Advisory Committee on Assisted Reproductive Technology
Annual Report 2009/10

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Chair's Foreword

On behalf of the Advisory Committee on Assisted Reproductive Technology (ACART) I am pleased to present this annual report for the 2009/10 reporting year.

ACART's terms of reference require the committee to develop advice for the Minister of Health across a very broad area, including the use of assisted reproductive technologies (ART) in both treatment and research. It is also charged with developing guidelines for the Ethics Committee on Assisted Reproductive Technology (ECART) and undertaking a broad monitoring role.

This has been the fifth year of ACART's existence. In common with earlier years our workload has continued to be high. The work programme required the committee to work simultaneously in a number of areas, and the difficulty of the work has increased. This is partly due to the growing complexity of the relationships involved in proposed treatments, and to the impact of globalisation on the use of ART, with increasing movements of people across borders to obtain fertility treatment. Of note, also, is the growing interest in the use of ART to preserve fertility, particularly as a response to improved rates of survival from cancer. This is particularly apparent in children and young people.

ACART's work in 2009/10 has included finalising guidelines and advice, after taking into account earlier feedback from public consultation. In September 2009 ACART consulted with the Minister of Health on draft guidelines on the use of donated eggs with donated sperm. In June 2010 ACART completed advice to the Minister on the use of in vitro maturation in fertility treatment, with the advice going to the Minister in July 2010.

As in earlier years, ACART interacted closely with ECART, the Ministry of Health and providers of fertility services in the course of its work programme. The information and insights from these sources are of considerable assistance to ACART in implementing its responsibilities under the Human Assisted Reproductive Technology (HART) Act 2004. ACART also appreciated the opportunity to provide input into the Ministry's restructuring proposals on matters relevant to ACART.

ACART made a submission to the HART Amendment (Storage) Bill and appeared before the Health Select Committee. We are pleased to see legislation that aims to clarify the situation in regard to the starting date for the statutory 10-year storage period of gametes and embryos. ACART has also received a request from the Minister of Health to prepare guidelines to enable ECART to consider applications to extend storage time.

In undertaking its extensive 2009/10 work programme, the committee has been very ably supported by the secretariat. I wish to record my thanks here for their high level of professionalism.

Thanks the Ministry of Health for their ongoing support. I am also very grateful to ACART members for their outstanding commitment to the committee's work and their willingness to provide both time and expertise. Without such involvement the progress achieved would not have been possible. I particularly wish to thank those members who completed their terms during this period. ACART membership will change substantially

when those members are replaced. ACART was delighted when a member, Dr Richard Fisher, was made a Companion of the New Zealand Order of Merit in recognition of services to medicine, and when another member, Dr Ian Hassall, received the Aldo Faruina award from UNICEF, in recognition of his sustained contribution to child rights advocacy.

I also wish to express my appreciation to those who have assisted ACART's work by responding to requests for submissions. Although ACART did not carry out any public consultations in 2009/10, the views expressed in earlier consultations were important inputs to ACART's work in the past year. Members of various groups and organisations and individual members of the public have been most helpful, and their input has greatly enhanced ACART's understanding of complex issues.

I look forward to continuing ACART's important work in the coming year.

Sylvia Rumball
Chair, Advisory Committee on Assisted Reproductive Technology

Introduction

Purpose of this report

Section 42(3) of the Human Assisted Reproductive Technology Act 2004 (the HART Act) requires the Advisory Committee on Assisted Reproductive Technology (ACART), as soon as practicable after each 12-month period ending on 30 June, to provide the Minister of Health with a report on:

- its progress in carrying out its functions
- the number and kinds of decisions made by the Ethics Committee on Assisted Reproductive Technology (ECART) in that period.

Background

ACART was established under section 32 of the HART Act. ACART's current membership, with biographical information, is shown in Appendix 1.

