ECART considers applications for the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/pagescm/308/$File/guidelines-embryo-donated-eggs-sperm.doc) 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 egg donor, sperm donor and recipient woman and their partners (where applicable):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Egg  donor (ED) | ED’s partner (EP) | Sperm donor (SD) | SD’s partner (SP) | Recipient woman (RW) | Recipient partner (RP) |
|  | Age: |  |  |  |  |  |  |
|  | Nationality: |  |  |  |  |  |  |
|  | Country of Residence: |  |  |  |  |  |  |
|  | 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: | |
|  |  | |

ACART’s [guidelines](http://www.ecart.health.govt.nz/moh.nsf/pagescm/308/$File/guidelines-embryo-donated-eggs-sperm.doc) require ECART to determine or take into account the following matters. Please indicate whether you are satisfied that these matters have been addressed, and provide brief comment.

Medical information

|  |  |  |
| --- | --- | --- |
|  | Does each intending parent[[1]](#footnote-1) (where there are two) have a medical condition affecting his/her reproductive ability, or a medical diagnosis of unexplained infertility that makes the creation and use of an embryo created from donated eggs with donated sperm appropriate? | Yes/No |
|  | Describe the medical condition(s) and/or why the creation and use of an embryo created from donated eggs with donated sperm is appropriate: | |
|  |  | |

Counselling information

|  |  |  |
| --- | --- | --- |
|  | Has counselling been received in accordance with the NZ Fertility Services Standard? | Yes/No |
|  | Has counselling included implications counselling for all parties? |
|  | Has counselling been culturally appropriate? |
|  | Has counselling been provided for whānau/extended family involvement? |
|  | Has counselling addressed any issues raised by donation(s) between family members? |
|  | Does the country of residence of the parties safeguard the wellbeing of all parties and especially the wellbeing of any resulting child? |
|  | Does the relationship between the parties safeguard the wellbeing of all parties and especially any resulting child? |
|  | Does each party, in giving informed consent, understand that any embryos surplus to the needs of the recipient person/couple may not be donated to another person/couple? |
|  | Does each party understand that neither donor is precluded from separately donating sperm or eggs to another couple/person? |
|  | Has there been discussion, understanding and agreement with the parties on matters relating to use and storage of embryos, including the right of donors to both vary the agreed terms of donation and withdraw consent to donation? |
|  | Has each party considered the impact of possible future contact for themselves and their families, including any resulting children? |
|  | If “no” to any of the counselling information questions please explain why: | |
|  |  | |

Other information

|  |  |  |
| --- | --- | --- |
|  | Has the donation of eggs and sperm from these two people been used to produce full genetic siblings for any other person/couple? | Yes/No |
|  | Would any resulting embryo be formed by donated eggs and donated sperm from (i) father and daughter, (ii) mother and son, (iii) brother and sister[[2]](#footnote-2), (iv) grandfather and granddaughter, or (v) grandmother and grandson? | Yes/No |
|  | Are all parties aware of the storage conditions in section 10 of the HART Act? | Yes/No |
|  | Comments: | |
|  |  | |

Mandatory reports

Have you enclosed all the mandatory reports required for ethical review of this procedure? Please click all the mandatory reports that you have enclosed with this application:

|  |  |
| --- | --- |
|  | Section 2: Report by medical specialist for the egg donor |
|  | Section 3: Report by medical specialist for the sperm donor |
|  | Section 4: Report by medical specialist for the recipient(s) |
|  | Section 5: Report by counsellor for the egg donor (and partner) |
|  | Section 6: Report by counsellor for the sperm donor (and partner) |
|  | Section 7: Report by counsellor for the recipient(s) |

Optional reports

Have you enclosed any additional documents for this application? Please click all the optional documents that you have enclosed with this application:

|  |  |
| --- | --- |
|  | Joint counselling report\* |
|  | Letter for egg donor from another medical specialist |
|  | Letter for sperm donor from another medical specialist |
|  | Letter for recipient woman from another medical specialist |
|  | Letter for recipient partner from another medical specialist |
|  | Letter from egg donor |
|  | Letter from sperm donor |
|  | Letter from recipient woman or recipient partner |
|  | Letter from another person (eg Whānau member, kaumatua, Māori counsellor) |
|  | Other (please specify below) |
|  |  |

\* Mandatory if there is a familial connection – please use the joint counselling form from the [donation of eggs or sperm between certain family members](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-forms) application form.

