



Government of **Western Australia**  
Department of **Health**

# Human Reproductive Technology Registers

## Data Submission Specifications

**for the Reproductive Technology Registers as  
required by the Directions 2021**

**of the**

***Human Reproductive Technology Act 1991***

Document Author

Maternal and Child Health  
Information and Performance Governance Unit  
Information & System Performance Directorate  
Purchasing & System Performance Division  
Department of Health, Western Australia

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Version 1.0	28 Nov 2012	To document management of variations in data file submissions and form submissions – not released
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Version 1.2	18 Nov 2019	Revised from data required under the Directions 2004 to proposed data requirements – not released
Version 1.3	22 Jan 2020	Addition of Form 10 data and other information requested by RTU for discussion with IPG director – not released
Version 1.4	25 Feb 2020	Removal of all data not collected in ANZARD or not required for donor administration or research – not released
Version 1.5	09 Mar 2020	Removal of exported donor material data requirements and formatting corrections Provided to LLS with request for legal advice
Version 1.6	30 Apr 2020	Version 1.5 returned from LLS with suggested amendments
Version 1.7	08 May 2020	Amalgamation of changes from version 1.6 and other changes recommended since 30 Apr 2020 and review by IPG
Version 1.8	13 May 2020	Inclusion of Table 5 and associated form as reviewed with, and agreed by, RTU – for return to LLS
Version 1.9	01 Jul 2020	Minor amendments to glossary and text for consistency across document. Addition of Form identifiers for ease of reference – as agreed with RTU – for return to LLS
Version 1.10	18 Jun 2021	Minor amendments including new fields and lookup values, based on updated ANZARD 3.0 Data Dictionary Version 4
Version 1.11	25 Jun 2021	THIS DOCUMENT  Addition of instruction regarding which period of treatments Table 1 data should be reported for.

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## Glossary

Acceptable values	The codes or text that must be reported for the data item for each record where each data item is in a column with the Label for the column as described in the data table.
ANZARD	The Australian and New Zealand Assisted Reproduction Database managed by the NPESU (located at the University of New South Wales) for the FSA.
Data file	A digital document of the format specified in each Table in this document contains all data records to be submitted.
Data format	The type of data (date, text, number) that must be reported for each data item in each record.
Data item	One container of information that describes a particular attribute in the record. Is one column in the data file to be submitted.
Data or information	<p>The term ‘data’ generally refers to unprocessed numbers, facts or statistics, while the term ‘information’ refers to data that has been processed in such a way as to be meaningful to the person who receives it. The terms ‘data’ and ‘information’ are often used interchangeably and should be taken to mean both data and information (<a href="#">DoH Information Access, Use and Disclosure Policy – MP – 0015/16</a>).</p> <p>All data or information references in this document are about “health information” as defined by section 213 of the <i>Health Services Act 2016</i>:</p> <p><b>health information</b> means —</p> <p>(a) information, or an opinion, that is also personal information, about —</p> <p>(i) the health (at any time) of an individual; or</p> <p>(ii) a disability (at any time) of an individual; or</p> <p>(iii) an individual’s expressed wishes about the future provision of health services to the individual; or</p> <p>(iv) a health service provided, or to be provided, to an individual;</p> <p>or</p> <p>(b) other personal information collected to provide, or in providing, a health service.</p>
Data record	<p>Each record in the data file or register contains data items that describe characteristics of a single individual or a single event. Also relates to record level data.</p> <p>Each record is uniquely identified by the CYCLE_ID (Table 1, Table 2) or the ID_CODE (Table 3), or DONORID (Table 4) or the SPDONORID OR FEMALEDONORID (Table 5).</p>
DoH	Department of Health, Western Australia.
Embryo transfer	Insertion of a fresh or thawed embryo into the recipient’s body.
Export	The transport of frozen or cryopreserved gametes and/or embryos from WA to another Australian jurisdiction or other country.
FSA	The Fertility Society of Australia responsible for accreditation of units and the production of the Australian and New Zealand annual report on Assisted Fertility.
HRT Act	<i>Human Reproductive Technology Act 1991</i> .

Identifying information	Is “personal information” as defined in the Glossary of the <i>Freedom of Information Act 1992</i> : <b>personal information</b> means information or an opinion, whether true or not, and whether recorded in a material form or not, about an individual, whether living or dead — (a) whose identity is apparent or can reasonably be ascertained from the information or opinion; or (b) who can be identified by reference to an identification number or other identifying particular such as a fingerprint, retina print or body sample.
Label	The table column name for each data item to be included in the Feeder File.
NPESU	National Perinatal & Epidemiology Statistics Unit (NPESU) for the Fertility Society of Australia (FSA).
Registers	The registers referred to in this document contain record level data and are limited to those registers held by the DoH as required by Section 45(1)(a) of the HRT Act.
RTAC	Reproductive Technology Accreditation Council of the FSA.
RTDSS	Reproductive Technology Data Submission Specification.
Site ID	The unique identifier for an Australian accredited unit as assigned by RTAC.
Unit ID	The unique identifier for each licensee designated for a site as assigned by the NPESU.
WA	Western Australia.

## Overview

### Introduction

This document, the RTDSS provides the specifications for structure and content of record level data files to be submitted to the Department of Health (DoH) by licensees for reproductive technology services in WA.

These specifications enable uniformity of data submission and provide a standard for data completeness, content and format to maximise accurate and complete reporting.

This document includes content, format, transport and naming conventions that must be conformed with when submitting data required by Direction 2.5 of the Human Reproductive Technology Directions 2021 (the Directions 2021) published 23 June 2021 and made under the *Human Reproductive Technology Act 1991* (HRT Act).

The Directions 2021 require that the following data and information be submitted by licensees and exempt practitioners:

- a) *data relating to reproductive technology treatments carried out by the licensee for donor insemination, oocyte pickup, storage or fertilisation and embryo storage or transfer including information:*
  - (i) *the licensee is required to submit to the Australian and New Zealand Assisted Reproduction Database (ANZARD) for use by the Fertility Society of Australia (FSA); and*
  - (ii) *that describes the donor of any gametes or embryos used in treatments by the licensee.*
- b) *identifying particulars of participants, surrogates, and donors of gametes and embryos;*
- c) *demographic information that is non-identifying about the licensee's donors of gametes and embryos, and*
- d) *identifying and other particulars of children born alive from donated material after it was exported from WA by the licensee, including information about the recipient of the donated material.*

These specifications refer to the data dictionary for ANZARD 3.0 (Version 4) for Table 1 and relate to treatments performed between 1<sup>st</sup> January 2020 and 31<sup>st</sup> December 2020. Data to be submitted as described in Tables 2 to 5 are specified in addition to ANZARD requirements to meet the regulatory requirements of the DoH.

These specifications may be amended from time to time as permitted by the HRT Act and the Directions 2021. Communication of such changes requires availability of ANZARD data dictionary changes but should provide sufficient time for licensees to change their data processes to meet any new requirements.

Upon receipt by the DoH, data will be validated and any data that fails validation will be returned to the provider for correction and resubmission. The validation process and rules applied are described in the "Human Reproductive Technology Registers Validation Manual (2021)".

### Five data files specified for submission

- Table 1: Treatment data as specified for ANZARD 3.0 (Version 4)
- Table 2: Treatment data as specified by the Department of Health
- Table 3: Identifying data as specified by the Department of Health
- Table 4: Donor Information as specified by the Department of Health
- Table 5: Outcome information of exported donated material as specified by the Department of Health

## Timing of data file submission

All data files are to be submitted to the DoH before 30<sup>th</sup> April and within 16 months of the calendar year being reported (for example, 2021 calendar year treatment data must be provided by 30<sup>th</sup> of April 2023).

## Updates or corrections

If amendments, changes or additions are made to a data record after it has been submitted then the complete data record must be resubmitted with the same Identifiers for unit, cycle and person.

