

<b>Donor Code: V117W</b>		
<b>Legislation type: New</b>		
<p>Following a major review of Victoria's assisted reproductive treatment laws, State Parliament last year passed the Victorian Assisted Reproductive Treatment Amendment Bill (2021). This resulted in several legal changes which have now come into effect and are designed to provide better and fairer access to assisted reproductive treatment in Victoria.</p> <ul style="list-style-type: none"> <li>This donor has been counselled and consented to these changes and therefore falls under the new legislation. If you have received counselling after the 15<sup>th</sup> of August 2022 these changes should have been discussed with you, if prior we will arrange for you to receive top up counselling at no charge to use this donor under the new legislation.</li> </ul>		
<b>Consent Expiry: 05/04/2033</b>		
<p><b>Maximum permitted storage period:</b> Donor V117W will reach the maximum storage period on 18/05/2033 Following this date if you still have sperm in storage that you wish to use in treatment it may be possible to apply for a storage extension. Please speak with your donor coordinator.</p>		
<b>Vial Type: ICSI</b>	<b>On donation available:</b> Yes. Please speak with your donor coordinator to check that a family allocation is available.	
<b>Donor available for reservation in Vic</b>		
<b>Blood type: B Rh(D) Positive</b>		
<b>Cytomegalovirus (CMV) Status: Positive</b>		
<p>As this sperm donor is CMV Positive the person/s planning to carry may require additional documentation in the form of a Risk Acknowledgement form to proceed with this donor. Please refer to your CMV Fact Sheet or your IVF Specialist if you have questions around your own CMV status</p>		
<b>Additional testing requirements:</b>		
<p>This donor has undertaken genetic screening for Expanded carrier screening (ECS) and has been found to be a carrier of the below listed condition/gene:</p> <ul style="list-style-type: none"> <li>Junctional epidermolysis bullosa, LAMC2-related <i>LAMC2</i></li> </ul> <p>To proceed with this donor, further screening is required for the person/s eggs being used in conjunction with this sperm donor:</p> <ul style="list-style-type: none"> <li>Extended Carrier Screening</li> </ul>		
<b>Current Screening Guidelines as of 2023</b>		
Test name	Initial screening	Quarantine screening
HIV 1 & 2 Antibodies	✓	✓
Hepatitis B Surface Antigen	✓	✓
Hepatitis B Core Antibody	✓	✓
Hepatitis C Core Antibody	✓	✓
Hepatitis C RNA PCR	<i>not required</i>	✓
Syphilis	✓	✓
CMV Antibodies (IgG/IgM)	✓	✓
HTLV I&II	✓	✓
Chlamydia urine PCR	✓	✓
Gonorrhoea urine PCR	✓	✓
Mycoplasma Genitalium urine PCR	✓	✓
Full Blood Examination + Film review	✓	<i>not required</i>
Blood Group	✓	<i>not required</i>
Banded Karyotype	✓	<i>not required</i>
Haemoglobin Electrophoresis	✓	<i>not required</i>
Cystic Fibrosis Screen	✓	<i>not required</i>
Spinal Muscular Atrophy Screen	✓	<i>not required</i>

Donor Details			
Donor Code or RMU:		Date Donor Profile Completed:	
Donor Type:	<input type="checkbox"/> Clinic Recruited Donor		<input type="checkbox"/> Recipient Recruited/Known Donor
	<input type="checkbox"/> Sperm Donor	<input type="checkbox"/> Egg Donor	<input type="checkbox"/> Embryo Donor: <input type="checkbox"/> Sperm Source / <input type="checkbox"/> Egg Source <i>Note: Both donors must provide a declaration</i>

In accordance with Legislation, regulations and Monash IVF Policy, certain non-identifying donor information must be provided to Monash IVF before a donation can proceed. In line with your consent to donate your sperm, eggs or embryos, this information will be held by Monash IVF and will be provided to:

- potential or actual recipient(s) of your donation
- any children born as a result of your donation
- Government Donor Conception Registers and/or clinic held registers in the event a pregnancy or live birth results from your donation.

We ask that you please answer each question contained within this form. You may also choose to include other additional information for your profile. Please ensure you do not include any identifying information about yourself or any members of your family in this document. This document is a fillable PDF.

Donor Information		
Place of Birth	Town/State:	Country:
Ethnicity:		Religion (if any):
First Language:		Other Language/s (if any):
Occupation:		

Current Relationship Status				
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

Blood Group							
<input type="checkbox"/> O+	<input type="checkbox"/> O-	<input type="checkbox"/> A+	<input type="checkbox"/> A-	<input type="checkbox"/> B+	<input type="checkbox"/> B-	<input type="checkbox"/> AB+	<input type="checkbox"/> AB-

Genetic Carrier Screening Status <i>(if known)</i>	Cytomegalovirus (CMV) Status <i>(if known)</i>

Educational Level	Certificates Attained/Highest Year Level Completed
<input type="checkbox"/> Secondary	
<input type="checkbox"/> Tafe/Vocational Training	
<input type="checkbox"/> Tertiary	

Do you have your own children?  No  Yes (please complete table below)

Gender of Each Child	Year of Birth	Hair Colour	Eye Colour

Physical Characteristics					
Height (cm)			Weight (cm)		
Build	<input type="checkbox"/> Slim	<input type="checkbox"/> Athletic	<input type="checkbox"/> Medium	<input type="checkbox"/> Solid	<input type="checkbox"/> Large
Complexion	<input type="checkbox"/> Fair	<input type="checkbox"/> Freckled	<input type="checkbox"/> Medium	<input type="checkbox"/> Olive	<input type="checkbox"/> Dark Brown
Eye Colour	<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel	<input type="checkbox"/> Grey	<input type="checkbox"/> Brown
Natural Hair Colour	<input type="checkbox"/> Blonde	<input type="checkbox"/> Red	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Black
Hair Texture	<input type="checkbox"/> Fine	<input type="checkbox"/> Medium	<input type="checkbox"/> Coarse	<input type="checkbox"/> Thick	
	<input type="checkbox"/> Wavy	<input type="checkbox"/> Straight	<input type="checkbox"/> Curly		

Biological Parents Physical Characteristics					
	Height (cm)	Build	Complexion	Natural Hair Colour	Eye Colour
<b>Mother</b>					
<b>Father</b>					

Biological Parents and Grandparents Country of Birth and Ethnicity		
	Country	Ethnicity
<b>Mother</b>		
<b>Father</b>		
<b>Maternal Grandmother</b>		
<b>Maternal Grandfather</b>		
<b>Paternal Grandmother</b>		
<b>Paternal Grandfather</b>		

Do you have any personal or professional interests?

Please describe your personality/temperament.

Please describe your attitude/philosophy in life.

What do you think makes you unique?

How would you describe your childhood? And what value were you taught?

Who were the most influential people in your upbringing? And what were they like?

Please explain why you wish to become a donor.

Do you have a message for a child conceived from your donation?