ACART's functions

ACART's functions, as set out in section 35 of the HART Act, are to:

- issue guidelines and advice to ECART on any matter relating to any kind of assisted reproductive procedure or human reproductive research, and keep such guidelines and advice under review
- advise the Minister of Health on aspects of, or issues arising out of, kinds of assisted reproductive research and, without limitation, provide advice as to whether:
  - the HART Act or another enactment should be amended to prohibit or provide for any kind of assisted reproductive procedure or human reproductive research
  - any kind of procedure or treatment should be declared an established procedure (that is, a procedure which does not require ECART approval) on the basis of the information, assessment, advice and ethical analysis required under section 6 of the HART Act
  - any established procedure should be modified or should cease to be an established procedure
  - a moratorium should be imposed on any kind of assisted reproductive procedure or human reproductive research
  - regulations should be made under section 76 of the HART Act to regulate the performance of any kind of assisted reproductive procedure or the conduct of any kind of human reproductive research
- liaise with the ethics committee on general and specific matters relating to assisted reproductive procedures or human reproductive research
- consult with anyone who, in the opinion of ACART, is able to assist it to perform its functions
- perform any other function that the Minister of Health assigns to it by written notice.

For the purposes of performing the above functions, ACART must monitor:

- the application, and health outcomes, of assisted reproductive procedures and established procedures
- developments in human reproductive research.

ACART's terms of reference are detailed in Appendix 2.

ACART Work During 2009/10

Background

ACART has established the following work streams:

- advice to the Minister of Health on human reproductive research (as required under section 37 of the HART Act)
- advice to the Minister of Health on assisted reproductive technology (section 38)
- consultation with the Minister of Health on guidelines for assisted reproductive procedures (section 41(2))
- advice to the Minister of Health on new assisted reproductive procedures (section 6)
- monitoring (sections 35(2), 30, 42(3)(b))
- advice to ECART (section 35(1)(a))
- governance and administration.

Work on specific projects within these broad areas requires the approval of the Minister of Health.

ACART's processes

ACART met five times during this reporting year to formulate advice and make decisions on specific projects. Member attendance at these meetings is shown in Appendix 3.

Projects were progressed through working groups acting under the delegated authority of ACART. Working groups undertook in-depth thinking on issues and provided ACART with reports and recommendations from their meetings.

ACART steered the working groups on an ongoing basis, and a full ACART committee meeting approved or declined each of their final outputs – whether a report, recommendation, consultation paper, guidelines for ECART, advice to ECART or advice to the Minister.

Further information on working groups' membership and the projects undertaken is detailed in Appendix 4.

Progress made in 2009/10

Advice to the Minister of Health on human reproductive research

Section 37 of the HART Act requires ACART to provide the Minister of Health with information, advice and, if it thinks fit, recommendations on certain matters in relation to the use of gametes and embryos in human reproductive research.

ACART provided the Minister of Health with advice on human reproductive research on 29 June 2007 following extensive public consultation in the 2006/07 financial year. No further work was undertaken in the 2009/10 reporting year. Any further ACART work in this area depends on ministerial approval.

Advice to the Minister of Health on assisted reproductive technology

Section 38 of the HART Act requires ACART to provide the Minister of Health with information, advice and, if it thinks fit, recommendations on various matters in relation to human assisted reproductive technology, including:

- requirements for informed consent

- the import into or export from New Zealand of in vitro donated cells or embryos.

ACART's work on informed consent is now well advanced. The informed consent working group met three times in the first half of 2010, and ACART has reached preliminary views on a number of key matters. ACART anticipates undertaking public consultation during 2010/11, seeking feedback on draft advice to the Minister.

The Chair met with the medical directors of fertility clinics in April 2010 as part of information gathering for the import/export work. The meeting was a useful opportunity for ACART to hear clinics' perspectives on matters associated with cross-border movements of donated gametes and embryos created from donated gametes.

