

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Embryo Donation for Reproductive Purposes

Please note:

- All sections of the application are to be word processed – the text boxes for answers will expand as you type.
- All headings are to be included in your application – please enter a response in all text boxes (using N/A where necessary). If you consider a section or part of a section does not apply to your application, please explain why.
- The final report date of each section (medical, legal, and counselling) must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended, including letters from the parties or other key persons.
- Do not include personal identifying information about the involved parties. Please refer to the donor woman as DW, the donor man as DM, the recipient woman as RW and the recipient's partner as RP.

Completed applications are to be sent to:

Secretariat
Ethics Committee on Assisted Reproductive Technology
PO Box 5013
WELLINGTON

Information for Applicants

ECART advises applicants to read the *Guidelines on Embryo Donation for Reproductive Purposes* which are located at: www.ecart.health.govt.nz

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Embryo Donation for Reproductive Purposes

SECTION 1: Declaration by Person Responsible

Executive summary and authorisation by “the nominated person” as defined by sections 18(1) (d) and 20(1) of the HART Act 2004. This would generally be the director of the medical practice.

- 1.1 Name:
Designation:
Clinic:
Address:
E-mail:

1.2 Clinic Reference Number/s:

- 1.3 Executive summary of application to include:
- A descriptive summary of the application; and
 - Important ethical, medical, legal, cultural and psycho-social issues; and
 - Risks that are specific to those involved in this application.

(Note: Limited to 250 words)

1.4 I enclose all the following information with this application:

CHECKLIST – Mark with an ‘X’	▶
• Section 1: Declaration by Person Responsible	<input type="checkbox"/>
• Section 2A: Report by medical specialist for DW and DM	<input type="checkbox"/>
• Section 2B: Report by medical specialist for RW and RP	<input type="checkbox"/>
• Section 3A: Report by counsellor for DW and DM	<input type="checkbox"/>
• Question 3A.9: Letter/s from DW and/or DM	<input type="checkbox"/>
• Section 3B: Report by counsellor for RW and RP	<input type="checkbox"/>
• Question 3B.9: Letter/s from RW and/or RP	<input type="checkbox"/>
• Section 3C: Joint counselling report for DW, DM, RW and RP	<input type="checkbox"/>
• Section 4A: Report by legal adviser for DW and DM	<input type="checkbox"/>
• Section 4B: Report by legal adviser for RW and RP	<input type="checkbox"/>
• Section 5: Statement from Key Person under 3A.8 and/or 3B.8	<input type="checkbox"/>
• Other	<input type="checkbox"/>

Please read and sign this declaration:

I have checked all the information supplied in this application and it is, to the best of my knowledge and belief, accurate.

I agree that these patients will be treated in accordance with the Code of Practice for Assisted Reproductive Technology Units or, when it comes into effect, the New Zealand *Fertility Services Standard*.

I acknowledge that counselling will be available to all parties before and after pregnancy is achieved.

I am making available to DW and DM the relevant sections of the application (1, 2A, 3A, and 3C) and if they advise of significant alterations or additions, I will inform ECART prior to ethical review.

I am making available to RW and RP the relevant sections of the application (1, 2B, 3B, and 3C) and if they advise of significant alterations or additions, I will inform ECART prior to ethical review.

I agree to provide to ECART on an at least annual basis, the outcome of this application (if approved) until the treatment covered by this application is complete or discontinued, and to advise ECART immediately of any serious adverse outcomes.

Signature of nominated person: _____

Date: _____

The information requested in this application is for the purposes of the Ethics Committee on Assisted Reproductive Technology, which is considering your application for ethics approval. The Committee will endeavour to maintain confidentiality of this information in accordance with the Privacy Act 1993. This may result in disclosure of information for a purpose or a directly related purpose with which this application is concerned but is limited in terms of the Official Information Act 1984.

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Embryo Donation for Reproductive Purposes

SECTION 2A: Report by medical specialist for DW and DM

Note: This section to be filled in by DW and DM's medical specialist who must be independent from RW and RP's medical specialist.

