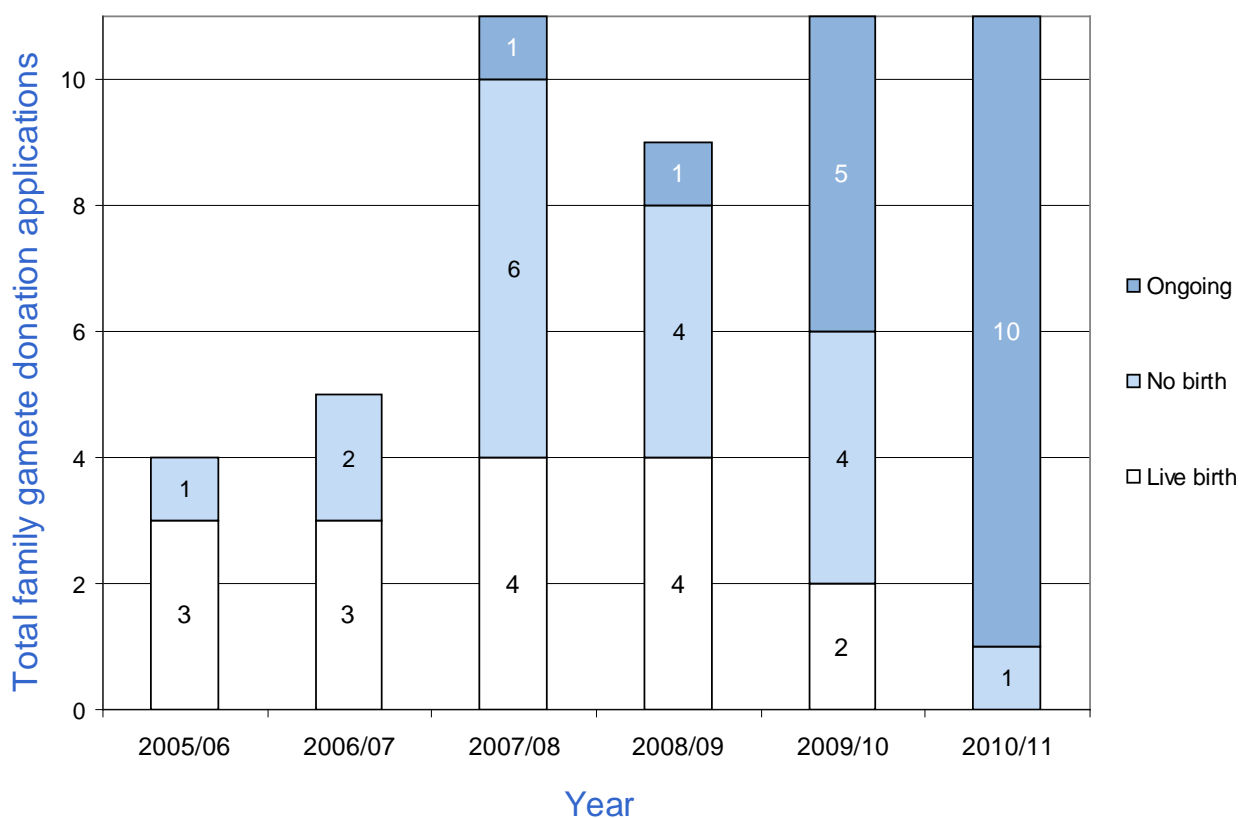


## Donation of eggs or sperm between certain family members

In 2010/11, ECART reviewed eleven applications for the [donation of eggs or sperm between certain family members](#), the same number as was reviewed in 2009/10. One of these applications was declined.

Sixteen live births have so far resulted from the use of this assisted reproductive procedure following ECART approval.