## Data files

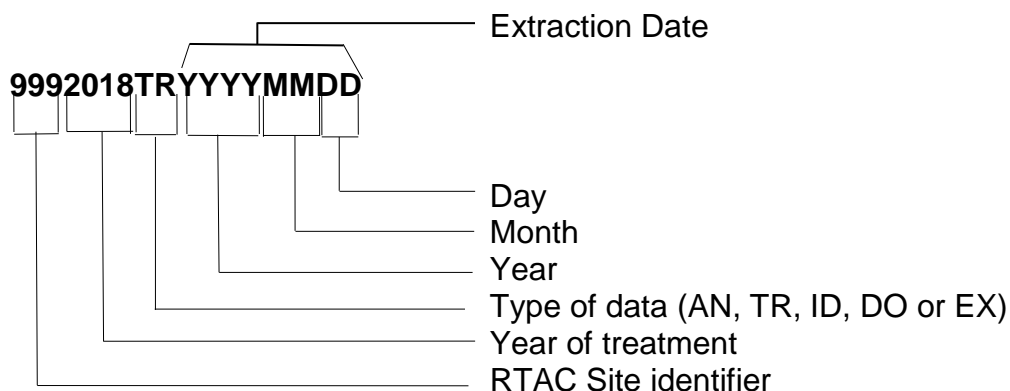
Data files must conform to the following naming standards, formats and procedures.

### Data file naming standard

The file name must contain:

- 3 numbers for the RTAC site identifier of the reporting licensee
- 4 numbers for the calendar year of treatment being reported
- 2 alpha characters for the type of data included:
  - Table 1 AN ANZARD treatment data
  - Table 2 TR DoH treatment data
  - Table 3 ID DoH identifying data
  - Table 4 DO DoH donor information
  - Table 5 EX DoH outcome information for exported donated material
- a date stamp to indicate time of extraction from source system.

Thus the following naming convention is to be used.



**Example:**

**6062018TR20201025**

This file is from Fertility Specialists, WA “606”. The “TR” value indicates that the file contains treatment records as specified in Table 2 and the last date value indicates that the file was compiled from the source system on 25<sup>th</sup> October 2020.

## Data file format

The format of the data file must be in the format of MS Excel or Comma Separated Version (CSV).

Data labels and records must be provided within one worksheet within each file.

The label specified must be in the first row of each column of the worksheet and the columns must be in the order specified in the data tables below.

Each row must contain one record and each record must have 1 or more IDs that are unique to the year of treatment or person:

- CYCLE\_ID for Table 1 and Table 2,
- ID\_CODE for Table 3,
- DONORID for Table 4, and
- SPDONORID and/or FEMALEDONORID for Table 5.

## Data file secure transfer

Transfer of data files must be secured by approved encryption processes. Such a process may be the one provided by the DoH, MyFT.

Data files must be emailed to the address [royalst\\_rtdata@health.wa.gov.au](mailto:royalst_rtdata@health.wa.gov.au).

For information about how to use MyFT [see MyFT user manual](#).



## Treatment data items as specified for ANZARD 3.0 (Version 4)

Table 1 describes all data items to be reported for treatments occurring between 1<sup>st</sup> January 2020 and 31<sup>st</sup> December 2021 as specified by the NPESU and FSA for ANZARD 3.0 (Version 4).

The data file to be submitted to the DoH will be in the format, data order and data type specified by ANZARD 3.0 (Version 4).

**Table 1: Treatment data as specified for ANZARD 3.0 (Version 4)**

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
A	01	ANZARD_UNIT	A unit's ID number assigned by the NPESU.	Mandatory	N(3)	Current WA codes: 501 – Pivet and ZEST 502 – Concept 503 – Fertility North 504 – Genea (Hollywood) 506 – Fertility Specialists WA and Fertility Specialists South 608 – Fertility Great Southern 609 – Adora Fertility (Primary IVF)	1 S
B	02	ART_UNIT	RTAC Accredited Unit number supplied by RTAC. An ART Unit is a facility with a laboratory collecting or preparing human gametes and/or embryos for therapeutic service, possibly across a range of sites of clinical activity. Where the collection of gametes/embryos takes place at a different site to the preparation, the two sites are considered to be a single ART Unit.	Mandatory	N(3)	Current WA codes: 601 – Pivet and ZEST 602 – Concept 604 – Fertility North 603 – Genea (Hollywood) 606 – Fertility Specialists WA 607 – Fertility Specialists South 608 – Fertility Great Southern 609 – Adora Fertility (Primary IVF)	2 A

<sup>1</sup> Data number assigned in the ANZARD data dictionary “short form” version 4.0 as at December 2019

<sup>2</sup> Data item number from the Directions 2004 version. “S” indicates if the name, format and definition did not change or “A” indicates if the name, format or definition has been amended.

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
C	03	PARENT_SEX	The sex of the intending parents involved in the cycle.	Mandatory	N(1)	1 – A female-male couple 2 – A single female 3 – A female-female couple 4 – A single male 5 – A male-male couple 6 – Unknown (only for use in oocyte donation cycles to unknown intending parents)	New
D	04	PAT_ID	A unique Patient's ID or Medical Record Number [for the female patient issued by the treating unit].	Mandatory	X(20)	e.g. 15401 or A13089 or 1308-2	3 S
E	05	FNAM_FST2	The first two letters of the female patient's first name.	Mandatory	A(2)	e.g. KA	New
F	06	FNAM_SUR2	The first two letters of the female patient's surname.	Mandatory	A(2)	e.g. WI	New
G	07	FDOB_PAT	The primary female patient's date of birth (DOB). The woman who is receiving treatment.	Conditional	Date(10)	e.g. 14/02/1977 For ANZARD submission this item is conditional on whether the cycle is Lab only <sup>3</sup> . Not required for cycles with a Male-Male couple or single male. DOB of female intending parent for other Lab only cycles.	4 S
H	08	HEIGHT_F	The female patient's height (in centimetres).	Conditional	N(3)	e.g. 168 999 = Unknown height For the female patient with DOB reported as FDOB_PAT	New
I	09	WEIGHT_F	The female patient's weight (in kilograms) at the time of the current treatment.	Conditional	N(3)	e.g. 70 999 = Unknown weight For the female patient with DOB reported as FDOB_PAT	New
J	10	MNAM_FST2	The first two letters of the male intending parent's first name.	Conditional	A(2)	e.g. DE Conditional on whether there is a male involved. For Male-Male couples this is for the male providing the sperm.	New

<sup>3</sup> WA DoH will be receiving Lab only cycles for the first time.

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
K	11	MNAM_SUR2	The first two letters in the male intending parent's surname.	Conditional	A(2)	e.g. TH Conditional on whether there is a male involved. For Male-Male couples this is for the male providing the sperm.	New
L	12	MDOB_1	The first male intending parent's date of birth.	Conditional	Date(10)	e.g. 10/08/1979 Conditional on whether a male is involved. For Male_Male couples is for the male providing the sperm	5 A
M	13	FDOB_NON_PAT	Non-patient female intending parent's date of birth.	Conditional	Date(10)	e.g. 04/09/1981 Conditional on whether this is a surrogacy cycle and this is the DOB of the intending female parent.	New
N	14	MDOB_2	The second male intending parent's date of birth.	Conditional	Date(10)	e.g. 28/03/1985 Conditional on whether intending parents are male-male and this is the DOB of the second male.	New
O	15	POSTCODE	The female patient's residential postcode (applicable to Australia only) or country of residence.	Mandatory	X(50)	e.g. 6050 or Ethiopia. For New Zealand record NZ For other countries record the name of the usual country of residence.	ID12 A
P	16	CYCLE_ID	The cycle (record) identification number, allocated by the site.	Mandatory	X(20)	e.g. 12199 The cycle ID must be unique	15 S
Q	17	CYC_DATE	The date when a cycle started.	Mandatory	Date(10)	e.g. 11/02/2012 The first date where FSH/stimulation drug was administered or the date LMP for unstimulated cycles or the date oocyte/embryo thawing for lab-only cycles.	16 A