Consultation with the Minister of Health on guidelines for assisted reproductive procedures

Selection of embryos using pre-implantation genetic diagnosis (PGD)

In May 2009 ACART consulted with the Minister on guidelines on PGD with human leukocyte antigen (HLA) tissue typing. The Minister subsequently asked the National Ethics Advisory Committee (NEAC) to provide him with advice on the guidelines.

After receiving NEAC's advice in August 2009, the Minister invited ACART to comment on some matters raised by NEAC. ACART anticipates responding to the Minister by the end of 2010.

Use of donated eggs with donated sperm for reproductive purposes

ACART completed public consultation on draft guidelines during the 2008/09 year and forwarded revised draft guidelines to the Minister of Health in September 2009 for consultation.

Guidelines on extended storage of gametes and embryos

The Minister of Justice introduced the HART (Storage) Amendment Bill to Parliament in November 2009, with the first reading in December 2009. The purpose of the Bill is to clarify that the statutory 10-year limit for the storage of gametes and embryos came into effect from 2004, and that ACART's role includes issuing guidelines to ECART so that ECART can consider and decide applications to extend the storage of gametes and embryos beyond 10 years.

ACART's submission to the Health Select Committee expressed support for the Bill's purpose but sought clarification on a number of matters. The Chair was subsequently invited to meet with the Select Committee, which has now reported back with an amended Bill that addresses ACART's concerns.

In parallel with the Bill's progress, ACART is developing draft guidelines on the extended storage of gametes and embryos. ACART anticipates undertaking public consultation on the draft guidelines next year, once the legislation has been passed.

Advice to the Minister of Health on new assisted reproductive procedures

In vitro maturation (IVM)

ACART completed work in June 2010 on advice to the Minister on whether the collection of eggs and the use of eggs matured by IVM should be declared an established procedure. The advice, which takes into account feedback from public consultation in early 2009, was forwarded to the Minister in July 2010.

If the Minister decides that IVM should become an established procedure, the Human Assisted Reproductive Technology Order 2005 would require amendment.

Use of cryopreserved ovarian tissue

In December 2008 ECART referred to ACART a clinic enquiry asking under what circumstances it might be possible to use previously frozen ovarian tissue.

The use of cryopreserved ovarian tissue is an assisted reproductive procedure, and would therefore require approval by ECART. ACART has not issued guidelines to ECART on the procedure, and therefore ECART cannot approve its use.

The use of cryopreserved ovarian tissue in fertility treatment is a relatively new procedure internationally, with fewer than a dozen babies born as a result to date. ACART decided it was therefore important to assess the outcomes, risks and benefits of the procedure before deciding whether further work is warranted.

ACART commissioned a technical report from Dr Richard Anderson, Professor of Clinical Reproductive Science at the University of Edinburgh. The report, received in June 2010, includes an assessment, drawn from published and peer reviewed research, of the known risks and benefits to health of the procedure. ACART will now consider whether it wishes to do further work on the procedure at this stage.

Monitoring

Section 35(2) of the HART Act requires ACART to monitor the application and health outcomes of assisted reproductive procedures and established procedures, and developments in human reproductive research. ACART's terms of reference also require it to monitor ECART's decisions, to ensure they fall within the guidelines set by ACART. The secretariat summarises ECART's decisions for each committee meeting to assist ACART to carry out this role.

Both committees have an interest in clarifying the scope of current monitoring processes. The committees would also like to be able to perform their respective monitoring functions from a more robust information base that supports improved analysis of treatment outcomes.

A joint ACART–ECART project is in the early stages of determining what can and should be monitored by ACART and ECART in their respective monitoring roles.

To date, the outcomes of assisted reproductive treatments have been monitored through the annual report of the Australia and New Zealand Assisted Reproduction Database (ANZARD). ACART also monitors international trends through the reports of organisations such as the European Society of Human Reproduction and Embryology and the International Federation of Fertility Societies.

During 2009/10 ACART decided that its own work in the monitoring project should

be undertaken in two stages. The first stage is focusing on the numbers and types of treatments, and the second stage will look at what can be known about the longer-term outcomes. While the ANZARD report is a valuable resource, in most cases it combines Australian and New Zealand data. ACART is investigating the most efficient and effective way to obtain comprehensive New Zealand data and analysis.

