



# Application for Donor Information

*Human Reproductive Technology Act 1991*

## Applicant details

Family name:

Name:    
First name Other names

Date of birth:  /  /

Sex at birth:  Male  Female

Country of birth:   
If Australia, provide State or Territory

Contact:    
Phone Email

## Maternal information

Information about the mother and the treatment she received that resulted in the applicant's birth

The following must be provided

Mother's name:    
(At the time of fertility treatment) Family name Maiden name

First name Other names

Date of birth:  /  /

The following should be provided if known

Name of fertility clinic in Western Australia:

ID code assigned to mother by fertility clinic:

Postcode of mother at the time of treatment:

Donation type:  Sperm  Egg  Sperm and egg  Embryo

Male donor code:  Female donor code:   
Donor codes as assigned by WA fertility clinic

## Applicant signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward application to:**

[RTU@health.wa.gov.au](mailto:RTU@health.wa.gov.au) or

Reproductive Technology Unit, PO Box 8172, Perth Business Centre, WA 6849

**Please include a copy of identification documents with this application:**

Identification document/s should include your photograph, signature and current residential address.

**For Department of Health Use only**

RTU Officer's name:   
Must be an authorised officer as defined by the *Human Reproductive Technology Act 1991*

Applicant's identity has been confirmed

Applicant will receive approved counselling

Application ID:

Date of application:  /  /