**Graph 3 - Annual comparison of donation of eggs or sperm between certain family members' applications**

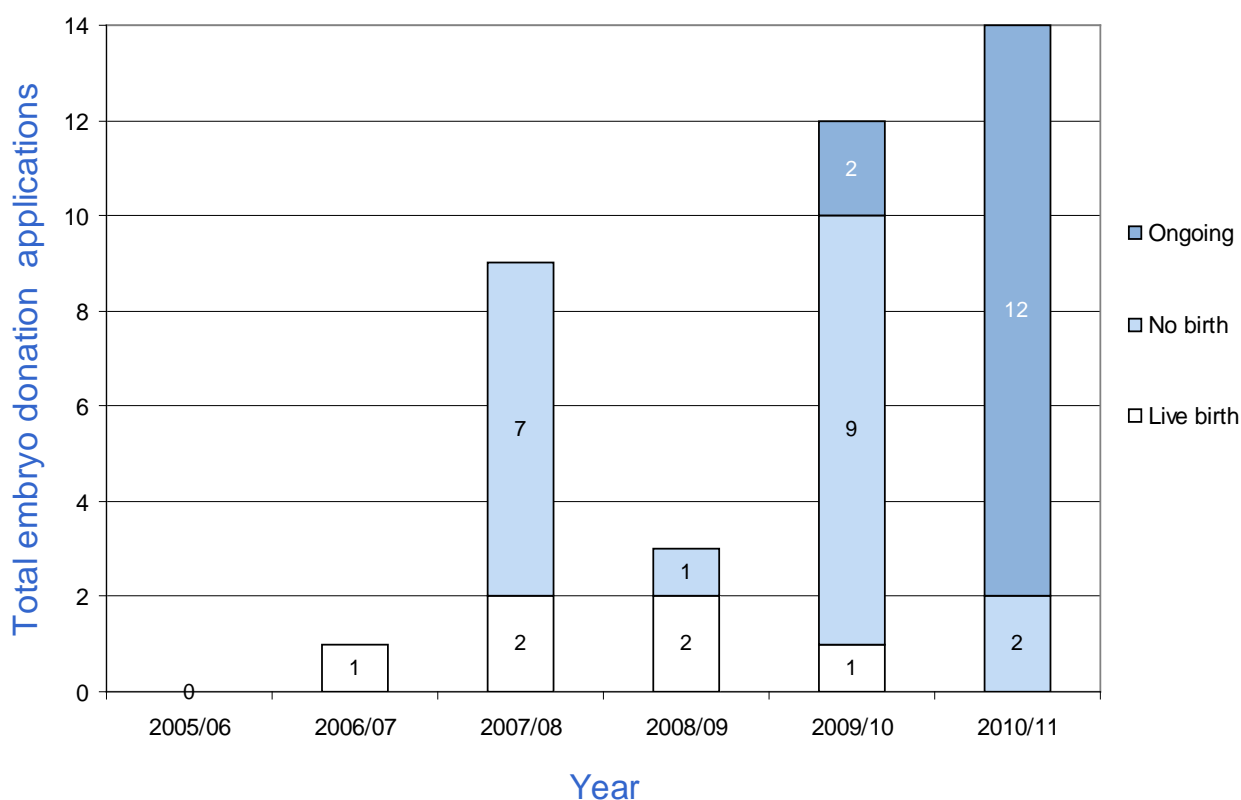


## Embryo donation for reproductive purposes

ECART reviewed 14 applications involving [embryo donation for reproductive purposes](#) in 2010/11, two more than in 2009/10. One of these applications was withdrawn, and one remained deferred as of 1 July 2011.

Embryo donation applications approved by ECART have so far resulted in eight live births.

**Graph 4 - Annual comparison of embryo donation for reproductive purposes applications**



## Creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm

ACART published guidelines on the [creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm](#) in December 2010. ECART released application forms for this procedure in March 2011.

The committee expects to start receiving applications in early 2011/12.

## Advice on established procedures

In February 2011, the Minister of Health assigned ECART the function of giving ethical advice on established procedures to fertility clinics when requested by them to do so. One such request was received in 2010/11.

This request involved the ethics of performing an established procedure on a 57-year-old woman with a number of underlying health issues. Both advanced maternal age and underlying health issues are associated with increased health risks for both mother and child.

ECART responded noting that the [principles](#) of the Human Assisted Reproductive Technology Act 2004 apply to the performance of all fertility procedures, including established procedures. Principles (a) and (c) were relevant to the advice offered by ECART. These principles are:

- principle (a) - the health and wellbeing of children born as a result of the performance of an assisted reproductive procedure or an established procedure should be an important consideration in all decisions about that procedure; and
- principle (c) - while all persons are affected by assisted reproductive procedures and established procedures, 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.

