

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 ^(Note): □□□□□□□□□□

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 ^(Note): □□□□□□□□□□

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 ^(Note): □□□□□□□□□□

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)

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)