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

ECART considers applications for the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/pagescm/308/$File/guidelines-embryo-donated-eggs-sperm.doc) 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: Report by medical specialist for the egg donor

ECART prefers the medical specialist for the egg donor to be independent from the medical specialist for the recipient(s).

Who is the medical specialist for the egg donor?

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

Guideline 3(b) requires ECART to take into account all relevant factors.

|  |  |  |
| --- | --- | --- |
|  | Has ED completed her family? | Yes/No |
|  | Will there be any medical risks to ED as a direct result of this procedure? | Yes/No |
|  | If yes, describe the risks to ED and how they may be minimised/managed? | |
|  |  | |
|  | Has ED been made aware of any medical risks to her as a result of this ARP, and given her informed consent to proceed on the basis of this information? | Yes/No |
|  | Are there any other relevant medical factors ECART needs to be aware of with for this ARP? An example of a relevant medical factor may include, but is not limited to, whether the egg donor is likely to carry a significant genetic disease, and details of that disease. | Yes/No |
|  | Describe any other relevant medical factors for ED and how they may be minimised/managed: | |
|  |  | |

|  |  |
| --- | --- |
| Signature of ED’s medical specialist: |  |
| Date: |  |

ECART considers applications for the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/pagescm/308/$File/guidelines-embryo-donated-eggs-sperm.doc) 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 3: Report by medical specialist for the sperm donor

ECART prefers the medical specialist for the sperm donor to be independent from the medical specialist for the recipient(s).

Who is the medical specialist for the sperm donor?

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

Guideline 3(b) requires ECART to take into account all relevant factors.

|  |  |  |
| --- | --- | --- |
|  | Has SD completed his family? | Yes/No |
|  | Will there be any medical risks to SD as a direct result of this procedure? | Yes/No |
|  | If yes, describe the risks to SD and how they may be minimised/managed? | |
|  |  | |
|  | Has SD been made aware of any medical risks for him as a result of this ARP, and given his informed consent to proceed on the basis of this information? | Yes/No |
|  |  | |
|  | Are there any other relevant medical factors ECART needs to be aware of with for this ARP? An example of a relevant medical factor may include, but is not limited to, whether the sperm donor is likely to carry a significant genetic disease, and details of that disease. | Yes/No |
|  | Describe any other relevant medical factors for SD and how they may be minimised/managed: | |
|  |  | |

|  |  |
| --- | --- |
| Signature of SD’s medical specialist: |  |
| Date: |  |

ECART considers applications for the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/pagescm/308/$File/guidelines-embryo-donated-eggs-sperm.doc) 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 4: Report by medical specialist for the recipient(s)

ECART prefers the medical specialist for the recipient(s) to be independent from the medical specialist for the egg and/or sperm donor.

Who is the medical specialist for the recipient(s)?

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

Guideline 3(a)(ii) requires ECART to determine that each intending parent (where there are two) has a medical condition affecting his or her reproductive ability, or a medical diagnosis of unexplained infertility, that makes the creation and use of an embryo created from donated eggs with donated sperm appropriate.