ECART noted that there is no upper age limit, in either the HART Act or any of the ACART guidelines, for providing fertility services. However, if ECART received an application for an assisted reproductive procedure that involved an intending mother of comparable age and health status, the committee would be unlikely to approve the application without clear evidence that the expected benefits of that procedure outweighed any risks. The committee would also be likely to ask for very clear evidence that any risks were being managed in a sufficiently robust way.

## What issues arose for ECART during 2010/11?

### Complaints

ECART did not receive any complaints during 2010/11.

### Issues causing ECART difficulty in reviewing applications

ACART's guidelines for assisted reproductive procedures require one or more of the intending parents to have a medical condition that makes use of the procedures appropriate.

However, it is not clear to ECART what sorts of medical conditions ACART considers to be "appropriate" to each assisted reproductive procedure. ECART wrote to ACART twice in 2010/11 to highlight its concern and ask for greater clarity on this important policy matter. In the meantime, ECART continues to approach this issue on a case-by-case basis.

### Issues referred to ACART

#### The donation and use of stored embryos over 10 years old

ECART received a query from a fertility clinic where a couple had a number of stored embryos created over 10 years ago that they wished to donate for use by another couple. The clinic contacted ECART to enquire if they could be legally donated and used by another couple. ECART passed the query to ACART for a response. The [Human Assisted Reproductive Technology Storage Amendment Act 2010](#) was subsequently passed to clarify the intent of the HART Act.

#### Embryo donation in conjunction with surrogacy

ECART received a query from a fertility clinic on behalf of a couple whose child was born from a donated embryo. After the birth of their first child, the recipient mother was advised against carrying another pregnancy for medical reasons.

The current guidelines on surrogacy arrangements involving providers of fertility services do not allow for the use of donor embryos in conjunction with surrogacy, as at least one of the intending parents must be a genetic parent of the resulting child. ECART referred the query to ACART under section [18\(2\)](#) of the HART Act.

### Training

For the period 1 July 2010 to 30 June 2011 ECART members did not receive any training or attend any conferences relevant to the committee's role.

## Who are ECART's members?

### Member requirements

Members of ECART are appointed by the Minister of Health through the public appointments process. Under its Terms of Reference, ECART must consist of not fewer than eight and not more than 12 members. At least one half of the total membership of ECART, including the Chair, must be lay people.

ECART's membership must include expertise in ethics, law, assisted reproductive procedures, human reproductive research, and the ability to articulate the interests of consumers and people with disabilities. ECART must have at least two Māori members with an understanding of te reo and tikanga Māori.

### Member attendance at ECART meetings 2010/11

Membership		Meetings					
		29/7/10	16/9/10	25/11/10	17/2/11	12/5/11	Total
Lay	Ms Kate Davenport (Chair, L)	✓	✓	✓	A	✓	4/5
	Dr Lynley Anderson (E)	✓	✓	✓	✓	✓	5/5
	Mrs Jackie Freeman (C)	✓	A	✓	✓	A	3/5
	Dr Adriana Gunder (D)	✓	✓	✓	✓	✓	5/5
	Mr Rob Thompson (C•)	✓	✓	✓	✓	✓	5/5
	Assoc Prof Huia Tomlins-Jahnke (E•)	✓	✓	✓	✓	A	4/5
Non-lay	Dr Christine Forster (ARP)	A	✓	✓	✓	✓	4/5
	Prof John Hutton (HRR)	✓	✓	✓	✓	✓	5/5
	Ms Hazel Irvine (ARP)	✓	✓	✓	✓	✓	5/5
	Miss Deborah Rowe (ARP•)	✓	A	✓	✓	✓	4/5
<b>Total members present</b>		<b>9/10</b>	<b>8/10</b>	<b>10/10</b>	<b>9/10</b>	<b>8/10</b>	
Application type		Applications per meeting					
		29/7/10	16/9/10	25/11/10	17/2/11	12/5/11	Total
Surrogacy		8	3	7	5	2	25
Embryo Donation for Reproductive Purposes		1	2	1	4	6	14
Donation of Eggs or Sperm between Certain Family Members		3	1	2	3	2	11
Human Reproductive Research		0	1	0	0	0	1
<b>Total</b>		<b>12</b>	<b>7</b>	<b>10</b>	<b>12</b>	<b>10</b>	<b>51</b>

A = Apologies, ✓ = Present, • = Māori member

Membership categories:

