



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.

CONTACT AND SUPPORT FOR WA DONOR RELATED PEOPLE

## DONOR OFFSPRING REGISTRATION FORM (OVER 18 YEARS OLD)

### Current Details

Please print clearly and tick appropriate options

Title Mr  Mrs  Ms  Miss  Mx  Dr  Other \_\_\_\_\_

Surname (family name)

Given name(s)

Maiden name

Other surnames (if applicable)

Date of birth

Gender Male  Female  Non-Binary

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)

### Information about your parents on your birth certificate

( Same sex couples details can be added in the other parent section)

Mother's surname

Father's surname

(at time of birth)

Mother's maiden name

Father's given names

Mother's surname now

Father's date of birth

Mother's given names

Other parent's surname

Mother's date of birth

Other parent's given name

Other parent's date of birth

## Donation Information

Type of donation    Sperm     Egg     Embryo     Date of treatment (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 treatment took place to ask for non-identifying information about your donor and obtain the donor code.

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

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

Have you had any contact with your donor?    Yes     No     If yes, when \_\_\_\_\_

Have you had any contact with other donor offspring?    Yes     No     If yes, when \_\_\_\_\_

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

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

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

Who are you searching for? (you may wish to tick more than one option)

Donor

Sibling

## 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. Your contact details will not be given out without your consent. Your parents will not be informed of a match if you are over 18 years old. If a match is made you will need to provide identification.

**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

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.*