

Attached Form 1

Reproductive Cell Donation Checking Application Form

I. Institution name: ___ Institution code:

II. Application date: ___ (y) ___ (m) ___ (d)

III. Donor data

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

3. National ID card number:

4. Alien resident certificate ID number (Note 1):

5. Foreigner passport number:

6. Sex/gender: 1.M 2.F

7. Registered address (Note 2): _____ (county/city) _____
(city/township/district) _____ (village) _____
(road/street) _____ (section) _____ (lane) _____ (alley) _____ (no.) _____
(floor) _____

8. Nationality and ethnicity:

(1) ROC

Please check 1. Fukien 2.Hakka 3.Native

4. Mainland Chinese 9.Other

(2) Foreigner (nationality: _____)

9. Skin color: 1.Yellow 2.White 3.Black

4. Brown 9.Other _____)

Operating physician: ___

Date received: ___(y)___(m)___(d) Accepted by: _____

Note 1: 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.

Note 2: Foreigners shall fill in their address in Taiwan.

Instruction: The first leaf of this form shall be sent to the competent authority by registered mail; the competent authority shall review and respond to this form in accordance with Article 8, Paragraph 1, Subparagraph 4 of the Assisted Reproduction Act. The Institution shall preserve the second leaf.