Please note:

- All sections of the application are to be word processed – the text boxes for answers will expand as you type.
- All headings are to be included in your application – please enter a response in all text boxes (using N/A where necessary). If you consider a section or part of a section does not apply to your application, please explain why.
- The report date must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the donor woman as DW, the donor man as DM, the recipient woman as RW and the recipient's partner as RP.

2A.1 Specialist Name:

Address:

E-mail:

2A.2 Give the location and dates of meetings with the donor/s.

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2A.3 Give the location and dates of meetings with other medical specialists if applicable.

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2A.4 Provide background information on the donor/s.

	DW	DM
Age		
Ethnicity (including iwi affiliations)		
Nationality		
Number and age of children		

2A.5 Please confirm that the embryos were created using DW's eggs and DM's sperm and were originally intended for the donors' own use.

Yes No

(Note: The Guidelines require that only couples, who have surplus embryos created from their own gametes and originally intended for their own use, may donate surplus embryos.)

2A.6 If one of the parties is deceased, please provide details of consent to donation

2A.7 Is/are the donor/s living permanently in New Zealand?

Yes No

If the parties are not living permanently in New Zealand, please explain why treatment is being sought in New Zealand:

(Note: The Guidelines require that ECART must take into account whether the residency of the parties safeguards the wellbeing of all parties and especially any resulting child.)

2A.8 Have DW and DM completed their family?

Yes No

If yes, please comment on when and how they completed their family.

If no, please explain.

2A.9 Have the donor/s donated embryos to any other family?

Yes No

(Note: The Guidelines require that embryo donation is limited to full genetic siblings in no more than two families)

If yes, please detail, including advising the outcomes:

2A.10 Taking into consideration Part 3 section 51(c) of the HART Act, please provide the medical history for the DW, including details of any medical condition and/or treatments that may affect the risk associated with embryo donation, and the indications for IVF and the outcomes.

2A.11 Provide the medical history for the donor man.

2A.12 Are the embryos likely to be affected by, or carriers of, a significant genetic disease?

Yes No

(Note: As required by the Code of Practice for Assisted Reproductive Technology Units or, when it comes into effect, the Fertility Services Standard and under principles (a) (b) and (c) of the HART Act, embryos must not be donated if they are known to be affected by, or carrier of, a significant genetic disease.)

2A.13 Outline what you consider to be any psycho-social issues involved with the donor/s relating to this proposed embryo donation. Explain how these psycho-social issues have been addressed.

2A.14 Under principles (f) and (g) of the HART Act, comment on how the different ethical, spiritual, and cultural perspectives in society, including the needs, values, and beliefs of Māori, will be considered and treated.

2A.15 Provide any other comment and information about the donor/s that you consider relevant to this application.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of Medical Specialist for the donor/s: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Embryo Donation for Reproductive Purposes

SECTION 2B: Report by medical specialist for RW and RP

Note: This section to be filled in by RW and RP's medical specialist who must be independent from DW and DM's medical specialist.

Please note:

- All sections of the application are to be word processed – the text boxes for answers will expand as you type.
- All headings are to be included in your application – please enter a response in all text boxes (using N/A where necessary). If you consider a section or part of a section does not apply to your application, please explain why.
- The report date must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the donor woman as DW, the donor man as DM, the recipient woman as RW and the recipient's partner as RP.

2B.1 Specialist Name:
Address:
E-mail:

2B.2 Give the location and dates of meetings with the recipients.

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2B.3 Give the location and dates of meetings with other medical specialists if applicable.

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Recipient/s

2B.4 Provide background information on the recipients/s.

	RW	RP
Age		
Ethnicity		
Nationality		
Number and age of children		

2B.5 Is/are the recipient/s living permanently in New Zealand?

Yes No

If the parties are not living permanently in New Zealand, please explain why treatment is being sought in New Zealand:

(Note: ECART must take into account whether the residency of the parties safeguards the wellbeing of all parties and especially any resulting child.)

2B.6 Provide the medical history for the RW, including obstetric and neonatal history (together with her ability to carry a pregnancy) and, where applicable, the medical condition and/or treatments that have resulted in embryo donation now being considered as the preferred management option.