- L = member with expertise in the law
- E = member with expertise in ethics
- D = member with the ability to articulate issues from a disability perspective
- C = member with the ability to articulate issues for a consumer or community perspective
- ARP = member with expertise in assisted reproductive procedures
- HRR = member with expertise in human reproductive research

## Member biographies



**Ms Kate Davenport** (Chairperson) is a Barrister Sole engaged in commercial and civil litigation, medico-legal litigation, regulatory work and family law (1989-present). She has an LLB (Hons) and Master of Jurisprudence (with distinction) from the University of Auckland and is enrolled in a post graduate diploma in Health Science (Ethics). Ms Davenport is currently deputy chair of the Health Practitioners Disciplinary Tribunal (2004-present) and deputy chair of the Registered Architects Board. She is a council member of the New Zealand Bar Association, a previous member of the Audit Group Royal College Obstetricians and Gynaecologists (2003-2005) and previous convener of the Ethics Committees of the Auckland District Law Society (2002-2005), and a former vice president of New Zealand Law Society. Ms Davenport's first term expires 7 August 2011.



**Dr Lynley Anderson** is employed as a senior lecturer at the Bioethics Centre at Otago University. As part of her role she teaches ethics and professional development within the medical, physiotherapy, dentistry and midwifery schools at Otago. Dr Anderson was the former and founding editor of the Journal of Bioethical Inquiry and the New Zealand Bioethics Journal. She is on the University of Otago Human Ethics Committee and is the former Chair of the Ethics Committee of the New Zealand Society of Physiotherapists. She is married with three sons. Dr Anderson's second term expires 7 August 2011.



**Dr Christine Forster** (MNZM) (Deputy Chair) is a general practitioner in Auckland, and prior to medical training was a researcher in the area of reproductive endocrinology. She has been the Chairperson of the Abortion Supervisory Committee for six years, a previous member of NECAHR and the Auckland Regional Ethics Committee. Dr Forster completed the postgraduate Diploma in Professional Ethics in 2004. Dr Forster's second term expires 23 June 2010.



**Mrs Jackie Freeman** (MTchLn, B.Ed, Dip. Teaching) is a part-time teacher who has taught primary school children for 17 years. Mrs Freeman was a consumer of fertility services for 13 years in New Zealand. Mrs Freeman is a member of Fertility New Zealand and was previously the President for Fertility NZ Canterbury. She has been a Consumer Auditor for the RTAC Accreditation process. She is married with three daughters through Permanent Foster care and IVF treatment. Mrs Freeman's second term expires 1 April 2012.



**Dr Adriana Gunder** JP is a consumer representative and a member of the Health Professional Disciplinary Tribunal (February 2010-present). Dr Gunder completed a Doctoral Degree in Biological Sciences (1972) and a Post Doctoral Degree in Biophysics (1976) at the University of Pavia in Italy. Adriana has been a volunteer for Victim Support (1995-2007), a member of the Northern Region Board of New Zealand Red Cross (1996-2001), a member of the Executive of the Disabled People Assembly of New Zealand (1994-1997) an elected member of the Eastern Bays Community Board (2006-2010) Dr Gunder's first term expires 1 April 2013.



**Professor John Hutton** (Ph D, FRANZCOG, CREI) is a clinician specialising in Reproductive Medicine. Until 2008, he was the Medical Director of Fertility Associates Wellington, where he still works. He is also Professor of Reproductive Endocrinology and Infertility at the Wellington School of Medicine and Health Sciences, and was a Professor of Obstetrics and Gynaecology there between 1983 and 1994. Professor Hutton's second term expires 7 August 2011.



**Ms Hazel Irvine** is a registered nurse, midwife, ACC-registered counsellor and psychotherapist. She was a founding member in 1979 of a woman's health collective offering information, counselling and advocacy to women. Ms Irvine has worked in the public hospital system as a nurse-midwife and as a manager. She has also had several years of private practice - the main clientele being women, couples and families coping with fertility issues, pregnancy loss, childbirth and postnatal depression. In 1996 Ms Irvine travelled to UK on a Churchill Fellowship to study the implementation of professional supervision for nurses and midwives. In 2004 Ms Irvine was one of a technical group formed by the Abortion Supervisory Committee to produce Guidelines for Mifepristone Medical Abortion in New Zealand. Ms Irvine is also a member of the Health Practitioners Disciplinary Tribunal. Ms Irvine's second term expires 1 April 2012.