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
R	18	CYCLE_TYPE	The type of cycle that took place – treatment cycle or laboratory-only cycle.	Mandatory	N(1)	<p>1 – Autologous: Female-male couple, single female, female-female couple. Oocytes involved in this cycle were intended to be, or were, provided by a female intending parent for use in the same female.</p> <p>2 – Non-autologous: Female-female couple. Oocytes involved in this cycle were intended to be, or were, provided by a female intending parent for use by the other female intending parent.</p> <p>3 – Non-autologous: Oocyte/embryo donation. Oocytes involved in this cycle were intended to be, or were, collected from an oocyte donor who is not an intending parent, for the purpose of donation.</p> <p>4 – Non-autologous: Oocyte recipient. Oocytes involved in this cycle were provided by an oocyte donor (outside of the intending parents) and intend to be transferred as embryos in this cycle.</p> <p>5 – Non-autologous: Embryo recipient. Embryo/s involved in this cycle have been donated from someone other than the intending parents and intend to be transferred in this cycle and are not part of a surrogacy arrangement.</p> <p>6 – Surrogacy-intending parent(s) Oocyte/embryo provision: Oocytes/embryos involved in this cycle were provided by a female intending parent for use in a gestational carrier.</p> <p>7 – Surrogacy-gestational carrier: Transfer (or thawing with the intention of transfer) of embryos to a gestational carrier. Embryo/s involved in this cycle have been provided by someone other than the gestational carrier (surrogate).</p> <p>8 – Laboratory-only cycle: Oocytes/embryos involved in this cycle underwent a laboratory procedure only (e.g. thaw, fertilisation or PGT with no intention of transfer in the same cycle). The cycle did not involve a female patient.</p>	New
S	19	SURR	Cycle was a planned part of a surrogacy arrangement.	Conditional	A(1)	<p>N – No Y – Yes Conditional on whether the cycle is Surrogacy or lab-only.</p>	17 S
T	20	FERT_PRES	Whether the treatment cycle had a female fertility preservation purpose	Conditional	N(1)	<p>1 – N 2 – Y</p>	New

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
U	21	FP_TYPE	The reason for female fertility preservation	Conditional	N(1)	1 – Medical reason – Cancer diagnosis 2 – Medical reason – Other (e.g. premature ovarian failure) 3 – Non-medical reason (e.g. social freezing or elective freezing) Conditional on whether FERT_PRES = 2 (Yes).	New
V	22	DATE_TTC	The month and year that the female intending parent started trying to conceive	Conditional	Date(10)	e.g. 25/09/2011 Conditional on whether the cycle is Lab only. Not required for Lab only cycles, provide for all other cycles.	New
W	23	PREG_20W	Whether the female participant previously had any pregnancies of 20 weeks or more gestation regardless if by fertility treatment or with a different partner.	Conditional	A(1)	N = No Y = Yes U = Unknown Conditional on whether the cycle is Lab only. Not required for Lab only cycles, provide for all other cycles.	14 A
X	24	ART_REASON	ART treatment being undertaken for reasons other than to treat clinical infertility	Conditional	A(1)	N = No Y = Yes Conditional and only for cycles for heterosexual couples (PARENT_SEX = female-male)	New
Y	25	CI_TUBE	Whether the cause of infertility is due to tubal disease	Conditional	A(1)	N = No Y = Yes U = Unknown Describes the female intending parent and conditional only for cycles for heterosexual couples (PARENT_SEX = female-male)	8
Z	26	CI_ENDO	Whether the cause of infertility is due to endometriosis	Conditional	A(1)	N = No Y = Yes U = Unknown Describes the female intending parent and conditional only for cycles for heterosexual couples (PARENT_SEX = female-male)	9

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
AA	27	CI_OTH	Whether the cause of infertility is due to other female factors	Conditional	A(1)	N = No Y = Yes U = Unknown Describes the female intending parent and conditional only for cycles for heterosexual couples (PARENT_SEX = female-male)	11
AB	28	PCOS	Whether the female has polycystic ovarian syndrome (PCOS), regardless of its contribution to infertility	Conditional	N(1)	1 = No 2 = Yes 3 = Unknown Describes the female intending parent and conditional only for cycles for heterosexual couples (PARENT_SEX = female-male)	New
AC	29	CI_MALE	Whether the cause of infertility is due to male factors	Conditional	A(1)	N = No Y = Yes U = Unknown Describes the male intending parent and conditional only for cycles for heterosexual couples (PARENT_SEX = female-male)	10
AD	30	MALE_DIAG	Primary cause of male factor infertility diagnosis.	Conditional	N(2)	Spermatogenic failure: 1 – Idiopathic ( <i>unexplained</i> ) 2 – Genetic-Klinefelter 3 – Genetic-Y deletion 4 – Genetic-other aneuploidies, single gene 5 – Testis damage-cancer treatment 6 – Testis damage-other 7 – Gonadotrophin deficiency Obstruction: 8 – Vasectomy 9 – Congenital absence of the vas deferens/cystic fibrosis 10 – Obstructive disorder ( <i>other</i> ) Erectile & Ejaculatory: 11 – Erectile dysfunction ( <i>including psychosexual</i> ) 12 – Ejaculatory disorders ( <i>including spinal injury, retrograde and anejaculation</i> ) Describes the male intending parent and conditional only for cycles for heterosexual couples (PARENT_SEX = female-male)	New

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
AE	31	CI_UNEX	Cause of infertility is unexplained in the intending parents.	Conditional	A(1)	N = No Y = Yes Conditional only for cycles for heterosexual couples (PARENT_SEX = female-male)	12
AF	32	OV_STIM	Ovarian stimulation was with follicle stimulating hormone (FSH).	Conditional	A(1)	N = No Y = Yes Conditional on whether the cycle is Lab only. Not required for Lab only cycles, provide for all other cycles.	18
AG	33	STIM_1ST	This cycle was the first ever FSH stimulated cycle for intended or actual oocyte pick up (OPU).	Conditional	A(1)	N = No Y = Yes U = Unknown Conditional on whether the cycle is intended to include OPU.	New
AH	34	CAN_DATE	The date the cycle was cancelled (last FSH administration) before OPU.	Conditional	Date(10)	e.g. 23/03/2016 Conditional on whether the cycle was cancelled prior to OPU.	New
AI	35	OPU_DATE	The date when OPU occurred.	Conditional	Date(10)	e.g. 13/01/2012 Conditional on whether the cycle included an OPU.	20
AJ	36	N_EGGS	The number of oocytes retrieved at OPU.	Mandatory	N(2)	Range 0 to 50	21
AK	37	IVM	Whether in-vitro maturation (IVM) occurred during cycle.	Conditional	N(1)	1 – No 2 – Yes Only report 2 (Yes) if IVM was planned prior to OPU. Conditional on whether the cycle included an OPU	New
AL	38	SP_SOURCE	Source of sperm in cycles where fertilisation is attempted, or an embryo is thawed.	Conditional	N(1)	1 – An intending male parent 2 – A sperm donor outside of the intending parents Conditional on whether the cycle included fertilisation attempt or embryo thaw	28 A

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
AM	39	SP_SITE	The anatomical site of the sperm collection.	Conditional	A(1)	E – Ejaculate T – Testicular P – Epididymal O – Other U – Unknown Conditional on whether the cycle included fertilisation attempt or embryo thaw	27
AN	40	SP_QUAL	Semen quality or the concentration of sperm in either ejaculated sample used for fertilisation or the most recent National Association of Testing Authorities (NATA) analysis, measured in millions per millilitre.	Conditional	NNN.N(4)	A valid number between 0.0 – 400.0 where a value of 106.0 represents 106,000,000 sperm per millilitre. 888.0 – No semen available 999.0 – Not tested Conditional on whether the cycle included a fertilisation attempt using sperm that is not donated and regardless of male infertility diagnosis	New
AO	41	DON_AGE	Age (in years) of the oocyte or embryo donor/provider (female only).	Conditional	N(2)	18 to 55 is valid range 99 – Unknown Female provider's age at the time their applicable OPU occurred. Conditional on whether the cycle included an embryo transfer of an embryo that was donated or included oocyte donation or in gestational carrier cycles	6
AP	42	N_EGGDON_FR ESH	Number of fresh oocytes donated/provided.	Mandatory	N(2)	Range 0 to 50 0 – none	New
AQ	43	N_EGGREC_FR ESH	Number of oocytes received.	Mandatory	N(2)	Range 0 to 50 0 – none	New
AR	44	N_EMBDON_FR ESH	Number of fresh embryos provided/donated to another patient.	Mandatory	N(2)	Range 0 to 30 0 – none	New
AS	45	N_EMBREC_FRE SH	Number of fresh embryos received from another patient.	Mandatory	N(2)	Range 0 to 20 0 – none	New
AT	46	N_EGFZ_S	Number of oocytes slow frozen.	Mandatory	N(2)	Range 0 to 40 0 – none	New
AU	47	N_EGFZ_V	Number of oocytes vitrified.	Mandatory	N(2)	Range 0 to 40 0 – none	New



CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
AV	48	N_S_EGTH	Number of slow frozen oocytes thawed.	Mandatory	N(2)	Range 0 to 40 0 – none	New
AW	49	N_V_EGTH	Number of vitrified oocytes warmed.	Mandatory	N(2)	Range 0 to 40 0 – none	New
AX	50	FDAT_EGG	Initial cryopreservation date of thawed/warmed oocytes	Conditional	Date(10)	e.g. 22/06/2015	New
AY	51	N_GIFT	Number of oocytes replaced in a GIFT procedure.	Mandatory	N(1)	Range 0 to 3 0 – none	24
AZ	52	N_IVF	Number of oocytes attempted to be fertilised using IVF.	Mandatory	N(2)	Range 0 to 50 0 – none	25
BA	53	N_ICSI	Number of oocytes treated with ICSI	Mandatory	N(2)	Range 0 to 50 0 – none	26
BB	54	N_FERT	Number of oocytes fertilised normally, according to the opinion of the treating embryologist	Mandatory	N(2)	Range 0 to 40 0 – None	29
BC	55	IUI_DATE	Date of intrauterine insemination (using donated sperm only) procedure.	Conditional	Date(10)	e.g. 08/02/2017 Conditional on whether the cycle included an insemination attempt using donated sperm.	19
BD	56	ASS_HATC	Whether assisted hatching was used, that is whether the embryos' zona pellucida were thinned to facilitate embryo hatching.	Mandatory	A(1)	N – No Y – Yes	31
BE	57	N_PGT_ASSAY	Number of embryos biopsied for the purpose of performing any form of invasive pre-implantation genetic screening (PGT) in this cycle.	Mandatory	N(2)	Range 0 to 50 0 – None	New
BF	58	NI_PGT_ASSAY	Number of embryos' culture media sampled for the purpose of performing non-invasive PGT in this cycle.	Mandatory	N(2)	Range 0 to 50 0 – None	New
BG	59	N_PGT_ET	Number of invasive PGT embryos transferred in this cycle.	Mandatory	N(2)	Range 0 to 3 0 – None PGT embryos are those which have previously had biopsies taken for PGT.	New

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
BH	60	NI_PGT_ET	Number of NI-PGT embryos transferred in this cycle.	Mandatory	N(2)	Range 0 to 3 0 – None	New
BI	61	N_PGT_TH	Number of embryos thawed that had invasive PGT performed in a previous cycle.	Mandatory	N(2)	Range 0 to 20 0 – None	New
BJ	62	NI_PGT_TH	Number of embryos thawed that had NI-PGT performed in a previous cycle.	Mandatory	N(2)	Range 0 to 20 0 – None	New
BK	63	PGT_REASON	[Primary] reason PGT was performed.	Conditional	N(1)	1 – Aneuploidy screening 2 – Single gene variation 3 – Chromosomal structural rearrangements (e.g. translocations) 4 – Other Conditional on whether N_PGT_ASSAY, NI_PGT_ASSAY, N_PGT_TH or NI_PGT_TH is greater than 0	New
BL	64	N_CLFZ_S	Number of cleavage embryos slow frozen.	Mandatory	N(2)	Range 0 to 30 0 – None	New
BM	65	N_CLFZ_V	Number of cleavage embryos vitrified.	Mandatory	N(2)	Range 0 to 30 0 – None	New
BN	66	N_BLFZ_S	Number of blastocysts slow frozen.	Mandatory	N(2)	Range 0 to 30 0 – None	New
BO	67	N_BLFZ_V	Number of blastocysts vitrified.	Mandatory	N(2)	Range 0 to 30 0 – None	New
BP	68	N_S_CLTH	Number of slow frozen cleavage embryos thawed.	Mandatory	N(2)	Range 0 to 30 0 – None	New
BQ	69	N_V_CLTH	Number of vitrified cleavage embryos thawed.	Mandatory	N(2)	Range 0 to 30 0 – None	New
BR	70	N_S_BLTH	Number of slow frozen blastocysts thawed.	Mandatory	N(2)	Range 0 to 30 0 – None	New
BS	71	N_V_BLTH	Number of vitrified blastocysts warmed.	Mandatory	N(2)	Range 0 to 30 0 – None	New
BT	72	FDAT_EMB	Initial cryopreservation date of thawed/warmed embryos.	Conditional	Date(10)	e.g. 02/03/2017 Conditional on whether any embryos are being thawed or warmed in the cycle.	New
BU	73	ET_DATE	Embryo transfer date.	Conditional	Date(10)	e.g. 05/05/2012 Conditional on whether any embryos are transferred in the cycle.	35

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
BV	74	N_CL_ET	Number of cleavage embryos transferred.	Mandatory	N(1)	Range 0 to 3 0 – None	36
BW	75	N_BL_ET	Number of blastocysts transferred.	Mandatory	N(1)	Range 0 to 3 0 – None	37
BX	76	EMB_ICSI	Transferred embryos fertilised by ICSI.	Conditional	A(1)	N – No Y – Yes Conditional on whether any embryos are transferred in the cycle.	38
BY	77	PR_CLIN	Whether the treatment cycle resulted in a clinical pregnancy.	Conditional	A(1)	N – No Y – Yes Clinical pregnancy must fulfil <b>at least one</b> of the following criteria: <ul style="list-style-type: none"> <li>• Pregnancy known to be ongoing at 20 weeks</li> <li>• Evidence by ultrasound of an intrauterine sac and/or fetal heart</li> <li>• Examination of products of concept reveal chorionic villi</li> <li>• A definite ectopic pregnancy diagnosed laparoscopically or by ultrasound</li> </ul> Conditional on whether the treatment included insemination, oocyte replacement or embryo transfer.	43
BZ	78	PR_END_DT	Date that pregnancy ended.	Conditional	Date(10)	e.g. 01/03/2012 Conditional on whether PR_CLIN = Y.	44
CA	79	N_FH	Number of fetal hearts [on first ultrasound].	Conditional	N(2)	Range 0 to 3 0 – No clinical pregnancy 99 – Unknown number of fetal hearts Conditional on whether the treatment included insemination, oocyte replacement or embryo transfer.	45
CB	80	PR_ECTOP	Whether the pregnancy was diagnosed as an ectopic or heterotopic pregnancy.	Conditional	A(1)	n – Neither ectopic nor heterotopic e – Ectopic h – Heterotopic Conditional on whether PR_CLIN = Y	46 A
CC	81	PR_TOP	Whether the pregnancy ended with elective termination of pregnancy by the female patient.	Conditional	A(1)	N=No Y=Yes Conditional on whether PR_CLIN = Y	47

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
CD	82	PR_REDUC	Whether the pregnancy had selective reduction performed.	Conditional	A(1)	N=No Y=Yes Conditional on whether PR_CLIN = Y	48
CE	83	ABN_LESS	Description of fetal abnormality in a pregnancy ending at less than 20 weeks or by selective reduction.	Conditional	X(255)	Up to 255 characters including text, symbols and digits e.g. anencephaly for 1 <sup>st</sup> twin Conditional on whether an abnormality existed and (PR_TOP = Y or PR_REDUC = Y)	49
CF	84	MAT_COMP	Maternal complications of pregnancy.	Optional	X(255)	Up to 255 characters including text, symbols and digits e.g. Gestational diabetes Optional as only required if complications occurred. Do not provide values of NONE etc.	50
CG	85	N_DELIV	Number of babies born	Conditional	N(1)	Range 0 to 4 Conditional on whether PR_CLIN = Y	51
CH	86	CS	Whether one or more of the babies had birth by caesarean section.	Conditional	A(1)	N – No Y – Yes U – Unknown Conditional on whether N_DELIV is greater than 0	52
CI	87	BAB1_OUT	Outcome of first-born baby.	Conditional	A(1)	S – Stillborn L – Livebirth/survived N – Livebirth/ died <28 days of age (neonatal death) U – Baby born but outcome unknown Conditional on whether N_DELIV is greater than 0	53
CJ	88	BAB1_SEX	Sex of first-born baby.	Conditional	A(1)	M – Male F – Female U – Unknown or unspecified Conditional on whether N_DELIV is greater than 0	54
CK	89	BAB1_WT	Weight [in grams] of first-born baby.	Conditional	N(4)	Range 200 to 5500 If weight not known record 9999 Conditional on whether N_DELIV is greater than 0	55