|  |  |  |
| --- | --- | --- |
|  | Does each intending parent (where there are two) have a medical condition affecting his or her reproductive ability? | Yes/No |
|  | If yes, describe RW ‘s medical condition(s): | |
|  |  | |
|  | If yes, describe RP’s medical condition(s): | |
|  |  | |
|  | Do RW and RP have a medical diagnosis of unexplained infertility that makes the creation and use of an embryo created from donated eggs with donated sperm appropriate? | Yes/No |
|  | If yes, describe the other infertility treatments RW/RP have undertaken prior to this application and why the creation and use of an embryo created from donated eggs with donated sperm appropriate: | |
|  |  | |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | Will there be any medical risks to RW as a direct result of this ARP? | Yes/No |
|  | If yes, describe the risks to RW and how they may be minimised/managed? | |
|  |  | |
|  | How many embryos will be transferred to RW in any one cycle? |  |
|  | Are there any other relevant medical factors ECART needs to be aware of with for this ARP? Examples of relevant medical factors may include, but are not limited to, a current or past heart condition, cancer, diabetes, pre-eclampsia, a high or low BMI? | Yes/No |
|  | Describe any other relevant medical factors for RW/RP and how they may be minimised/managed: | |
|  |  | |

|  |  |
| --- | --- |
| Signature of RW/RP’s medical specialist: |  |
| Date: |  |

ECART considers applications for the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/pagescm/308/$File/guidelines-embryo-donated-eggs-sperm.doc) 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 counsellor for the egg donor (and partner)

Who is the counsellor for the egg donor (and partner)?

|  |  |  |
| --- | --- | --- |
|  | Name of counsellor: |  |
|  | Email/phone number: |  |
|  | Dates of counselling: |  |
|  | Counselling attendees: |  |
|  | Comments: | |
|  |  | |

Guideline 3(a)(v) requires ECART to determine that each party has received counselling in accordance with the New Zealand Fertility Services Standard.

|  |  |  |
| --- | --- | --- |
|  | Have ED/EP received counselling in accordance with the NZ Fertility Services Standard? | Yes/No |

Guideline 3(a)(i) requires ECART to determine that donated eggs and donated sperm from the same two people may be used together to produce full genetic siblings in only one recipient couple/person. Neither donor is precluded, however, from separately donating sperm or eggs to another couple/person.

|  |  |  |
| --- | --- | --- |
|  | Does ED understand that her eggs and sperm donated from SD, may only be used together to produce full genetic siblings in one recipient couple/person? | Yes/No |
|  | Comments: | |
|  |  | |
|  | Does ED understand that she may separately donate her eggs to another couple/person? | Yes/No |
|  | Comments: | |
|  |  | |

Guideline 3(a)(iii) requires ECART to determine that all parties, in giving informed consent to the procedure, understand that any embryos surplus to the needs of the recipient person/couple may not be donated to another person/couple.

|  |  |  |
| --- | --- | --- |
|  | Does ED understand that the recipient/couple may not donate any surplus embryos to another person/couple? | Yes/No |
|  | Comments: | |
|  |  | |

Guideline 3(a)(iv) requires ECART to determine that there has been discussion, understanding and agreement with the parties on matters relating to use and storage of embryos, including the right of donors to both vary the agreed terms of donation and withdraw consent to donation.

|  |  |  |
| --- | --- | --- |
|  | Has ED discussed, understood and agreed with the parties on matters relating to use and storage of embryos, including her right to vary the agreed terms of donation and withdraw consent to donation? | Yes/No |
|  | Describe ED’s understanding on matters relating to use and storage of embryos, including her right to vary the agreed terms of donation, and withdraw her consent for further use: | |
|  |  | |

Guideline 3(b)(i) requires ECART to take into account whether each party has considered the impact of possible future contact for themselves and their families, including any resulting children.

|  |  |  |
| --- | --- | --- |
|  | Has ED considered the impact of possible future contact for herself and her family, including any resulting children? | Yes/No |
|  | Describe the discussion with ED about the impact of possible future contact with a resulting child and any other party to this ARP: | |
|  |  | |

Guideline 3(b)(ii) requires ECART to take into account whether the relationships between the parties safeguard the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does the relationship between ED and other parties safeguard the wellbeing of all parties and especially any resulting child? | Yes/No |
|  | Describe how the relationship between ED and other parties safeguards the wellbeing of all parties: | |
|  |  | |