**Miss Deborah Rowe** (Ngāi Tahu) is currently a Nurse Consultant for the Auckland District Health Board, an undergraduate and postgraduate lecturer at the University of Auckland and a Senior Staff Nurse at the Women's Health Neonatal Intensive Care Unit (2005-present). Prior to this she was a Clinical Charge Nurse at National Women's Hospital (1997-2005) and a research fellow at the Liggins Institute of Research.

Miss Rowe is a board member of the Nursing Council of New Zealand and is completing a PhD in Management and Nursing. Miss Rowe has completed a Master of Health Science and Management, a Post Graduate Diploma in Health Management at the University of Auckland a Bachelor of Health Science Nursing at Auckland University of Technology and a Diploma in Registered Comprehensive Nursing at Auckland Institute of Technology.

Miss Rowe is a member of the Māori Advisory Committee National Screening Unit (2007-present), a Māori representative on the Newborn Screening Advisory Committee (2006-present), a member of the Auckland District Health Board Māori Nurses Group, and a member of the Nursing Council. Miss Rowe is the previous chair of the Regional Committee of the Richmond Fellowship of New Zealand and a part time community support worker for the Intellectually Handicapped of New Zealand. Miss Rowe's first term expires 23 June 2010.



**Mr Robin (Rob) Thompson** (Ngāti Kahungunu) is currently a Property Consultant and Development & Construction Project Manager (1996-present). He has completed a Graduate Diploma in Public Health (Engineering) and was granted full membership of the Royal Society of Health in 1970. Mr Thompson is currently a Community Representative on ECART and the Maori Research Review Committee for the Waitemata District Health Board, and previous Councillor and Chairman of the Taupo Borough Council, founding Councillor for the Tongariro United Regional Council and a Councillor and Chairman for the Rodney District Council. He was a founding board member of the Tauhara College Board of Governors and is a past president and past district chairman of Rotary in New Zealand. He is a former social worker involved with adoptions, fostering, families and C&YP Court. Mr Thompson has extensive personal experience with In-Vitro Fertilisation. His brother and sister in law were the first to have successful clinic assisted IVF children in Australasia, and 18th in the world in 1984. His eldest son and his wife have a child through IVF, and his daughter also has two children through IVF. Mr Thompson's first term expires 23 June 2010.



**Associate Professor Huia Tomlins-Jahnke** (Ngati Kahungunu, Ngai Tahu, Ngati Toa Rangatira and Ngati Hine) is currently an Associate Professor of Māori Education in the College of Education at Massey University. Associate Professor Jahnke trained as a teacher and holds professional qualifications in education (BEd, MEd Hons). She worked for 12 years as a lecturer in Te Putahi a Toi School of Māori Studies at Massey which has a strong health research and development focus. She has extensive experience in iwi research and has a PhD that investigated the nature of tribal service provision in health and social services. She has expertise in Māori theoretical, methodological and ethical frameworks and working with Māori communities. Associate Professor Jahnke was Deputy Chair of the Massey University Human Ethics Committee and is a current member of the Social & Human Sciences Sub Commission of the NZ National Commission for UNESCO which has as a key focus the Ethics of Knowledge Production. Associate Professor Jahnke is also a member of the Sub Commissions Pacific Ethics Consultation Steering Committee. Associate Professor Jahnke's second term expires 1 April 2013.