(Note: The *Guidelines* require that the recipient or the recipient's partner has a medical condition affecting his or her reproductive ability, or a medical diagnosis of unexplained infertility, that makes embryo donation appropriate.)

2B.7 Provide the medical history for the RP, and, where applicable, include the medical condition and/or treatments that have resulted in embryo donation being the preferred management option.

(Note: The *Guidelines* require that the recipient or the recipient's partner has a medical condition affecting his or her reproductive ability, or a medical diagnosis of unexplained infertility, that makes embryo donation appropriate.)

2B.8 Discuss the rationale of embryo donation as a treatment, with particular reference to why other treatments (for example, gamete donation, surrogacy etc.) were not considered.

2B.9 Have the recipient/s received embryos or gametes from any other person/couple?

Yes No

If yes, provide details of the donation/s and the outcome/s.

2B.10 Taking into consideration principle (c) of the HART Act, describe any significant medical risks to the RW associated with embryo donation treatment, and the measures recommended to minimise these risks. Please detail this information or attach a letter.

2B.11 Outline what you consider to be any psycho-social issues involved with the RW and RP relating to the preferred treatment. Explain how these psycho-social issues have been addressed.

2B.12 Under principles (f) and (g) of the HART Act, comment on how you believe the different ethical, spiritual, and cultural perspectives in society, including the needs, values, and beliefs of Māori, will be considered and treated.

2B.13 Provide any other comment and information about the RW and RP that you consider relevant to this application.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of Medical Specialist for recipient/s: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Embryo Donation for Reproductive Purposes

SECTION 3A: Counselling report for the Donor Woman (DW) and Donor Man (DM)

Note: This section to be filled in by the DW and DM’s counsellor who should be independent from the RW and RP’s counsellor.

Please note:

- All sections of the application are to be word processed – the text boxes for answers will expand as you type.
- All headings are to be included in your application – please enter a response in all text boxes (using N/A where necessary). If you consider a section or part of a section does not apply to your proposal, please explain why.
- The report date of the counselling must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Letters from the involved parties in support of the application may be attached.
- Do not include personal identifying information about the involved parties. Please refer to the donor woman as DW, the donor man as DM, the recipient woman as RW and the recipient’s partner as RP.

3A.1 Name of counsellor:
Address:
E-mail:

3A.2 Give the location/s and date/s of counselling, and who was present at the session/s.

3A.3 ECART prefers for counselling to be undertaken in face to face meetings. Please explain the circumstances where this has not always occurred.

3A.4 Please comment on the interval between counselling sessions in relation to the opportunity for adequate time to consider all the issues.

3A.5 With particular reference to the implications for any resulting child, the donors and the recipient/s (under principles (a) (b) and (c) of the HART Act), provide details of the counselling session with the donor's children, whanau and/or extended family group, using the following headings:

(a) the social history of the DW including significant life experiences.

(b) the social history of the DM including significant life experiences.

(c) particular life experiences (for example, psychiatric problems, substance, physical, sexual abuse, criminal history) which may predispose either to risk when moving into a new situation, or which may pose a risk to the donors, recipients and/or any resulting child.

(d) the reasons for donating embryos.

(e) the donor/s' feelings now, and feelings they may experience in the future concerning the donation of the embryos.

(f) the relationship between the donor/s and the recipient/s, including the length of time they have known each other, and with particular concern for any resulting child's wellbeing, ongoing contact with the donor/s, and future access to information about their genetic origins.

- (g) the possibility of a change in any of the relationships and a process for the consequent resolution of disputes prior or subsequent to the completion of the donation.

- (h) the needs and rights of any children resulting from the donation, in particular their needs and rights to information under sections 49 and 50 of the HART Act and possible contact with the donors in the future.

- (i) the attitude of the donor/s to openness about the donation, especially with any resulting child, including the importance of telling offspring about the nature of their conception under s46 (3)(g) of the HART Act.

- (j) the involvement and impact of donating embryos on any existing child/ren and other family members. ECART must take into account whether counselling has been provided for the inclusion of any children of the parties. Provide details of this counselling when undertaken or where this has not occurred, please comment on the reasons why.