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
CL	90	BAB1_ABN	Abnormalities in first-born baby.	Optional	X(255)	Up to 255 characters including text, symbols and digits e.g. bilateral talipes Optional as only required if abnormalities exist. Do not provide values of NONE etc.	56
CM	91	BAB1_NND	Date of neonatal death of first-born baby.	Conditional	Date(10)	e.g. 05/09/2012 Conditional on whether BAB1_OUT = N	57
CN	92	BAB2_OUT	Outcome of second-born baby.	Conditional	A(1)	S – Stillborn L – Livebirth/survived N – Livebirth/ died <28 days of age (neonatal death) U – Baby born but outcome unknown Conditional on whether N_DELIV is greater than 1	58
CO	93	BAB2_SEX	Sex of second-born baby.	Conditional	A(1)	M – Male F – Female U – Sex unknown Conditional on whether N_DELIV is greater than 1	59
CP	94	BAB2_WT	Weight [in grams] of second-born baby.	Conditional	N(4)	Range 200 to 5500 If weight not known record 9999 Conditional on whether N_DELIV is greater than 1	60
CQ	95	BAB2_ABN	Abnormalities in second-born baby.	Optional	X(255)	Up to 255 characters including text, symbols and digits e.g. bilateral talipes Optional as only required if abnormalities exist. Do not provide values of NONE etc.	61
CR	96	BAB2_NND	Date of neonatal death of second-born baby.	Conditional	Date(10)	e.g. 05/09/2012 Conditional on whether BAB2_OUT = N	62
CS	97	BAB3_OUT	Outcome of third-born baby.	Conditional	A(1)	S – Stillborn L – Livebirth/survived N – Livebirth/ died <28 days of age (neonatal death) U – Baby born but outcome unknown Conditional on whether N_DELIV is greater than 2	63

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
CT	98	BAB3_SEX	Sex of third-born baby.	Conditional	A(1)	M – Male F – Female U – Sex unknown Conditional on whether N_DELIV is greater than 2	64
CU	99	BAB3_WT	Weight [in grams] of third-born baby.	Conditional	N(4)	Range 200 to 3000 If weight not known record 9999 Conditional on whether N_DELIV is greater than 2	65
CV	100	BAB3_ABN	Abnormalities in third-born baby.	Optional	X(255)	Up to 255 characters including text, symbols and digits e.g. bilateral talipes Optional as only required if abnormalities exist. Do not provide values of NONE etc.	66
CW	101	BAB3_NND	Date of neonatal death of third-born baby.	Conditional	Date(10)	e.g. 05/09/2012 Conditional on whether BAB3_OUT = N	67
CX	102	BAB4_OUT	Outcome of fourth-born baby.	Conditional	A(1)	S – Stillborn L – Livebirth/survived N – Livebirth/ died <28 days of age (neonatal death) U – Baby born but outcome unknown Conditional on whether N_DELIV is greater than 3	68
CY	103	BAB4_SEX	Sex of fourth-born baby.	Conditional	A(1)	M – Male F – Female U – Sex unknown Conditional on whether N_DELIV is greater than 3	69
CZ	104	BAB4_WT	Weight [in grams] of fourth-born baby.	Conditional	N(4)	Range 200 to 3000 If weight not known record 9999 Conditional on whether N_DELIV is greater than 3	70
DA	105	BAB4_ABN	Abnormalities in fourth-born baby.	Optional	X(255)	Up to 255 characters including text, symbols and digits e.g. bilateral talipes Optional as only required if abnormalities exist. Do not provide values of NONE etc.	71

CSV column	ANZARD <sup>1</sup>	Label	Definition	Obligation	Format	Acceptable values	2004 <sup>2</sup>
DB	106	BAB4_NND	Date of neonatal death of fourth-born baby.	Conditional	Date(10)	e.g. 05/09/2012 Conditional on whether BAB4_OUT = N	72
DC	107	MORB_ADM	Whether the female patient had a hospital admission with ART related morbidity.	Optional	A(1)	N – No Y – Yes Admissions for pregnancy related issues excluded. Conditional on whether CYCLE_TYPE = value 1 to 7 (excludes value 8 - Laboratory only cycles)	73
DD	108	MRB_OHSS	Whether the female patient experienced ovarian hyperstimulation syndrome (OHSS).	Optional	A(1)	N – No Y – Yes Conditional on whether CYCLE_TYPE = value 1 to 7 (excludes value 8 - Laboratory only cycles)	74
DE	109	MORB_INF	Morbidity information and detail.	Conditional	X(255)	Up to 255 characters including text, symbols and digits E.g. infection Conditional on whether MORB_ADM = Y or MRB_OHSS = Y. Do not provide values of NONE etc.	75
DF	110	COMMENT	Additional comments about the cycle.	Optional	X(255)	Up to 255 characters including text, symbols and digits Optional as only required if comments exist. Do not provide values of NONE etc.	New

## Treatment data as specified by the Department of Health

Table 2 describes three treatment data items that are additional to those specified for ANZARD 3.0 (December 2019).

The ART\_UNIT, PAT\_ID and CYCLE\_ID are also to be provided in these records to enable Table 2 data items to be matched to the correct treatment record supplied as specified in Table 1.

The data file submitted to the DoH will be in the format, data order and data type specified below.

**Table 2: Treatment data as specified by the Department of Health**

CSV column	Num <sup>4</sup>	Label	Definition	Obligation	Format	Acceptable values	Justification
A	2	ART_UNIT	The RTAC ID number supplied by RTAC for the site where the cycle was initiated.	Mandatory	N(3)	Current WA codes: 601 – Pivot and ZEST 602 – Concept 604 – Fertility North 603 – Genea (Hollywood) 606 – Fertility Specialists WA 607 – Fertility Specialists South 608 – Fertility Great Southern 609 – Adora Fertility (Primary IVF)	Required to match these data to the record described with ANZARD data items listed in Table 1. Defined via amendment of the definition for an existing data item (2) in the HRT Directions 2004.
B	3	PAT_ID	A unique Patient's ID or Medical Record Number [for the female patient issued by the treating unit].	Mandatory	X(20)	e.g. 15401 or A13089 or 1308-2	Required to match these data to the record described with ANZARD data items listed in Table 1. Defined via amendment of the definition for an existing data item (3) in the HRT Directions 2004.
C	15	CYCLE_ID	The cycle (record) identification number, allocated by the site.	Mandatory	X(20)	e.g. 12199 The cycle ID must be unique	Required to match these data to the record described with ANZARD data items listed in Table 1. Defined via amendment of the definition for an existing data item (15) in the HRT Directions 2004.