## Appendix A Applications considered by ECART in 2010/11

App #	Date of first review	Final decision	Procedure	Initial Decision	Final Decision	Approval end date	Is treatment finished?
E10/22	29/07/2010	29/07/2010	Clinic-Assisted Surrogacy	Approved	Approved	12/08/2013	Yes
E10/23	29/07/2010	29/07/2010	Clinic-Assisted Surrogacy	Approved STC*	Approved	28/10/2013	No
E10/24	29/07/2010	29/07/2010	Clinic-Assisted Surrogacy	Approved	Approved	12/08/2013	No
E10/25	29/07/2010	8/02/2011	Donation of eggs or Sperm between Certain Family Members	Deferred	Approved	8/02/2014	No
E10/26	29/07/2010	29/07/2010	Embryo Donation	Approved	Approved	12/08/2013	No
E10/27	29/07/2010	29/07/2010	Clinic-Assisted Surrogacy	Approved	Approved	12/08/2013	Yes
E10/28	29/07/2010	29/07/2010	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	12/08/2013	No
E10/29	29/07/2010	25/11/2010	Clinic-Assisted Surrogacy	Deferred	Approved	9/12/2013	No
E10/30	29/07/2010	29/07/2010	Clinic-Assisted Surrogacy	Approved	Approved	12/08/2013	Yes
E10/31	29/07/2010	16/09/2010	Donation of eggs or Sperm between Certain Family Members	Approved STC*	Approved	22/09/2013	No
E10/32	29/07/2010	17/12/2010	Clinic-Assisted Surrogacy	Deferred	Deferred <sup>†</sup>	N/A	No
E10/33	29/07/2010	29/07/2010	Clinic-Assisted Surrogacy	Approved	Approved	12/08/2013	No
E10/34	16/09/2010	16/09/2010	Clinic-Assisted Surrogacy	Approved	Approved	22/09/2013	Yes
E10/35	16/09/2010	16/09/2010	Clinic-Assisted Surrogacy	Approved	Approved	22/09/2013	Yes
E10/36	16/09/2010	16/09/2010	Research on Gametes and Non-Viable Embryos	DTR <sup>‡</sup>	DTR	N/A	Yes
E10/37	16/09/2010	16/09/2010	Donation of eggs or Sperm between Certain Family Members	Declined	Declined <sup>§</sup>	N/A	Yes
E10/38	16/09/2010	16/09/2010	Embryo Donation	Approved	Approved	22/09/2013	No
E10/39	16/09/2010	16/09/2010	Clinic-Assisted Surrogacy	Approved	Approved	22/09/2013	Yes
E10/40	16/09/2010	16/09/2010	Embryo Donation	Approved	Approved	22/09/2013	Yes
E10/41	25/11/2010	25/11/2010	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	9/12/2013	No
E10/42	25/11/2010	15/12/2010	Clinic-Assisted Surrogacy	Deferred	Approved STC*	15/12/2013	No
E10/43	25/11/2010	25/11/2010	Clinic-Assisted Surrogacy	Approved	Approved	9/12/2013	No
E10/44	25/11/2010	25/11/2010	Clinic-Assisted Surrogacy	Approved	Approved	9/12/2013	No
E10/45	25/11/2010	25/11/2010	Clinic-Assisted Surrogacy	Approved	Approved	9/12/2013	No

\* Approved STC = Approved subject to conditions being met

<sup>†</sup> remains deferred for further information about the wellbeing of the birth mother and any resulting child under principles (a) and (c) of the HART Act

<sup>‡</sup> DTR = declined to Review

<sup>§</sup> Declined under HART Act principles (a), (c), (d) & (f) because of concerns about the wellbeing of the egg donor & any resulting child, the level of informed consent given & the needs of Māori being met.