- (k) the involvement of extended family in any counselling.

- (l) the understanding that the recipient/s is/are the legal parent/s of any resulting child.

- (m) the issues associated with choosing a recipient profile.

- (n) confirm that the recipient/s profile included a copy of police vetting information for the donor/s' information.

(Note: ECART The Guidelines require that the profile provided by the recipients for the donors includes any police vetting information. Providers must apply to the Ministry of Justice under the Privacy Act 1993 for a copy of potential recipients' criminal records and attach these to potential recipients' profiles.)

Yes No

If no, please explain.

- (o) the understanding that the donor/s has/have the right to withdraw consent prior to the placement of any embryo in RW's uterus.

- (p) the understanding that the donor/s retain ownership of any embryos not used, in all circumstances including death or separation of the recipients.

- (q) the possibility that any resulting child may be born with disabilities or genetic disorders.

- (r) the possibility of legal termination of the pregnancy.

- (s) the discussion, understanding and agreement between the donor/s and recipient/s regarding the issues associated with embryo storage and the subsequent disposal of embryos, including those that are surplus as well as those that are not suitable for placement after thawing.

- 3A.6 In your professional opinion, please outline what you consider to be the specific ethical and psycho-social issues involved for the DW and DM (and if appropriate their family group), including any potential conflicts of interest and risks to all persons involved including any resulting child. Explain how these ethical and psycho-social issues have been addressed.

- 3A.7 How have you ensured the counselling has been culturally appropriate?

- 3A.8 Where a party/ies is/are Māori, please advise how whakapapa, and the needs, values and beliefs of Māori, have been considered and managed.

(Note: A statement from a key person (e.g. Whānau member, kaumātua, Māori counsellor) may be attached as Section 5.)

- 3A.9 Provide comment and any other information about DW and DM you consider is relevant to this application (A letter from DW and/or DM may be attached).

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of counsellor for recipient/s: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Embryo Donation for Reproductive Purposes

SECTION 3B: Counselling report for the Recipient Woman (RW) and Recipient Partner (RP)

Note: This section to be filled in by the RW and RP's counsellor who should be independent from the DW and DM's counsellor.

Please note:

- All sections of the application are to be word processed – the text boxes for answers will expand as you type.
- All headings are to be included in your application – please enter a response in all text boxes (using N/A where necessary). If you consider a section or part of a section does not apply to your proposal, please explain why.
- The report date of the counselling must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Letters from the involved parties in support of the application may be attached.
- Do not include personal identifying information about the involved parties. Please refer to the donor woman as DW, the donor man as DM, the recipient woman as RW and the recipient's partner as RP.

3B.1 Name of counsellor:
Address:
E-mail:

3B.2 Give the location/s and date/s of counselling, and who was present at the session.

3B.3 ECART prefers for counselling to be undertaken in face to face meetings. Please explain the circumstances where this has not always occurred.

3B.4 Please comment on the interval between counselling sessions in relation to the opportunity for adequate time to consider all the issues.

3B.5 With particular reference to the implications for any resulting child, the donors and the recipient/s (under principles (a) (b) and (c) of the HART Act), provide details of the counselling session with the recipient's children, whanau and/or extended family group, using the following headings:

(a) the social history of the RW including significant life experiences.

(b) the social history of the RP including significant life experiences.

(c) particular life experiences (for example, psychiatric problems, substance, physical, sexual abuse, criminal history) which may predispose either of the persons to risk when moving into a new situation, or which may pose a risk to the donors, the recipients and/or any resulting child.

(d) the implications of accepting donated embryo/s and therefore having a child that is not genetically related to her/them.

(e) the recipient/s' feelings now, and feelings they may experience in the future concerning the donation of the embryos.

(f) the relationship between the recipient/s and the donor/s, including the length of time they have known each other, and with particular concern for any resulting child's wellbeing, ongoing contact with the donor/s, and future access to information about their genetic origins.

- (g) the possibility of a change in any of the relationships and a process for the consequent resolution of disputes prior or subsequent to the completion of the donation.

- (h) the needs and rights of any children resulting from the donation, in particular their needs and rights to information under sections 49 and 50 of the HART Act and possible contact with the donors in the future.