<sup>4</sup> Numbered as per Directions 2004 or if new assigned a new number value



CSV column	Num <sup>4</sup>	Label	Definition	Obligation	Format	Acceptable values	Justification
D	76	PARTNER_ID	A unique ID assigned to the partner of the first female arranging parent. Whether her partner is male or female or their relationship is married or not.	Conditional	X(20)	Conditional on whether the SP_PERSN is H, AND Optional if SP_PERSN is not H and the female arranging parent has a partner.	Required to match the female participant's partner with identifying data provided in another data file. Identifying data for the partner is required to support research (e.g. male infertility) and for donor administration if the partner was the provider of sperm for an embryo that resulted in donor offspring or siblings of donor offspring. Also required to enable family contract if the female participant is not available in the future.
E	117	SPDONORID	The unique identifier for the sperm donor as assigned by the storage unit or the treating unit.	Conditional	X(20)	e.g. 78123 Conditional on whether SP_SOURCE = 2 (sperm donor)	Required to match the sperm donor with identifying data and other donor information provided in other data files. Identifying data for the provider of donated sperm that resulted in donor offspring is required for donor administration. And monitoring of compliance with legislation such as the number of families using the same donor being limited to five.
F	300	FEMALEDONORID	The unique identifier for the female who donated an oocyte or embryo as assigned by the unit where the oocyte pickup (OPU) or oocyte fertilisation occurred.	Conditional	X(20)	e.g. 23564 Conditional on whether donated oocytes were fertilised, thawed or disposed, embryos with donated oocytes were moved, disposed or thawed in the cycle or a donated embryo was thawed, transferred, moved or discarded. If a donated embryo consisted of donated oocytes the <b>female embryo donor</b> must be reported as the FEMALEDONORID	Required to match the female donor of oocyte or embryo to identifying data and other donor information provided in other data files. Identifying data for the female donor where donation resulted in donor offspring is required for donor administration and monitoring of compliance with legislation such as the number of families using the same donor being limited to five. Note that most female donors of oocytes and embryos will be the female participant of treatment cycles where an oocyte pickup and/or embryo fertilisation occurred.

## Identifying data as specified by the Department of Health

Table 3 describes data items that identify participants, their surrogates, partners and donors described in treatment data supplied as specified by Table 1 and Table 2.

The data file submitted to the DoH will be in the format, data order and data type specified below.

**Table 3: Identifying data as specified by the Department of Health**

CSV column	Num <sup>5</sup>	Label	Definition	Obligation	Format	Acceptable values	Justification
A		ART_UNIT	The RTAC ID number supplied by RTAC for the site where the cycle was initiated.	Mandatory	N(3)	Current WA codes: 601 – Pivet 602 – Concept 604 – Fertility North 603 – Genea (Hollywood) 606 – Fertility Specialists WA 607 – Fertility Specialists South 608 – Fertility Great Southern 609 – Adora Fertility (Primary IVF)	In combination with ID_CODE creates a unique identifier for each person included in the RT Registers enabling accurate matching of identifying data to person referenced in other records in the RT Registers.
B	ID 2	ID_CODE	The identification code of the person as reported in treatment data for PAT_ID, PARTNER_ID, SPDONORID, FEMALEDONORID	Mandatory	X(20)		In combination with ART_UNIT, enables matching of identifying data to a person described in other RT Registers in data fields PAT_ID or PARTNER_ID or FEMALEDONORID or SPDONORID.
C	ID 3	SEX	The biological sex of the person represented by the ID_CODE	Mandatory	A(1)	F – Female M – Male	Enables more accurate matching of records to sex appropriate ID data in other RT Registers.

<sup>5</sup> Numbered as per Directions 2004 or if new assigned a new number value

CSV column	Num <sup>5</sup>	Label	Definition	Obligation	Format	Acceptable values	Justification
D	ID 4	SURNAME	The current family name of the person represented by the ID_CODE	Mandatory	X(50)	SMITH, Smith, McADAMS, McAdams, Armstrong-Jones, O'Brien, Xo	Enables accurate determination of people who were arranging parents, donors of sperm, oocytes or embryos, and genetic siblings so that this information can be communicated to donor offspring as required by legislation.
E	ID 5	GIVENNAME1	The first name of the person represented by the ID_CODE	Mandatory	X(50)		Enables accurate determination of people who are arranging parents, donors of sperm, oocytes or embryos, and genetic siblings so that this information can be communicated to donor offspring as required by legislation.
F	ID 6	GIVENNAME2	The second or middle name of the person represented by the ID_CODE	Optional	X(50)	Optional for whether a second name existed or was provided for the person.	Enables accurate determination of people who are arranging parents, donors of sperm, oocytes or embryos, and genetic siblings so that this information can be communicated to donor offspring as required by legislation.
G	ID 7	MAIDEN_NAME	The first family name of the female represented by the ID_CODE	Conditional	X(50)	Conditional on whether SEX = F Provide MAIDEN_NAME even if it is the same as the SURNAME.	Enables accurate determination of people who are arranging parents, donors of sperm, oocytes or embryos, and genetic siblings so that this information can be communicated to donor offspring as required by the legislation.

CSV column	Num <sup>5</sup>	Label	Definition	Obligation	Format	Acceptable values	Justification
H	ID 9	DOB	The date of birth of the person represented by the ID_CODE	Mandatory	Date(10)	e.g. 05/09/1996	Enables accurate determination of people who are arranging parents, donors of sperm, oocytes or embryos, and genetic siblings so that this information can be communicated to donor offspring as required by the legislation.
I	ID 10	POB	Australian state/territory or country where the person represented by the ID_CODE was born	Mandatory	X(50)	Abbreviations of Australian states and territories are acceptable. Values may be ACT, NT, Qld, NSW, SA, Tas, Vic, WA, New Zealand, England, Vietnam, China, Japan, Sudan etc	Enables accurate determination of people who are arranging parents, donors of sperm, oocytes or embryos, and genetic siblings so that this information can be communicated to donor offspring as required by the legislation.

## Donor information as specified by the Department of Health

Table 4 is all data items for “Donor Information” that are to be reported in place of the previous “Form 4” in the HRT Directions 2004. These data describe characteristics of a donor without including identifying information.

When submitting these data to the DoH for each donor of gametes or embryos, they may be provided as:

- a completed “[Donor Information](#)” form, or
- record data compiled in the label order and format specified below.

**Table 4: Donor Information as specified by the Department of Health**

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
A	ART_UNIT	The RTAC ID number supplied by RTAC for the site that assigned the DONORID reported below.	Mandatory	N(3)	Current WA codes: 601 – Pivot and ZEST 602 – Concept 604 – Fertility North 603 – Genea (Hollywood) 606 – Fertility Specialists WA 607 – Fertility Specialists South 608 – Fertility Great Southern 609 – Adora Fertility (Primary IVF)	In combination with DONORID creates a unique identifier for each donor referenced enabling accurate matching of Donor Information to the donor referenced in other records in the RT Registers. Alone, a DONORID value may not be unique in the WA RT Register.
B	DONORID	The identifier for the sperm, oocyte or embryo donor as assigned by the storage unit or the treating unit to be a unique identifier within the unit. The DONORID value must be the same as the value specified in the treatment record for SPDONORID or FEMALEDONORID.	Mandatory	X(10)	e.g. 78123 or RMRI135 or DEN311	In combination with ART_UNIT, creates a unique identifier for each donor referenced enabling accurate matching of Donor Information to the donor referenced in other records in the RT Registers.

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
C	DONOR_SEX	The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code	Mandatory	N(1)	1 – Male 2 – Female 3 – Other 9 – Not stated/inadequately described 1 for persons who have male or predominately masculine biological characteristics, or male sex assigned at birth 2 for persons who have female or predominantly feminine biological characteristics, or female sex assigned at birth 3 for persons who have mixed or non-binary biological characteristics (if known), or a non-binary sex assigned at birth Definition from AIHW Metadata Online Registry item number <a href="#">635126</a>	Required to ensure accurate matching of Donor Information data to the source of donor material for donated gametes and/or embryos used in a treatment and resulting in a child.
D	HAIRCOLOUR	The donor's own description of the natural colour of their hair	Mandatory	X(50)	Could be black, brunette, brown, chestnut, blonde, honey-blonde, golden-blonde, ash-blonde, fair, auburn, red, strawberry-blonde, gray, silver, white, salt and pepper etc	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
E	EYECOLOUR	The donor's own description of the natural colour of the iris of their own eyes	Mandatory	X(50)	Generally considered to be one of six colours: amber, blue, brown, gray, green, hazel or red	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
F	COMPLEXION	The donor's own description of the natural appearance and colour of their skin (complexion)	Mandatory	X(50)	Could be freckled, ruddy, sallow, tanned, rosy, fresh-faced, pale, fair, creamy, brown, dark etc	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
G	BUILD	The donor's own description of the size and shape of their body	Mandatory	X(50)	Could be small, slim, slight, thin, lean, willowy, skinny, angular, boney, fine-boned, chunky, chubby, large, portly, plump, round, stout, pudgy, full-figured, ample, broad-shouldered, burly, solid, muscular etc	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
H	HEIGHT	An estimated or measured height in centimetres of the donor as reported by themselves	Mandatory	N(3)	e.g. 165 or 178	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
I	MARITALSTATUS	At the time of donation, the self-reported status by the donor of their relationship with a significant other at the time of donation	Mandatory	N(1)	1 – Never married 2 – Married 3 – Defacto 4 – Divorced 5 – Separated 6 – Widowed 9 – Unknown/not stated	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
J	OCCUPATION	At the time of donation, the donor's own description of their usual or principal work or business or means of earning a living	Mandatory	X(50)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
K	RELIGION	At the time of donation, the donor's own description of their cultural system, beliefs, views, ethics and/or practices that provide them with a context regarding their purpose and/or the meaning of life in the universe	Mandatory	X(50)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
L	POB	Name of nation or country which was the place of birth of the donor	Mandatory	X(50)	Values may be Australia, New Zealand, England, Vietnam, China, Japan, Sudan etc	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
M	HER_FA_FA	At the time of donation, the donor's own description of the genetic and/or cultural heritage received from their father's father (grandfather on their father's side)	Mandatory	X(50)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
N	HER_FA_MO	At the time of donation, the donor's own description of the genetic and/or cultural heritage received from their father's mother (grandmother on their father's side)	Mandatory	X(50)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
O	HER_MO_FA	At the time of donation, the donor's own description of the genetic and/or cultural heritage received from their mother's father (grandfather on their mother's side)	Mandatory	X(50)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
P	HER_MO_MO	At the time of donation, the donor's own description of the genetic and/or cultural heritage received from their mother's mother (grandmother on their mother's side)	Mandatory	X(50)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.



CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
Q	EDUCATION	At the time of donation, the donor's own description of the highest education level they attained by the time of donation	Mandatory	X(50)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
R	INTERESTS	At the time of donation, the donor's own description of their personal and/or professional interests	Mandatory	X(250)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
S	N_MCHILD	At the time of donation, the number of existing male genetic children of the donor that <b>were not</b> a result of donation	Mandatory	N(2)	Number representing number of children 1, 2 etc	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
T	N_FCHILD	At the time of donation, the number of existing female genetic children of the donor that <b>were not</b> a result of donation	Mandatory	N(2)	Number representing number of children 1, 2 etc	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
U	HIST_HEALTH	A summary of the personal health history of the donor as declared by the donor at the time of donation	Mandatory	X(1000)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
V	HIST_FAM	A summary of the family history of the donor as declared by the donor at the time of donation in accordance with guidelines by the Reproductive Technology Accreditation Committee	Mandatory	X(1000)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
W	BL_GRP	The blood group of the donor from results of donor screening	Mandatory	X(2)	A, B, AB, O	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
X	BL_RH	The rhesus factor of the blood group of the donor from results of donor screening	Mandatory	X(3)	Pos, Neg	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
Y	REASON	A description of the reason the donor participated in the donor program as declared by the donor at the time of donation	Mandatory	X(1000)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.
Z	DATECOMP	The date the form was completed by the donor	Mandatory	Date(10)	12/03/2019	Required for donor administration.
AA	STATEMENT	Any other comment or statement the donor made directed at the participant receiving donor material or children resulting from donation	Mandatory	X(1000)	Free text	Historically collected on Form 4 and found to be useful for donor administration and of interest to people involved in donor processes.

Form A, the [“Donor information”](#) form may be used instead of the data submission file specified in Table 4.

## Form A: Donor Information

Human Reproductive Technology Act 1991

### Reproductive Technology Data Submission Specifications

#### FORM A - DONOR INFORMATION

Donor code

Licensee  *RTAC number*

Sex  Male  Female

Colour of hair \_\_\_\_\_

Colour of eyes \_\_\_\_\_

Complexion \_\_\_\_\_

Build \_\_\_\_\_

Height  cms

Marital status  1 - never married  2 - married  3 - defacto  
 4 - divorced  5 - separated  6 - widowed

Occupation \_\_\_\_\_

Religion \_\_\_\_\_

Country of birth \_\_\_\_\_

Ancestry (by ethnicity of grandparents)

Mother's  
Mother \_\_\_\_\_

Father \_\_\_\_\_

Father's  
Mother \_\_\_\_\_

Father \_\_\_\_\_

Highest education level attained \_\_\_\_\_

Personal and/or professional interests \_\_\_\_\_

Number of existing children not from donation  Male  Female

Details of personal health history \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of family history \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donor's blood group  (*A, B, AB or O*) Rhesus  Pos  Neg

Reason for participating in donor program \_\_\_\_\_  
\_\_\_\_\_

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

An optional personal statement of about 100 words may be attached.

This form must be provided to the WA Department of Health once for each Donor ID representing a sperm or oocyte donor or both the female and male donors of an embryo. The form is to be provided when the donor achieves their first ongoing clinical pregnancy by the Licensee that performed the treatment.

Form version 01 July 2020

## Outcome information of exported donated material as specified by the Department of Health

Table 5 is all data items for “children from exported donated material” that are to be reported to describe these children and their parents.

When submitting this data to the DoH for any liveborn infant from a pregnancy from exported donated material, they may be provided as:

- a completed form “[Child from exported donated material](#)”, or
- record data compiled in the label order and format specified below.

**Table 5: Outcome information of exported donated material as specified by the Department of Health**

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
A	EXPORTING_SITE_ID	The RTAC ID number supplied by RTAC. Site where the cycle was initiated.	Mandatory	N(3)	Current WA codes: 601 – Pivet and ZEST 602 – Concept 604 – Fertility North 603 – Genea (Hollywood) 606 – Fertility Specialists WA 607 – Fertility Specialists South 608 – Fertility Great Southern 609 – Adora Fertility (Primary IVF)	Required to match the outcome reported here to the historic document detailing the approval to export donated material which is held by the DoH and to assist donor administration.
B	RECEIVING_SITE_NAME	The name of the site in another Australian state, territory or other country that received the donated material from the WA Site.	Mandatory	X(100)	Example: Sydney IVF	Required to match the outcome reported here to the historic document detailing the approval to export donated material which is held by the DoH and to assist donor administration
C	RECEIVING_SITE_LOCATION	The name of the Australian state, Australian territory or the name of the country where the site that received the donated material was located.	Mandatory	X(100)	Abbreviations of Australian states and territories are acceptable. Values may be ACT, NT, Qld, NSW, SA, Tas, Vic, WA, New Zealand, England, Vietnam, China, Japan, Sudan etc	Required to match the outcome reported here to the historic document detailing the approval to export donated material which is held by the DoH and to assist donor administration

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
D	DONATION_TYPE	The form of donated material that was exported from WA.	Mandatory	N(2)	01 – Sperm 02 – Oocyte/s 03 – Sperm and Oocyte/s 04 – Embryo/s  Report 01 when the material exported was donated sperm or an embryo fertilised with donated sperm. Report 02 when the material exported was donated oocytes or an embryo from donated oocytes. Report 03 when the material exported was both donated sperm and donated oocytes or an embryo created from both donated sperm and donated oocytes. Report 04 when the material exported was donated embryos.	Required to match the outcome reported here to the historic document detailing the approval to export donated material which is held by the DoH and to assist donor administration
E	SPDONORID	The unique identifier for the sperm donor as assigned by the WA storage unit or the WA treating unit.	Conditional	X(20)	e.g. 13812 Conditional on whether DONATION_TYPE = 01 or 03	Required to match the outcome reported here to the historic document detailing the approval to export donated material which is held by the DoH and to assist donor administration

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
F	SPERM_SOURCE	Indication of the relationship between the donor of the sperm and the receiver/s of the donated material.	Conditional	N(2)	<p>01 – Known donor 02 – Unknown donor 03 – Relationship not known</p> <p>Report 01 when the donor of the sperm was already known to the recipients prior to the donation. Report 02 when the donor of the sperm was already known to the recipients prior to the donation. Report 03 when the relationship between the donor of the sperm and the recipients at the time of donation is not known.</p> <p>Conditional on whether DONATION_TYPE = 01 or 03</p>	Required to match the sperm donor with identifying data and other donor information provided in other data files. Identifying data for the provider of donated sperm that resulted in donor offspring is required for donor administration. And monitoring of compliance with legislation such as the number of families using the same donor being limited to five.
G	FEMALEDONORID	The unique identifier for the female who donated an oocyte or embryo as assigned by the WA unit where the oocyte pickup (OPU) or oocyte fertilisation occurred.	Conditional	X(20)	<p>e.g. 23564</p> <p>Conditional on whether DONATION_TYPE = 02 or 03 or 04.</p>	Required to match the outcome reported here to the historic document detailing the approval to export donated material which is held by the DoH and to assist donor administration