E10/46	25/11/2010	25/11/2010	Clinic-Assisted Surrogacy	Approved	Approved	9/12/2013	No
E10/47	25/11/2010	25/11/2010	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	9/12/2013	No
E10/48	25/11/2010	25/11/2010	Clinic-Assisted Surrogacy	Approved	Approved	9/12/2013	Yes
E10/49	25/11/2010	25/11/2010	Clinic-Assisted Surrogacy	Approved	Approved	9/12/2013	No
E10/50	25/11/2010	25/11/2010	Embryo Donation	Withdrawn	Withdrawn	N/A	Yes
E11/01	17/02/2011	17/02/2011	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	3/03/2014	No
E11/02	17/02/2011	17/02/2011	Clinic-Assisted Surrogacy	Approved	Approved	3/03/2014	No
E11/03	17/02/2011	17/02/2011	Embryo Donation	Deferred	Deferred**	N/A	No
E11/04	17/02/2011	17/02/2011	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	3/03/2014	No
E11/05	17/02/2011	17/02/2011	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	3/03/2014	No
E11/06	17/02/2011	17/02/2011	Embryo Donation	Approved	Approved	3/03/2014	No
E11/07	17/02/2011	17/02/2011	Clinic-Assisted Surrogacy	Approved	Approved	3/03/2014	No
E11/08	17/02/2011	24/03/2011	Embryo Donation	Approved STC*	Approved	24/03/2014	No
E11/09	17/02/2011	16/03/2011	Embryo Donation	Deferred	Approved	16/03/2014	No
E11/10	17/02/2011	17/02/2011	Clinic-Assisted Surrogacy	Approved	Approved	3/03/2014	Yes
E11/11	17/02/2011	17/02/2011	Clinic-Assisted Surrogacy	Approved	Approved	3/03/2014	No
E11/12	17/02/2011	17/02/2011	Clinic-Assisted Surrogacy	Approved	Approved	3/03/2014	No
E11/13	12/05/2011	12/05/2011	Embryo Donation	Approved	Approved	26/05/2014	No
E11/14	12/05/2011	13/05/2011	Embryo Donation	Approved STC*	Approved	23/6/2014	No
E11/15	12/05/2011	12/05/2011	Clinic-Assisted Surrogacy	Approved	Approved	26/05/2014	No
E11/16	12/05/2011	12/05/2011	Embryo Donation	Approved	Approved	26/05/2014	No
E11/17	12/05/2011	12/05/2011	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	26/05/2014	No
E11/18	12/05/2011	12/05/2011	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	26/05/2014	No
E11/19	12/05/2011	12/05/2011	Embryo Donation	Approved	Approved	26/05/2014	No
E11/20	12/05/2011	13/05/2011	Embryo Donation	Deferred	Approved	17/06/2014	No
E11/21	12/05/2011	12/05/2011	Clinic-Assisted Surrogacy	Declined	Declined††	N/A	Yes
E11/22	12/05/2011	12/05/2011	Embryo Donation	Approved	Approved	26/05/2014	No

\*\* remains deferred for further information about the wellbeing of the recipient woman and any resulting child under principles (a) and (c) of the HART Act

†† Declined under HART Act principles (a) and (c) because of concerns about the wellbeing of the birth mother, her existing children, and any resulting child.

## Appendix B Applications considered by ECART prior to 1 July 2010 but ongoing throughout 2010/11

App #	Date of first review	Final decision	Procedure	Initial Decision	Final Decision	Approval end date	Is treatment finished?
2003/13	15/05/2008	15/05/2008	Clinic-Assisted Surrogacy	Approved STC	Approved	15/05/2011	No
E07/26	20/11/2007	20/11/2007	Embryo Donation (re-applying)	Approved	Approved	6/12/2010	No
E07/29	20/11/2007	20/11/2007	Clinic-Assisted Surrogacy	Approved	Approved	6/12/2010	Yes
E07/34	20/11/2007	04/02/2008	Clinic-Assisted Surrogacy	Deferred	Approved	6/12/2010	Yes
E08/02	04/02/2008	04/02/2008	Clinic-Assisted Surrogacy	Approved	Approved	11/02/2011	Yes
E08/03	04/02/2008	04/02/2008	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	11/02/2011	Yes
E08/09	15/05/2008	15/05/2008	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	3/06/2011	No
E08/11	15/05/2008	15/05/2008	Embryo Donation	Approved	Approved	3/06/2011	Yes
E08/20	09/09/2008	13/11/2008	Clinic-Assisted Surrogacy	Approved	Approved	28/11/2011	Yes
E08/21	09/09/2008	13/11/2008	Donation of eggs or Sperm between Certain Family Members	Approved STC	Approved	28/11/2011	Yes
E08/23	09/09/2008	23/10/2008	Clinic-Assisted Surrogacy	Deferred	Approved	23/10/2011	Yes
E09/02	12/02/2009	12/02/2009	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	6/06/2012	Yes
E09/03	12/02/2009	12/02/2009	Clinic-Assisted surrogacy	Approved	Approved	6/03/2012	Yes
E09/07	02/04/2009	02/04/2009	Clinic-Assisted Surrogacy	Approved	Approved	20/04/2012	Yes
E09/09	02/04/2009	02/04/2009	Clinic-Assisted Surrogacy	Approved	Approved	20/04/2012	Yes
E09/10	02/04/2009	02/04/2009	Embryo Donation	Approved	Approved	20/04/2012	No
E09/11	02/04/2009	02/04/2009	Clinic-Assisted Surrogacy	Approved	Approved	20/04/2012	Yes
E09/12	11/06/2009	11/06/2009	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	22/06/2012	No
E09/13	11/06/2009	11/06/2009	Clinic-Assisted Surrogacy	Approved	Approved	22/06/2012	Yes
E09/14	11/06/2009	11/06/2009	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	22/06/2012	Yes
E09/15	11/06/2009	11/06/2009	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	22/06/2012	Yes
E09/16	11/06/2009	11/06/2009	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	22/06/2012	Yes
E09/18	11/08/2009	11/08/2009	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	27/08/2012	No
E09/21	11/08/2009	11/08/2009	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	27/08/2012	No
E09/22	11/08/2009	11/08/2009	Clinic-Assisted Surrogacy	Approved	Approved	27/08/2012	No
E09/24	11/08/2009	11/08/2009	Embryo Donation	Approved	Approved	27/08/2012	No
E09/25	11/08/2009	11/08/2009	Clinic-Assisted Surrogacy	Approved	Approved	27/08/2012	Yes
E09/27	13/10/2009	18/02/2010	Donation of eggs or Sperm between Certain Family Members	Deferred	Approved	3/03/2012	No
E09/28	13/10/2009	13/10/2009	Clinic-Assisted Surrogacy	Approved	Approved	22/10/2012	Yes

