

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.