

## The QFG Donor Connections Program

Thank you for getting in touch with QFG to request more information about the donor. In response to enquiries received from both donor conceived persons and their parents around donor-related genetic links, QFG has developed the Donor Connections Program. The aim of the program is to support the right of persons born from donated materials to know the details of their genetic origins, where possible. QFG will also endeavour to facilitate connections between individuals who have a genetic connection.

The information provided below is to assist you in understanding your options around requesting further information. Please complete the form on page 3 of this document, QFG Donor Connections Program - Request for Release of Information, and return to donor.team@afg.com.au.

The QFG Donor Team are here to assist you in this process and can be contacted between Monday and Friday at donor.team@qfg.com.au or 07 3015 3060.

## Support:

- QFG recommends counselling to anyone interested in accessing information about the donor or possible siblings. The QFG Donor Program provides access to a counsellor information/support session. If you select this option on your form, a member of the Donor Team will be in touch to schedule an appointment. This appointment can be accessed via Zoom or in person, whichever is more convenient for you. If requested by you, additional counselling sessions may be available and will be charged at the current rate. If you would like to attend additional counselling sessions, please contact the Donor Team to discuss. Counselling is not mandatory.
- Donor Conceived Australia (DCA) is the peak body for donor-conceived people in Australia. DCA are a national, not for profit charitable organisation led by donor conceived people, offering support, education and advocacy on behalf of people conceived by, and those affected by, Assisted Reproductive Treatments. If you would like to find out more, please visit:

https://donorconceivedaustralia.org.au/about-us.



## Information requested:

On page 3 of this document, QFG Donor Connections Program - Request for Release of Information, you can indicate which information you would like us to search for.

- <u>Donor Code</u>: The donor code is a number or combination of numbers and letters used to identify the donor. Clinics use donor codes for donors who are not known to their recipients, this is a way donors can be identified without revealing their identifying details.
- De-identified Donor Profile: The De-identified Donor Profile is information that the clinic has compiled about the donor. It may include details such as the donor's physical characteristics, personality, family details and medical history. The information contained on donor profiles can differ depending on when the donation took place and which clinic the donor donated at (if the donor was imported). Donor information that was provided to QFG in the past may not be as comprehensive as it is today, and we realise it may be disappointing if you are not able to find all the information you were hoping for. Our counselling team are here to provide you with support in this process.
- <u>Sibling List</u>: QFG may have details of other families that have used the same donor
  as your parent/s. If you are interested in receiving information about this, please
  select this option on your form. If available, QFG will be able to provide you with
  non-identifying details of other donor conceived people, including their gender
  and year of birth.
- <u>Connecting with Siblings</u>: If you are interested in connecting with siblings, please select this option on your form. If we have another sibling that is also interested in connecting, we will offer a complimentary counselling session to both parties.
- Request for release of the donor's identifying details: In 2004, the NHMRC Guidelines were updated to support the rights of donor conceived persons to know their genetic origins. Donors could then only be used if they consented to release of their identifying information to persons born of their donation. If the donor consented to the release of their identifying details, QFG will provide you with their full name and date of birth, where possible. If your donor donated in or prior to 2004, we may not be able to release any of their identifying details to you.

## Documents:

We request that you send through the identification documents (requested on the form) in PDF format. You may wish to use a mobile scanning app for this such as <u>Scan to PDF</u>: Scan documents with a free scanner app | Adobe Acrobat

We look forward to hearing from you, Queensland Fertility Group Donor Team.

Date of Birth:



Surname:



1. Parent's Details (person who received Assisted Reproductive Treatment)

First name:

| Address:   |  |   |                |  |  |
|--|--|---|----------------|--|--|
| QFG Doctor:  | QFG Clinic:  | Date of Treatment (N                            |                | Treatment (Month/Year):                        |  |
| Partner Details (at time of treatme  | ent)   |   | _              |  |  |
| Surname:   | First name:  |   | Date of Birth: |  |  |
| Address:   | •  |   | 1              |  |  |
| Person Requesting Details  |  |   |                |  |  |
| Surname:   | First name:  |   | Date of Birth: |  |  |
| Address:   |  |   |                |  |  |
| Person Requesting Signature:   | Date:  |   |                |  |  |
|  |  |   |                |  |  |
| 2. Information Requested   |  |   |                | Please list additional information requested ♥ |  |
| □ Donor code   |  |   |                |  |  |
| ☐ De-identified donor profile  |  |   |                |  |  |
| ☐ Sibling list (gender and year of birth) ☐ I am interested in connecting with other siblings, please record my interest |  |   |                |  |  |
| □ Request for release of the donor's identifying details   |  |   |                |  |  |
| ☐ Request for the donor's email address  |  |   |                |  |  |
| [Please note this can only be given if the donor consents]   |  |   |                |  |  |
| ☐ I would like to book a complimentary counsellor information/support session (recommended for all                       |  |   |                |  |  |
| requests). Please contact me to book this.   |  |   |                |  |  |
| 3. Consent to Release Information  |  |   |                |  |  |
| o. Consein to Release information  |  |   |                |  |  |
| I/we   |  | /   |                |  |  |
| I/we   |  |   |                |  |  |
| through QFG's Donor Program to   |  |   |                | ,,   |  |
| Parent Signature:  |  | Date:   |                |  |  |
| Name (Print):  |  |   |                |  |  |
| *\A/:\   | Data   |   |                |  |  |
| *Witness Signature:  | Date:  | Baie.   |                |  |  |
| Witness Name (Print):  |  |   |                |  |  |
| *Witness must be a QFG Staff Men   | nber, a Justice of th  | ne Peace, or a C                                | ommissio       | ner for Declarations, Photo                    |  |
| ID must accompany any request.   |  |   |                |  |  |
| be required.   |  |   |                | ,  |  |
|  |  |   |                |  |  |
| 4. Documents Required to Accor   |  |   |                |  |  |
| Copy of Current Photo ID, including address  |  | Required from person requesting information and |                |  |  |
| (certified copy – *witnessed as ab<br>Birth Certificate (certified copy  | parent/partner.  Required from person requesting information |   |                |  |  |
| above)   | williessen as  |   |                |  |  |
|  |  |   |                |  |  |
|  |  |   |                | Page 3 of 3                                    |  |