

**Attached Form 4**

**Notification Form for Failure to Complete Donation,  
Return, Destruction, or Transfer of Reproductive Cells or  
Embryos Created from Donated Reproductive Cells**

I. Institution name: \_\_\_\_\_ Institution code: □□□□□

II. Donor data:

1. Name: \_\_\_\_\_ 2. Date of birth: \_\_\_\_\_ (y) \_\_\_\_\_ (m) \_\_\_\_\_ (d)

3. National ID card number: □□□□□□□□□□

4. Alien resident certificate ID number <sup>(Note)</sup>: □□□□□□□□□□

5. Foreigner passport number: □□□□□□□□□□

III. Recipient woman data:

1. Name: \_\_\_\_\_ 2. Date of birth: \_\_\_\_\_ (y) \_\_\_\_\_ (m) \_\_\_\_\_ (d)

3. National ID card number: □□□□□□□□□□

4. Alien resident certificate ID number <sup>(Note)</sup>: □□□□□□□□□□

5. Foreigner passport number: □□□□□□□□□□

IV. Recipient man data:

1. Name: \_\_\_\_\_ 2. Date of birth: \_\_\_\_\_ (y) \_\_\_\_\_ (m) \_\_\_\_\_ (d)

3. National ID card number: □□□□□□□□□□

4. Alien resident certificate ID number <sup>(Note)</sup>: □□□□□□□□□□

5. Foreigner passport number: □□□□□□□□□□

V. Notification types and reasons:

Type	Reason
<input type="checkbox"/> Failure to complete	<input type="checkbox"/> 1. Health assessment results not suitable for donation

Type	Reason
donation	<input type="checkbox"/> 2. Donor calls off donation <input type="checkbox"/> 3. Loss of contact with donor <input type="checkbox"/> 4. Institution terminates business <input type="checkbox"/> 9. Other _____
<input type="checkbox"/> Return	<input type="checkbox"/> Due to impaired procreative function, donor requests return of reproductive cells that have not been destroyed.
<input type="checkbox"/> Destruction	<input type="checkbox"/> 1. Has enabled recipient couple to complete one live birth. <input type="checkbox"/> 2. Preserved for more than ten years. <input type="checkbox"/> 3. Reproductive cells found to be unsuitable for assisted reproduction after donation. <input type="checkbox"/> 4. Recipient couple have an invalid or annulled marriage, are divorced, or one party has died. <input type="checkbox"/> 5. Recipient couple give up assisted reproduction. <input type="checkbox"/> 6. The institution has terminated business. <input type="checkbox"/> 9. Other _____ Destruction type: <input type="checkbox"/> sperm <input type="checkbox"/> oocytes <input type="checkbox"/> embryo created from donated reproductive cells
<input type="checkbox"/> Transfer	<input type="checkbox"/> 1. The institution has terminated business. <input type="checkbox"/> 2. Transferred to another medical care institution for use. <input type="checkbox"/> 3. Recipient couple has requested transfer. <input type="checkbox"/> 9. Other _____ Transferring institution: _____ Transfer type: <input type="checkbox"/> sperm <input type="checkbox"/> oocytes <input type="checkbox"/> embryo created from donated reproductive cells Is sperm still being stored after the sperm bank has provided it? <input type="checkbox"/> Yes <input type="checkbox"/> No Handed-over documents: <input type="checkbox"/> 1. Reproductive Cell Donation Checking Application Form (photocopy) <input type="checkbox"/> 2. Reproductive Cell Donation Checking Response Form (photocopy) <input type="checkbox"/> 3. Reproductive Cell Donor Health Examination and Assessment Notification Form (photocopy) <input type="checkbox"/> 4. Donated Reproductive Cell Operation Results Notification Form (photocopy) <input type="checkbox"/> 5. Letter of consent (photocopy) <input type="checkbox"/> 9. Other _____ Transferee institution: _____ (please affix confirming seal)

Date on which the facts occurred: \_\_ (y) \_\_ (m) \_\_ (d)

Date of completion of transfer: \_\_ (y) \_\_ (m) \_\_ (d)

Notification date: \_\_\_\_ (y) \_\_\_\_ (m) \_\_\_\_ (d) Notification provided by: \_\_\_\_\_

Date received: \_\_\_\_ (y) \_\_\_\_ (m) \_\_\_\_ (d) Accepted by: \_\_\_\_\_

Instruction: Foreigners who do not have a national ID card shall fill out items 4 and 5; foreigners with no alien resident certificate ID may submit equivalent identification documents from their country of origin, and fill in the serial number on those documents.

Please note: The first leaf of this form shall be sent to the competent authority by registered mail within two months of the date of failure to complete donation, return, or destruction, or within two months of the date of completion of transfer (based on postmark date); the Institution shall preserve the second leaf.