ECART considers applications for the donation of eggs or sperm between certain family members using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-familydonation) 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).

The Human Assisted Reproductive Technology Order 2005 ([HART Order](http://www.legislation.govt.nz/regulation/public/2005/0181/latest/whole.html)) defines a family member as any person that is or has been related to the person by blood, marriage, civil union, de facto relationship or adoption; and any other person who is a member of the person’s whānau or other culturally recognised group.

Approval of ECART is not required for the donation of eggs or sperm between certain family members if:

* In the case of donated eggs, the donor is a sister or cousin of the recipient woman (where both are 20 years of age or older); or
* In the case of donated sperm, the donor is a brother or cousin of the recipient woman’s spouse or partner (where both are 20 years of age or older); or
* In the case of a procedure that involves the use of the eggs of the female partner of the recipient woman and donated sperm, the sperm donor is a brother or cousin of the recipient woman (where both are 20 years or older).

Any other proposal for the collection and donation of eggs or sperm between family members must be submitted to ECART for approval.

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 gamete donor(s) and recipient(s):

|  |  |  |
| --- | --- | --- |
|  | What type of donation between certain family members is this application for? | Eggs/ Sperm |
|  | Describe the relationship between the gamete donor and the recipient(s): |
|  |  |
|  | Does GD understand that his/her gametes may be used to create more than one embryo? | Yes/No |
|  | Does GD understand that his/her gametes may create more than one child for the recipient couple? | Yes/No |
|  | Has GD set any conditions or restrictions on the use of his/her gametes? | Yes/No |
|  | If yes, describe the conditions or restrictions: |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Gamete donor (GD) | Donor partner (DP) | 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.

|  |  |  |
| --- | --- | --- |
| 1. a
 | 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/indexcm/ecart-resources-guidelines-familydonation) 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 comments.

Medical information

|  |  |  |
| --- | --- | --- |
|  | Does the recipient or recipient’s partner have either a medical condition affecting his or her reproductive ability; or a medical diagnosis of unexplained infertility that makes egg or sperm donation appropriate? | Yes/No |
|  | Describe RW or RP’s medical condition or explain why egg or sperm is donation appropriate: |
|  |  |

Counselling information

|  |  |  |
| --- | --- | --- |
|  | Has counselling been received in accordance with the NZ Fertility Services Standard? | Yes/No |
|  | Has counselling included implications counselling and joint counselling for all parties? |
|  | Has counselling been culturally appropriate? |
|  | Has counselling provided for whānau/extended family involvement? |
|  | Has counselling provided for the inclusion of any children of the parties? |
|  | Are there any genetic, social, cultural or intergenerational aspects of this ARP that could potentially impact on the wellbeing of any parties especially any resulting child? | Yes/No |
|  | Does the residency of the parties safeguard the wellbeing of all parties especially any resulting child? | Yes/No |
|  | Is counselling available to all parties throughout the treatment process? |
|  | If “no” to any of the counselling information questions (other than 1.27) please explain why: |
|  |  |

Other information

|  |  |  |
| --- | --- | --- |
|  | Would any resulting embryo be formed by eggs and sperm from (i) father and daughter, (ii) mother and son, (iii) brother and sister[[1]](#footnote-1), (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 gamete donor |
| [ ]  | Section 3: Report by medical specialist for the recipient(s) |
| [ ]  | Section 4: Report by counsellor for the gamete donor (and partner) |
| [ ]  | Section 5: Report by counsellor for the recipient(s) |
| [ ]  | Section 6: Joint counselling report |

Optional reports

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

|  |  |
| --- | --- |
| [ ]  | Letter for gamete donor from another medical specialist  |
| [ ]  | Letter for recipient woman from another medical specialist  |
| [ ]  | Letter for recipient partner from another medical specialist  |
| [ ]  | Letter from gamete donor |
| [ ]  | Letter from recipient woman or recipient partner |
| [ ]  | Letter from another person (eg Whanau member, kaumatua, Māori counsellor) |
| [ ]  | Other (please specify below) |
|  |  |

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

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Section 2: Report by medical specialist for the gamete donor

Who is the medical specialist for the gamete donor?

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

Guideline 2(b) requires ECART to take into account all relevant factors.

|  |  |  |
| --- | --- | --- |
|  | Has GD completed his/her family?  | Yes/No |
|  | Will there be any medical risks to GD as a direct result of this procedure? | Yes/No |
|  | If yes, describe the risks and how they may be minimised/managed: |
|  |  |
|  | Is GD aware of any medical risks for this ARP, and has he/she given his/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 this ARP? An example of a relevant medical factor may include, but is not limited to, whether the gamete donor is likely to carry a significant genetic disease, and details of that disease  | Yes/No |
|  | Describe any other relevant medical factors for GD and how they may be minimised/managed: |
|  |  |

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

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Section 3: Report by medical specialist for the recipient(s)

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

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

Guideline 2(a)(i) requires ECART to determine that the recipient or recipient’s partner has a medical condition affecting his or her reproductive ability, or a medical diagnosis of unexplained infertility, that makes egg or sperm donation appropriate.

|  |  |  |
| --- | --- | --- |
|  | Does RW or RP have a medical condition affecting her or his reproductive ability? | Yes/No |
|  | If yes, describe RW or RP’s medical condition: |
|  |  |
|  | Do RW and RP have a medical diagnosis of unexplained infertility that makes egg or sperm donation appropriate? | Yes/No |
|  | If yes, describe the infertility treatments RW/RP have tried, and explain why egg or sperm donation is 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 medical risks for RW and how they may be minimised/managed: |
|  |  |
|  | If the donated gametes will be used to create in-vitro embryos, how many of these embryos will be transferred to RW in any one cycle? |  |
|  | Are there any other relevant medical factors ECART needs to be aware of with 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: |  |

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Section 4: Report by counsellor for the gamete donor (and partner)

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

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

Guideline 2(a)(ii) requires ECART to determine that each party has received counselling in accordance with the New Zealand Fertility Services Standard.