- (i) the attitude of the recipient/s to openness about the donation, especially with any resulting child, including the importance of telling any resulting child about the nature of their conception under s46 (3)(g) of the HART Act.

- (j) the involvement and impact of accepting embryos on any existing child/ren and other family members. ECART must take into account whether counselling has been provided for the inclusion of any children of the parties. Provide details of counselling or where this has not occurred, please comment on the reasons why.

- (k) the involvement of extended family in any counselling.

- (l) the understanding that the recipient/s is/are the legal parent/s of any resulting child.

- (m) the understanding that the donor/s has/have the right to withdraw consent prior to the placement of any donated embryo in RW's uterus.

- (n) the understanding that the donor/s retain ownership of any embryos not used, in all circumstances including death or separation of the recipients.

- (o) the possibility that the resulting child may be born with disabilities or genetic disorders.

- (p) the possibility of legal termination of the pregnancy.

- (q) the discussion, understanding and agreement between the donor/s and recipient/s regarding the issues associated with embryo storage and the subsequent disposal of embryos, including those that are surplus as well as those that are not suitable for placement after thawing.

- 3B.6 In your professional opinion, please outline what you consider to be the specific ethical and psycho-social issues involved for the RW and RP (and if appropriate their family group), including any potential conflicts of interest and risks to all persons involved including any resulting child. Explain how these ethical and psycho-social issues have been addressed.

3B.7 How have you ensured the counselling has been culturally appropriate?

3B.8 Where a party/ies is/are Māori, please advise how whakapapa, and the needs, values and beliefs of Māori, have been considered and managed.

(Note: A statement from a key person (e.g. Whānau member, kaumātua, Māori counsellor) may be attached as Section 5.)

3B.9 Provide comment and any other information about RW and RP you consider is relevant to this application (A letter from RW and/or RP may be attached).

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of counsellor for recipient/s: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Donation of Embryos for Reproductive Purposes

SECTION 3C: Joint counselling report for DW, DM, RW and RP.

Note: The joint counselling session is to be undertaken with the counsellors for each party present.

Please note:

- All sections of the application are to be word processed - the text boxes for answers will expand as you type.
- All headings are to be included in your application – please enter a response in all text boxes (using N/A where necessary). If you consider a section or part of a section does not apply to your application, please explain why.
- The report date of the counselling must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the donor woman as DW, the donor man as DM, the recipient woman as RW and the recipient's partner as RP.

3C.1 Give the location and date of counselling, and who was present at the session.

3C.2 ECART prefers for counselling to be undertaken in face to face meetings. Please explain the circumstances where this has not always occurred.

3C.3 Please comment on the interval between the individual and joint counselling sessions in relation to the opportunity for adequate time to consider all the issues.

3C.4 With particular reference to the implications for any resulting child, the donor/s and the recipient/s (under principles (a) (b) and (c) of the HART Act), provide details of the counselling session, using the following headings:

- (a) the issues and implications of the donation for all parties involved, including information sharing with the potential child.

- (b) the rights and needs of any child resulting from embryo donation, in particular their needs and rights to information under sections 49 and 50 of the HART Act and possible contact with the donor/s in future.

- (c) the attitude of the parties to openness about the donation, especially with any resulting child, including the importance of telling any resulting child about the nature of their conception under s46 (3)(g) of the HART Act.

- (d) the rights given under Part 3 of the HART Act to the donor/s and donor offspring, the guardians of donor offspring, and other people to obtain information about the donor/s and donor offspring.

- (e) the donors' and recipient/s understanding of each other's needs and wishes.

- (f) the expectations and plans of all parties regarding ongoing contact and information sharing under principle (e) of the HART Act.

- (g) the discussion, understanding and agreement between the donor/s and recipient/s regarding the issues associated with embryo storage and the subsequent disposal of embryos, including those that are surplus as well as those that are not suitable for placement after thawing, and the fact the embryo may not be able to be refrozen if any party decides to withdraw from the donation after the thawing process.

- (h) any issues that have arisen in individual counselling sessions, including agreed resolutions or areas of disagreement that have not been resolved.