Guideline 3(b)(iii)(•) requires ECART to take into account whether counselling has included implications counselling for all parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling included implications counselling for ED/EP? | Yes/No |
|  | Describe the implications of this ARP that were discussed with ED/EP: | |
|  |  | |

Guideline 3(b)(iii)(••) requires ECART to take into account whether counselling has been culturally appropriate.

|  |  |  |
| --- | --- | --- |
|  | Has counselling been culturally appropriate for ED/EP? | Yes/No |
|  | Describe how counselling has been culturally appropriate for ED/EP: | |
|  |  | |

Guideline 3(b)(iii)(•••) requires ECART to take into account whether counselling has provided for whānau/extended family involvement.

|  |  |  |
| --- | --- | --- |
|  | Has counselling provided for whānau/extended family involvement? | Yes/No |
|  | Describe how counselling has provided for whānau/extended family: | |
|  |  | |

Guideline 3(b)(iii)(••••) requires ECART to take into account whether counselling has addressed any issues raised by donations between family members (if applicable).

|  |  |  |
| --- | --- | --- |
|  | Has counselling addressed any issues raised by donations between family members? | Yes/No |
|  | Describe how counselling has addressed any issues raised by donations between family members: | |
|  |  | |

Guideline 3(b)(iv) requires ECART to take into account whether the country of residence of the parties safeguards the wellbeing of all parties and especially the wellbeing of any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does ED/EP’s country of residence safeguard the wellbeing of any resulting child? | Yes/No |
|  | Describe the residency status of ED/EP and how it safeguards the wellbeing of any resulting child: | |
|  |  | |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | 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 | Yes/No |
|  | Describe any other relevant counselling factors for ED/EP and how they may be minimised/managed: | |
|  |  | |

|  |  |
| --- | --- |
| Signature of ED/EP’s counsellor: |  |
| Date: |  |

ECART considers applications for the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/pagescm/308/$File/guidelines-embryo-donated-eggs-sperm.doc) 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 counsellor for the sperm donor (and partner)

Who is the counsellor for the sperm donor (and partner)?

|  |  |  |
| --- | --- | --- |
|  | Name of counsellor: |  |
|  | Email/phone number: |  |
|  | Dates of counselling: |  |
|  | Counselling attendees: |  |
|  | Comments: | |
|  |  | |

Guideline 3(a)(v) requires ECART to determine that each party has received counselling in accordance with the New Zealand Fertility Services Standard.

|  |  |  |
| --- | --- | --- |
|  | Have SD/SP received counselling in accordance with the NZ Fertility Services Standard? | Yes/No |

Guideline 3(a)(i) requires ECART to determine that donated eggs and donated sperm from the same two people may be used together to produce full genetic siblings in only one recipient couple/person. Neither donor is precluded, however, from separately donating sperm or eggs to another couple/person.

|  |  |  |
| --- | --- | --- |
|  | Does SD understand that his sperm and donated eggs from ED may only be used together to produce full genetic siblings in one recipient couple/person? | Yes/No |
|  | Comments: | |
|  |  | |
|  | Does SD understand that he may separately donate his sperm to another couple/person? | Yes/No |
|  | Comments: | |
|  |  | |

Guideline 3(a)(iii) requires ECART to determine that all parties, in giving informed consent to the procedure, understand that any embryos surplus to the needs of the recipient person/couple may not be donated to another person/couple.

|  |  |  |
| --- | --- | --- |
|  | Does SD understand that the recipient person/couple may not donate any surplus embryos to another person/couple? | Yes/No |
|  | Comments: | |
|  |  | |

Guideline 3(a)(iv) requires ECART to determine that there has been discussion, understanding and agreement with the parties on matters relating to use and storage of embryos, including the right of donors to both vary the agreed terms of donation and withdraw consent to donation.