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

Guideline 2(b)(i) requires ECART to take into account whether the potential impact of the genetic, social, cultural, and intergenerational aspects of the proposed arrangement safeguards the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does the potential impact of the genetic, social, cultural, and intergenerational aspects of the proposed arrangement safeguard the wellbeing of all parties and especially any resulting child?  | Yes/No |
|  | Describe how the potential impact of the genetic, social, cultural, and intergenerational aspects safeguards the wellbeing of all parties: |
|  |  |

Guideline 2(b)(ii)(•) requires ECART to take into account whether counselling has included implications counselling for all parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling included implications counselling for GD/DP? | Yes/No |
|  | Describe how counselling has included the implications of this ARP for GD/DP: |
|  |  |

Guideline 2(b)(ii)(•••) requires ECART to take into account whether counselling has been culturally appropriate.

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

Guideline 2(b)(ii)(••••) 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 2(b)(ii)(•••••) requires ECART to take into account whether counselling has provided for the inclusion of any children of the parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling provided for GD/DP’s existing children (if applicable)? | Yes/No |
|  | Describe how counselling has provided for GD/DP’s existing children: |
|  |  |

Guideline 2(b)(iii) requires ECART to take into account whether counselling will be accessible throughout the treatment process.

|  |  |  |
| --- | --- | --- |
|  | Is counselling available to GD/DP throughout the treatment process? | Yes/No |
|  | Comments: |
|  |  |

Guideline 2(b)(iv) requires ECART to take into account whether the residency of the parties safeguards the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does the residency of GD/DP safeguard the wellbeing of all parties especially any resulting child? | Yes/No |
|  | Describe the residency of GD/DP and how it safeguards the wellbeing of all parties: |
|  |  |

|  |  |
| --- | --- |
| Signature of GD/DP’s counsellor: |  |
| Date: |  |

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Section 5: 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 attendee(s): |  |
|  | Comments:  |
|  |  |

Guideline 2(a)(ii) 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 2(b)(i) requires ECART to take into account whether the potential impact of the genetic, social, cultural, and intergenerational aspects of the proposed arrangement safeguards the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does the potential impact of the genetic, social, cultural, and intergenerational aspects of the proposed arrangement safeguard the wellbeing of all parties and especially any resulting child?  | Yes/No |
|  | Describe how the potential impact of the genetic, social, cultural, and intergenerational aspects safeguards the wellbeing of all parties: |
|  |  |

Guideline 2(b)(ii)(•) 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 how counselling has included the implications of this ARP for RW/RP: |
|  |  |

Guideline 2(b)(ii)(•••) requires ECART to take into account whether counselling has been culturally appropriate.

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

Guideline 2(b)(ii)(••••) 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 2(b)(ii)(•••••) requires ECART to take into account whether counselling has provided for the inclusion of any children of the parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling provided for RW/RP’s existing children (if applicable)? | Yes/No |
|  | Describe how counselling has provided for RW/RP’s existing children: |
|  |  |

Guideline 2(b)(iii) requires ECART to take into account whether counselling will be accessible to all parties before and after pregnancy is achieved.

|  |  |  |
| --- | --- | --- |
|  | Is counselling available to RW/RP before, during and after pregnancy? | Yes/No |
|  | Comments: |
|  |  |

Guideline 2(b)(iv) requires ECART to take into account whether the residency of the parties safeguards the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does the residency of RW/RP safeguard the wellbeing of all parties especially any resulting child? | Yes/No |
|  | Describe the residency status of RW/RP and how it safeguards the wellbeing of all parties: |
|  |  |

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

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Section 6: Joint counselling report

Who are the joint counsellors for this application?

|  |  |  |
| --- | --- | --- |
|  | Names of joint counsellors: |  |
|  | Dates of counselling: |  |
|  | Counselling attendee(s): |  |
|  | Comments:  |
|  |  |

Guideline 2(b)(ii)(••) requires ECART to take into account whether counselling has included joint counselling for all parties.

|  |  |  |
| --- | --- | --- |
|  | Have all parties received joint counselling? | Yes/No |
|  | Comments: |
|  |  |

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

|  |  |  |
| --- | --- | --- |
|  | Has been discussion, understanding, and agreement between the parties on matters relating to the use and storage of gametes and the disposal of any unused gametes?  | Yes/No |
|  | Describe the discussion, understanding, and agreement between the parties on matters relating to the use and storage of gametes and the disposal of any unused gametes and/or embryos: |
|  |  |
|  | Are there any other relevant counselling factors for the gamete donor that ECART needs to be aware of with this ARP?Examples of relevant factors may include, but are not limited to, whether the gamete donor has been subjected to coercion or pressure, and external attitudes towards the donation | Yes/No |
|  | Describe any other relevant joint counselling factors and how they may be minimised/managed: |
|  |  |
|  | Are there any other relevant counselling factors for the recipient(s) that ECART needs to be aware of with this ARP? Examples of relevant factors may include, current or past psychological issues, criminal history, and lifestyle factors such as drug or alcohol addiction | Yes/No |
|  | Describe any other relevant joint counselling factors and how they may be minimised/managed: |
|  |  |

|  |  |
| --- | --- |
| Signature of GD/DP’s counsellor: |  |
| Date: |  |

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

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