- (i) the counsellors' observations of the relationship between the donor/s and recipient/s, including power relationships/evidence of coercion.

- (j) a process for the resolution of any disputes that may arise.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of counsellor for the donor/s: _____

Date: _____

Signature of counsellor for the recipient/s: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Embryo Donation for Reproductive Purposes

SECTION 4A: Legal report for the Donor Woman (DW) and Donor Man (DM)

Note: This section is to be filled in by the DW and DM's legal advisor who should be independent from the RW and RP's legal advisor.

Please note:

- All sections of the application are to be word processed – the text boxes for answers will expand as you type.
- All headings are to be included in your application – please enter a response in all text boxes (using N/A where necessary). If you consider a section or part of a section does not apply to your proposal, please explain why.
- The report of the legal section must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the donor woman as DW, the donor man as DM, the recipient woman as RW and the recipient's partner as RP.

4A.1 Name of legal adviser:

Address:

E-mail:

4A.2 Give the location and date of the meeting with the donor/s.

4A.3 Provide details of the donor/s' understanding of the legal aspects of embryo donation, using the following headings:

- (a) Information about donors is obtained by providers and forwarded to the Registrar-General under s47 of the HART Act, and that the information is kept indefinitely:

- (b) The rights given by the HART Act to donor offspring, the guardians of donor offspring, and other people to obtain information about the donor/s:

- (c) The rights given by the HART Act to the donor/s and other people to obtain information about donor offspring:

- (d) The resulting child will legally be the child of the recipient/s:

- (e) The understanding that the donor/s has/have the right to withdraw consent prior to the placement of any donated embryo in RW's uterus.

- (f) Processes for resolving any disputes that may arise.

(It should be noted that a court might ultimately resolve disputes.)

- (g) Any further legal issues you consider relevant to this application.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of legal advisor for the donor/s: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Embryo Donation for Reproductive Purposes

SECTION 4B: Legal report for the Recipient Woman (RW) and Recipient Partner (RP)

Note: This section is to be filled in by the RW and RP's legal advisor who should be independent from the DW and DM's legal advisor.

Please note:

- All sections of the application are to be word processed – the text boxes for answers will expand as you type.
- All headings are to be included in your application – please enter a response in all text boxes (using N/A where necessary). If you consider a section or part of a section does not apply to your proposal, please explain why.
- The report of the legal section must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the donor woman as DW, the donor man as DM, the recipient woman as RW and the recipient's partner as RP.

4B.1 Name of legal adviser:

Address:

E-mail:

4B.2 Give the location and date of the meeting with the recipient/s.

4B.3 Provide details of the recipient/s' understanding of the legal aspects of embryo donation, using the following headings:

- (a) Information about the donor/s is obtained by providers and forwarded to the Registrar-General under s47 of the HART Act, and that the information is kept indefinitely:

- (b) The rights given by the HART Act to donor offspring, the guardians of donor offspring, and other people to obtain information about the donor/s:

- (c) The rights given by the HART Act to the donor/s and other people to obtain information about donor offspring:

- (d) The resulting child will legally be the child of the recipient/s:

- (e) The understanding that the donor/s has/have the right to withdraw consent prior to the placement of the donated embryo in RW's uterus.

- (f) Processes for resolving any disputes that may arise.

(It should be noted that a court might ultimately resolve disputes.)

- (g) Any further legal issues you consider relevant to this application.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of legal advisor for the recipient/s: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Embryo Donation for Reproductive Purposes

Section 5: Statement from Key Person (as in 3A.8 and/or 3B.8)

Please note:

- This section is to be word processed - the text boxes for answers will expand as you type.
- The report of the statement must not be more than six months prior to the date of application submission to ECART.
- Do not include personal identifying information about the involved parties. Please refer to the donor woman as DW, the donor man as DM, the recipient woman as RW and the recipient's partner as RP.

5A.1 Name of the key person:

Designation:

Address:

E-mail

5A.2 Statement from the key person on how whakapapa, and the needs, values and beliefs of Māori, have been considered and managed.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of key person/s: _____

Date: _____