|  |  |  |
| --- | --- | --- |
|  | Has SD discussed, understood and agreed with the parties on matters relating to use and storage of embryos, including his right to vary the agreed terms of donation and withdraw consent to donation? | Yes/No |
|  | Describe SD’s understanding on matters relating to use and storage of embryos, including his right to vary the agreed terms of donation, and withdraw consent to donation: | |
|  |  | |

Guideline 3(b)(i) requires ECART to take into account whether each party has considered the impact of possible future contact for themselves and their families, including any resulting children.

|  |  |  |
| --- | --- | --- |
|  | Has SD considered the impact of possible future contact for himself and his family, including any resulting children? | Yes/No |
|  | Describe the discussion with SD about the impact of possible future contact with a resulting child and any other party to this ARP: | |
|  |  | |

Guideline 3(b)(ii) requires ECART to take into account whether the relationships between the parties safeguard the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does the relationship between SD and other parties safeguard the wellbeing of all parties and especially any resulting child? | Yes/No |
|  | Describe how the relationship between SD and other parties safeguards the wellbeing of all parties: | |
|  |  | |

Guideline 3(b)(iii)(•) requires ECART to take into account whether counselling has included implications counselling for all parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling included implications counselling for SD/SP? | Yes/No |
|  | Describe the implications of this ARP that were discussed with SD/SP: | |
|  |  | |

Guideline 3(b)(iii)(••) requires ECART to take into account whether counselling has been culturally appropriate.

|  |  |  |
| --- | --- | --- |
|  | Has counselling been culturally appropriate for SD/SP? | Yes/No |
|  | Describe how counselling has been culturally appropriate for SD/SP: | |
|  |  | |

Guideline 3(b)(iii)(•••) requires ECART to take into account whether counselling has provided for whānau/extended family involvement.

|  |  |  |
| --- | --- | --- |
|  | Has counselling provided for whānau/extended family involvement? | Yes/No |
|  | Describe how counselling has provided for whānau/extended family: | |
|  |  | |

Guideline 3(b)(iii)(••••) requires ECART to take into account whether counselling has addressed any issues raised by donations between family members (if applicable).

|  |  |  |
| --- | --- | --- |
|  | Has counselling addressed any issues raised by donations between family members? | Yes/No |
|  | Describe how counselling has addressed any issues raised by donations between family members: | |
|  |  | |

Guideline 3(b)(iv) requires ECART to take into account whether the country of residence of the parties safeguards the wellbeing of all parties and especially the wellbeing of any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does SD/SP’s country of residence safeguard the wellbeing of any resulting child? | Yes/No |
|  | Describe the residency status of SD/SP and how it safeguards the wellbeing of any resulting child: | |
|  |  | |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | 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 | Yes/No |
|  | Describe any other relevant counselling factors for SD/SP and how they may be minimised/managed: | |
|  |  | |

|  |  |
| --- | --- |
| Signature of SD/SP’s counsellor: |  |
| Date: |  |

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Section 7: Report by counsellor for the recipient(s)

Who is the counsellor for the recipient(s)?

|  |  |  |
| --- | --- | --- |
|  | Name of counsellor: |  |
|  | Email/phone number: |  |
|  | Dates of counselling: |  |
|  | Counselling attendees: |  |
|  | Comments: | |
|  |  | |

Guideline 3(a)(v) requires ECART to determine that each party has received counselling in accordance with the New Zealand Fertility Services Standard.

|  |  |  |
| --- | --- | --- |
|  | Have RW/RP received counselling in accordance with the NZ Fertility Services Standard? | Yes/No |

Guideline 3(a)(i) requires ECART to determine that donated eggs and donated sperm from the same two people may be used together to produce full genetic siblings in only one recipient couple/person. Neither donor is precluded, however, from separately donating sperm or eggs to another couple/person.

|  |  |  |
| --- | --- | --- |
|  | Do RW/RP understand that donated eggs and donated sperm from the same two people may be used together to produce full genetic siblings for themselves only? | Yes/No |
|  | Comments: | |
|  |  | |
|  | Do RW/RP understand that ED and SD may separately donate their gametes to another couple/person? | Yes/No |
|  | Comments: | |
|  |  | |

