



Partner 1 Email address	
Partner 2 Email address	

**REQUEST FOR WAITING LIST FOR TREATMENT WITH DONATED SPERM**

- I/We request that IVF Australia place me/us on the waiting list for treatment with donated sperm.
- I/We understand that a non-refundable deposit is payable to go on the waiting list.
- I/We understand that IVFAustralia provides treatment using both donors recruited by IVFAustralia in New South Wales and donors recruited by associated sperm banks overseas. I/We understand that it will be made clear to me/us in which country any particular donor has been recruited.
- I/We understand that an access fee is payable for each cycle that I/we access sperm provided by IVFAustralia. I/we understand that this access fee is to cover the expenses incurred by IVFAustralia in providing me/us with donated sperm for treatment. I/We understand that the expenses incurred by IVFAustralia, and hence the access fee for donated sperm, is different for donors recruited in New South Wales and donors recruited overseas.
- I/We understand that, once I/we reach the top of the waiting list, I/we will be offered access to donated sperm for fertility treatment.
- I/we understand that each donor will only be made available for a single cycle and that if we take a break from treatment, I/we may be required to choose a different donor for a further cycle.
- I/We understand that, as IVFAustralia is responsible for ensuring compliance with the terms of the consent of the donor, access to donated sperm (including the use of any frozen embryos created) will only be provided for treatment carried out at IVFAustralia.
- I/We understand that, if I/we have a child which has been conceived through donor sperm, there is the possibility of receiving further treatment using that donor without the need for me/us to be placed on a waiting list.
  - Where the donor has been recruited in Australia, IVFAustralia will strive to maintain sufficient samples to ensure that further treatment can be provided with the same donor.
  - Where the donor has been recruited overseas, I will be required to pay a future access fee to ensure future access to sufficient number of straws of that donor

9. I/We are seeking treatment with donor sperm as a:

Single woman	
Heterosexual couple	
Same-sex couple.	

10. I/We give consent to being contacted at the above email address(es).

.....  
Signature – Partner 1

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

.....  
Signature – Partner 2

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I certify that I have explained this consent form to the person(s) named above

.....  
Signature – Nurse or Medical Practitioner

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_