

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.