

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 (\*) are required fields

\*Title Mr  Mrs  Ms  Mx  Dr  Other \_\_\_\_\_ \* Gender Male  Female  Non-Binary

Preferred pronoun he/him  she/her  they/their  Other \_\_\_\_\_

\*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)

\*Address

\*Suburb \*State \*Postcode

PO Box Address OR postal address if different than above.

\*Primary phone/preferred contact

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 (comment if unknown)

Donor Code

Voluntary Register Number

(previously registered with 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.

Donor Code unknown

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

Name of clinic/ hospital or other facility where donation occurred Unknown

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

If yes, how many and gender if known?

\* 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?

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

\*Type of donation Sperm  Egg  Embryo  \*Date of donation \_\_\_\_\_ OR Unknown

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.*

Donor Code unknown

\* 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/applicable)

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

If yes, how many and gender if known?

\* 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? 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

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\*Print Name

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\*Signature

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\*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.*