

Attached Form 3

## Donated Reproductive Cell Operation Results Notification Form

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: ☐☐☐☐☐☐☐☐☐☐

6. Sex/gender: ☐1.M ☐2.F

III. Acquisition of donated reproduction cells

☐ Sperm, date obtained: \_\_\_\_\_ (y) (m) (d),

Date of completion of follow-up HIV test: \_\_\_\_\_ (y) (m) (d),

Test results: ☐negative ☐positive

Was the sperm transferred from a sperm bank? ☐1.Yes ☐2.No

☐ Oocytes, date obtained: \_\_\_\_\_ (y) (m) (d)

IV. Operation (implantation) date: \_\_\_\_\_ (y) (m) (d)

V. 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: ☐☐☐☐☐☐☐☐☐☐

VI. 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: ☐☐☐☐☐☐☐☐☐☐

VII. Following this operation, are any of the donor's reproduction cells or embryos

created from the donor's reproductive cells still in storage?

☐ 0. No longer in storage

☐ 1. Still in storage, type of storage: ☐ sperm ☐ oocytes ☐ embryo

VIII. Operation method:

☐ 1. In vitro fertilization and embryo implantation

☐ 2. Sperm and oocyte implantation

☐ 3. Fertilized oocytes/embryo Fallopian tube implantation

☐ 4. Artificial insemination (frozen sperm) ☐ 5. Frozen embryo

IX. Result to recipient woman 12 weeks after operation:

☐ 1. Not pregnant ☐ 2. Pregnant ☐ 3. Pregnant but miscarried

☐ 9. Other (please state): \_\_\_\_\_

Notification date: \_\_\_\_\_ (y) \_\_\_\_\_ (m) \_\_\_\_\_ (d) Operating physician: \_\_\_\_\_

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

(First leaf)

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X. Pregnancy of recipient woman:

☐ 1. Ectopic pregnancy ☐ 2. Miscarriage ☐ 3. Dead fetus or stillborn ☐

4. Live birth ☐ 9. Other (please state): \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ (y) \_\_\_\_\_ (m) \_\_\_\_\_ (d)

**Live born infant data**

Date of birth: \_\_\_\_\_ (y) \_\_\_\_\_ (m) \_\_\_\_\_ (d) Weeks of pregnancy : \_\_\_\_\_ weeks

Number of births: ☐ 1. Single birth ☐ 2. Twins ☐ 3. Triplets or above (please fill in the following infant data in accordance with birth order)

Sex

Body weight

Health situation

☐ M ☐ F

Aprox. \_\_\_\_\_ g

☐ normal ☐ malformed

<input type="checkbox"/> M	<input type="checkbox"/> F	Aprox. _____ g	<input type="checkbox"/> normal <input type="checkbox"/> malformed
<input type="checkbox"/> M	<input type="checkbox"/> F	Aprox. _____ g	<input type="checkbox"/> normal <input type="checkbox"/> malformed
<input type="checkbox"/> M	<input type="checkbox"/> F	Aprox. _____ g	<input type="checkbox"/> normal <input type="checkbox"/> malformed

Notification date:   (y)  (m)  (d)   Operating physician:                     

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

Note: 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.

Instruction: The first leaf of this form shall be sent to the competent authority within 12 weeks after the date of operation; the second leaf shall be sent to the competent authority by registered mail within two months after the estimated date of birth (based on postmark date); the Institution shall preserve the third leaf.

(Second leaf) (Third leaf)