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
H	OOCYTE_SOURCE	Indication of the relationship between the donor of the oocyte or embryo and the receiver/s of the donated material.	Conditional	N(2)	<p>01 – Known donor 02 – Unknown donor 03 – Relationship not known</p> <p>Report 01 when the donor of the oocyte or embryo was already known to the recipients prior to the donation. Report 02 when the donor of the oocyte or embryo was already known to the recipients prior to the donation. Report 03 when the relationship between the donor of the oocyte or embryo and the recipients at the time of donation is not known.</p> <p>Conditional on whether DONATION_TYPE = 02 or 03 or 04.</p>	Required to match the oocyte donor with identifying data and other donor information provided in other data files. Identifying data for the provider of donated oocyte that resulted in donor offspring is required for donor administration. And monitoring of compliance with legislation such as the number of families using the same donor being limited to five.
I	EXPORT_REQUEST_DATE	The date permission was requested for export of donated material from WA	Mandatory	Date(10)	e.g. 01/03/2012	Required to match the outcome reported here to the historic document detailing the approval to export donated material which is held by the DoH and to assist donor administration
J	PAT_ID	A unique Patient's ID or Medical Record Number assigned for the female recipient or in the case of surrogacy the first parent who received the donated material exported from WA.	Mandatory	X(20)	e.g. 15401 or A13089 or 1308-2 This is not to the surrogate. Even though this person did not receive treatment in WA, the licensee must provide a unique ID for this participant so that a record of identifying data can be provided and matched. Identifying data must include Surname, First name, second name, Date of Birth and Country of birth for this person.	Required for donor administration

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
K	PARTNER_ID	A unique ID assigned to the partner (male or female, married or unmarried) of the female recipient, or in the case of surrogacy the second parent, who received the donated material exported from WA.	Conditional	X(20)	e.g. 15401 or A13089 or 1308-2 On whether the participant had a partner. The licensee must provide a unique ID for the partner so that a record of identifying data can be provided and matched. Identifying data must include Surname, First name, second name, Date of Birth and Country of birth for this recipient.	Required for donor administration, particularly if the female participant is not able to be contacted.
L	PREGNANCY_END_DATE	Date that pregnancy ended.	Mandatory	Date(10)	e.g. 01/03/2012	Required for donor and donor offspring information administration.
M	NUMBER_OF_LIVE_BIRTHS	Number of living children born	Mandatory	N(1)	Range 0 to 4	Required for donor and donor offspring information administration.
N	BABY_PLACE_OF_BIRTH	Name of nation or country which was the place of birth of the children born alive from a pregnancy that resulted from the use of donated material exported from WA	Mandatory	X(50)		Required for donor and donor offspring information administration.
O	BABY_SURNAME	Surname of the child/ren born from this pregnancy.	Mandatory	X(50)		Required for donor and donor offspring information administration.
P	BABY_1_SEX	Sex of first-born baby.	Mandatory	A(1)	M – Male F – Female I – Indeterminate U – Unknown or unspecified	Required for donor and donor offspring information administration.
Q	BABY_1_FIRST_NAME	First name of first-born baby.	Mandatory	X(50)	Anna or ANNA or Ann-Marie or ANN-MARIE	Required for donor and donor offspring information administration.
R	BABY_1_MIDDLE_NAMES	Second name/s of first-born baby.	Mandatory	X(50)	Anna or ANNA or Ann-Marie or ANN-MARIE Not the surname of the baby	Required for donor and donor offspring information administration.



CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
S	BABY_2_SEX	Sex of second-born baby.	Conditional	A(1)	M – Male F – Female I - Indeterminate U – Sex unknown Conditional on whether N_LIVEBIRTHS is greater than 1	Required for donor and donor offspring information administration.
T	BABY_2_FIRST_NAME	First name of second-born baby.	Conditional	X(50)	Anna or ANNA or Ann-Marie or ANN-MARIE Conditional on whether N_LIVEBIRTHS is greater than 1	Required for donor and donor offspring information administration.
U	BABY_2_MIDDLE_NAMES	Second name/s of second-born baby.	Conditional	X(50)	Anna or ANNA or Ann-Marie or ANN-MARIE. Not the surname of the baby Conditional on whether N_LIVEBIRTHS is greater than 1	Required for donor and donor offspring information administration.
V	BABY_3_SEX	Sex of third-born baby.	Conditional	A(1)	M – Male F – Female I - Indeterminate U – Sex unknown Conditional on whether N_LIVEBIRTHS is greater than 2	Required for donor and donor offspring information administration.
W	BABY_3_FIRST_NAME	First name of third-born baby.	Conditional	X(50)	Anna or ANNA or Ann-Marie or ANN-MARIE Conditional on whether N_LIVEBIRTHS is greater than 2	Required for donor and donor offspring information administration.
X	BABY_3_MIDDLE_NAMES	Second name/s of third-born baby.	Conditional	X(50)	Anna or ANNA or Ann-Marie or ANN-MARIE Conditional on whether N_LIVEBIRTHS is greater than 2	Required for donor and donor offspring information administration.
Y	BABY_4_SEX	Sex of fourth-born baby.	Conditional	A(1)	M – Male F – Female I - Indeterminate U – Sex unknown Conditional on whether N_LIVEBIRTHS is greater than 3	Required for donor and donor offspring information administration.

CSV column	Label	Definition	Obligation	Format	Acceptable values	Justification
Z	BABY_4_FIRST_NAME	First name of fourth-born baby.	Conditional	X(50)	Anna or ANNA or Ann-Marie or ANN-MARIE Conditional on whether N_LIVEBIRTHS is greater than 3	Required for donor and donor offspring information administration.
AA	BABY_4_MIDDLE_NAMES	Second name/s of fourth-born baby.	Conditional	X(50)	Anna or ANNA or Ann-Marie or ANN-MARIE Conditional on whether N_LIVEBIRTHS is greater than 3	Required for donor and donor offspring information administration.

Form B, the "[Children from exported donated material](#)" form may be used instead of the data submission file specified in Table 5.

## Form B: Children from exported donated material

Human Reproductive Technology Act 1991

### Reproductive Technology Data Submission Specifications

#### FORM B - CHILDREN FROM EXPORTED DONATED MATERIAL

##### EXPORT INFORMATION

Donation type  1-Sperm  2-Oocyte/s  3-Sperm and Oocyte/s  4-Embryo/s

WA male donor code  WA female donor code

WA Export Licensee  RTAC number \_\_\_\_\_ Export request date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Receiving clinic name

\_\_\_\_\_  
Receiving clinic location

*Other Australian state/territory or other country*

##### RECIPIENT INFORMATION

*Those who received donated material exported from WA*

Female (or first parent):

Partner (or second parent):

\_\_\_\_\_  
WA ID code (if assigned)

\_\_\_\_\_  
WA ID code (if assigned)

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Second name

\_\_\_\_\_  
Second name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Country of birth

\_\_\_\_\_  
Country of birth

*If Country of Birth was Australia, provide state or territory*

##### DONOR OFFSPRING INFORMATION

Pregnancy end date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of birth of child/ren

Number of living children born \_\_\_\_\_

Country of birth \_\_\_\_\_  
*If Australia, provide state or territory*

Child/ren's surname \_\_\_\_\_

Order of birth:      First baby      Second baby      Third baby      Fourth baby

Sex      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

First Name      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Second Name      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_  
This form must be provided to the WA Department of Health once for each pregnancy that resulted in a living child where the pregnancy was a result of donor material exported from WA. The form is to be provided within one year of the birth by the Licensee that exported the material.

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**This document can be made available in alternative formats  
on request for a person with a disability.**

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