Guideline 3(a)(iii) requires ECART to determine that all parties, in giving informed consent to the procedure, understand that any embryos surplus to the needs of the recipient person/couple may not be donated to another person/couple.

|  |  |  |
| --- | --- | --- |
|  | Do RW/RP understand that any embryos surplus to their needs may not be donated to another person/couple? | Yes/No |
|  | Comments: | |
|  |  | |

Guideline 3(a)(iv) requires ECART to determine that there has been discussion, understanding and agreement with the parties on matters relating to use and storage of embryos, including the right of donors to both vary the agreed terms of donation and withdraw consent to donation.

|  |  |  |
| --- | --- | --- |
|  | Have RW/RP discussed, understood and agreed with the individual donors on matters relating to use and storage of embryos, including each donor’s right to vary the agreed terms of donation and withdraw consent to donation? | Yes/No |
|  | Describe RW/RP’s understanding on matters relating to use and storage of embryos, including the right of each donor to vary the agreed terms, and individually withdraw their consent to donation: | |
|  |  | |

Guideline 3(b)(i) requires ECART to take into account whether each party has considered the impact of possible future contact for themselves and their families, including any resulting children.

|  |  |  |
| --- | --- | --- |
|  | Have RW/RP considered the impact of possible future contact with ED/SD and their families for any resulting children? | Yes/No |
|  | Describe the discussion with RW/RP about the impact of possible future contact between a resulting child and any other party to this ARP: | |
|  |  | |

Guideline 3(b)(ii) requires ECART to take into account whether the relationships between the parties safeguard the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does the relationship between RW/RP and each donor safeguard the wellbeing of all parties and especially any resulting child? | Yes/No |
|  | Describe how the relationship between RW/RP and each donor safeguards the wellbeing of all parties: | |
|  |  | |

Guideline 3(b)(iii)(•) requires ECART to take into account whether counselling has included implications counselling for all parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling included implications counselling for RW/RP? | Yes/No |
|  | Describe the implications of this ARP that were discussed with RW/RP: | |
|  |  | |

Guideline 3(b)(iii)(••) requires ECART to take into account whether counselling has been culturally appropriate.

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| --- | --- | --- |
|  | Has counselling been culturally appropriate for RW/RP? | Yes/No |
|  | Describe how counselling been culturally appropriate for RW/RP: | |
|  |  | |

Guideline 3(b)(iii)(•••) requires ECART to take into account whether counselling has provided for whānau/extended family involvement.

|  |  |  |
| --- | --- | --- |
|  | Has counselling provided for whānau/extended family involvement? | Yes/No |
|  | Describe how counselling has provided for RW/RP’s whānau/extended family: | |
|  |  | |

Guideline 3(b)(iii)(••••) requires ECART to take into account whether counselling has addressed any issues raised by donations between family members (if applicable).

|  |  |  |
| --- | --- | --- |
|  | Has counselling addressed any issues raised by donations between family members? | Yes/No |
|  | Describe how counselling has addressed any issues raised by donations between family members: | |
|  |  | |

Guideline 3(b)(iv) requires ECART to take into account whether the country of residence of the parties safeguard the wellbeing of all parties and especially the wellbeing of any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does RW/RP’s country of residence safeguard the wellbeing of any resulting child? | Yes/No |
|  | Describe the residency status of RW/RP and how it safeguards the wellbeing of any resulting child: | |
|  |  | |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | 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 | Yes/No |
|  | Describe any other relevant counselling factors for RW/RP and how they may be minimised/ managed: | |
|  |  | |

|  |  |
| --- | --- |
| Signature of RW/RP’s counsellor: |  |
| Date: |  |

1. “The recipient(s)” [↑](#footnote-ref-1)
2. Including half-brother and half-sister as per section 130(1)(a) of the Crimes Act 1961. [↑](#footnote-ref-2)