

The Donor and Offspring Register allows for connections to be made between donors, donor conceived offspring and donor siblings. If a match is made all parties will be contacted to confirm which information they wish to share.

DONORS REGISTRATION FORM

Donors Details

Please print clearly and tick appropriate options

Title Mr Mrs Ms Mx Dr Other _____ Gender Male Female Non-Binary

Surname (family name)

Given name(s)

Maiden name

Other surnames (if applicable)

Date of birth

Place of birth (including state, or if born outside Australia, country)

Contact Details

Address

Suburb

State

Postcode

PO Box Address

Mobile

Home phone

Work

Can we leave a message identifying Jigsaw DNA at these numbers?

Mobile: Yes No

Home: Yes No

Work: Yes No

Email (please print)

Donation Information

If you donated at more than two clinics please give details in additional information section at the end of the form

Type of donation Sperm Egg Embryo Date of donation (if known)

Donor Code

Voluntary Register Number

(those previously registered with the Health Department)

The donor code is essential for matching. You can contact the clinic where donation took place to ask for non-identifying information about your offspring and obtain your donor code.

Alternatively, would you prefer Jigsaw DNA to contact the clinic to ask for your donor code? Yes No

Name and address of FIRST Clinic/ Hospital or other facility where donation occurred (if known)

Do you have information about how many offspring were born using this donation? Yes No

If yes, how many?

Have you had any contact with any of your donor offspring? Yes No With any of their family? Yes No

Donation Information (only complete if you donated at more than one clinic)

Type of donation Sperm Egg Embryo Date of donation (if known)

Donor Code

The donor code is essential for matching. You can contact the clinic where donation took place to ask for non-identifying information about your offspring and obtain your donor code.

Alternatively, would you prefer Jigsaw DNA to contact the clinic to ask for your donor code? Yes No

Name and address of SECOND clinic/ Hospital or other facility where donation occurred (if known)

Do you have information about how many offspring were born using this donation? Yes No

If yes, how many?

Have you had any contact with any of your donor offspring? Yes No With any of their family? Yes No

If yes, what are their names?

Additional Information (if additional Clinics/ Hospitals were used, please add the information here)

Who are you searching for?

Offspring Offspring's Parents Information only Don't know / Not sure

DNA Testing

Have you undertaken any DNA tests such as Ancestry? Yes No

If yes, would you like assistance with interpretation of results or mediation? Yes No

If no, would you like some information about DNA testing? Yes No

What happens if there is a match

We will contact each person and discuss their wishes and how they want to proceed. Some people may just want to leave or exchange information, some may want full contact. If a match is made you will need to provide identification.

Your contact details will not be released without your consent.

Remember to update your contact details if they change.

Authority

I give permission for the information in this registration to be shared with any government body authorised to manage the Donor and Offspring Register. **Yes** **No**

I give the Donor and Offspring Register staff permission to contact the fertility clinic or medical practitioner where donation or treatment occurred if necessary. **Yes** **No**

Print Name

Signature

Date

Comment:

Please let us know how you learned about the Donor and Offspring Register

Jigsaw Website Internet Search Clinic Brochure Doctor Facebook Instagram

Phone book Dept. of Health Friend Family Other _____

You are welcome to include any additional relevant information on a separate piece of paper.

Please send your completed form to:

Jigsaw DNA , PO Box 512, North Perth, Western Australia 6906

Jigsaw DNA Connect is partnered and funded by The Department of Health.