E09/29	13/10/2009	13/10/2009	Clinic-Assisted Surrogacy	Approved	Approved	22/10/2012	No
E09/31	26/11/2009	26/11/2009	Research on Gametes and Non-Viable Embryos	Approved	Approved	22/11/2012	Yes
E09/34	26/11/2009	26/11/2009	Embryo Donation	Approved	Approved	10/12/2012	No
E09/36	26/11/2009	26/11/2009	Clinic-Assisted Surrogacy	Approved	Approved	10/12/2012	Yes
E09/37	26/11/2009	18/02/2010	Clinic-Assisted Surrogacy	Deferred	Approved	10/12/2012	No
E10/01	18/02/2010	18/02/2010	Donation of eggs or Sperm between Certain Family Members	Deferred	Approved	3/03/2013	No
E10/02	18/02/2010	18/02/2010	Embryo Donation	Approved	Approved	3/03/2013	Yes
E10/03	18/02/2010	19/03/2010	Research on Gametes and Non-Viable Embryos	Approved STC	Approved	20/03/2011	Yes
E10/05	18/02/2010	18/02/2010	Embryo Donation	Approved	Approved	3/03/2013	Yes
E10/06	18/02/2010	17/06/2010	Clinic-Assisted Surrogacy	Deferred	Approved	17/06/2013	Yes
E10/07	18/02/2010	17/06/2010	Donation of eggs or Sperm between Certain Family Members	Deferred	Approved	17/06/2013	Yes
E10/08	18/02/2010	18/02/2010	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	3/03/2013	No
E10/09	18/02/2010	18/02/2010	Clinic-Assisted Surrogacy	Approved	Approved	3/03/2013	Yes
E10/10	18/02/2010	17/05/2010	Clinic-Assisted Surrogacy	Deferred	Approved	17/05/2013	No
E10/11	18/02/2010	6/10/2010	Donation of eggs or Sperm between Certain Family Members	Deferred	Approved	6/10/2013	No
E10/12	22/04/2010	22/04/2010	Clinic-Assisted Surrogacy	Approved	Approved	4/05/2013	Yes
E10/13	22/04/2010	22/04/2010	Clinic-Assisted Surrogacy	Approved	Approved	4/05/2013	No
E10/14	22/04/2010	21/05/2010	Embryo Donation	Approved STC	Approved	21/05/2013	No
E10/15	22/04/2010	22/04/2010	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	29/03/2013	Yes
E10/16	22/04/2010	3/03/2011	Clinic-Assisted Surrogacy	Approved STC	Approved	3/03/2014	No
E10/17	03/06/2010	03/06/2010	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	17/06/2013	No
E10/18	03/06/2010	03/06/2010	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	17/06/2013	Yes
E10/19	03/06/2010	05/07/2010	Embryo Donation	Deferred	Approved	5/07/2013	Yes
E10/20	03/06/2010	03/06/2010	Clinic-Assisted Surrogacy	Approved	Approved	17/06/2013	No
E10/21	03/06/2010	03/06/2010	Donation of eggs or Sperm between Certain Family Members	Approved	Approved	17/06/2013	Yes