During 2009/10 ACART considered the best way to continue to carry out its function of monitoring developments in human reproductive research, taking into account the outcomes of ACART's horizon scanning pilot in 2008/09. We decided that ACART will, for now, continue horizon scanning through circulating papers of interest to members. Such papers include journal articles, reports from conference attendance, and international horizon scanning reports.

In addition, to help ensure that its work programme is focused on the needs of consumers and providers of fertility services, ACART asked fertility services providers, ECART and the Ministry of Health to indicate any procedures they consider New Zealanders might wish to pursue in the next three years. Emerging issues, which are not part of ACART's current work programme, reported to ACART during the 2009/10 reporting year were:

- array comparative genomic hybridisation (a method for screening embryos for genetic defects and improving implantation rates)
- selecting embryos according to their metabolic characteristics
- more patients using complementary and alternative medicines, with the possibility of research trials, raising the question as to whether ECART has a role in approving such research.

Advice to ECART

Matters of significance forwarded to ACART from ECART

The significant matters received from ECART, and the consequent actions taken, during the 2009/10 period are set out below.

Embryo donation within a lesbian couple

Following a query from a clinic, ECART asked ACART in July 2009 to consider providing advice to enable ECART to consider a case where a woman in a lesbian relationship wanted her surplus stored embryos to be implanted in her partner. The embryos had been created from the woman's own eggs and donated sperm. The *Guidelines on Embryo Donation for Reproductive Purposes* preclude the donation of embryos formed from donated gametes.

ACART decided that the policy intent of the guidelines – to limit the complexity of relationships and consents that would result from the donation of embryos created from donated gametes – would not be undermined by the proposed action, because no new parties would be involved.

ACART also decided that advice on the matter would not be significant because the intent of the guidelines would not change, and therefore public consultation was not required.

On this basis, ACART issued advice to ECART. The advice, which came into effect from 28 May 2010, applies to this case only and should not be regarded as creating a precedent.

ACART has sent copies of the advice to the Minister of Health, the Ministry of Health, fertility clinics and Fertility New Zealand.

Donation of surplus embryos to an egg donor

In September 2009 ECART referred to ACART a case where a couple wished to donate surplus stored embryos, created from donated eggs, to the egg donor. ECART sought advice that would enable it to consider an application.

ACART concluded that the case was not embryo donation. Instead, the proposed procedure was an established procedure. The egg donor could not be said to be donating eggs because they are now to be put to her own use. ACART advised ECART and the clinic concerned that ethical approval by ECART was not required.

Status of proposed treatments

In November 2009 a clinic asked ECART to confirm the status of proposed treatments involving two same-sex couples (female and male), where a woman in one couple was the sister of a man in the other couple. ECART in turn sought ACART's views.

ACART has confirmed that the provisions of the HART Order mean that in one case a donation would require ECART approval, because the relationship between the two people concerned meets the HART Order definition of a family member. In the other case, ECART approval was not required because the donation was from a brother to his sister's partner.

The scope of medical conditions criteria in guidelines issued to ECART

Guidelines issued to ECART by ACART in respect of surrogacy, embryo donation and gamete donation between certain family members all include medical criteria.

ECART has signalled to ACART that it has difficulty at times deciding whether an application meets relevant medical conditions criteria. Examples are where a woman is obese or a man has a failed vasectomy reversal. ECART is currently undertaking policy work on the matter, and is expected to write to ACART later this year about its conclusions.

Matters raised with the Ministry of Health

ACART raised one matter with the Ministry of Health during 2009/10.

Human reproductive research involving human participants

ACART wrote to the Ministry of Health in 2008 seeking advice on whether human reproductive research involving human participants (e.g. clinical trials) is included within the HART Act. The Ministry subsequently provided ACART with legal advice on the matter, and in March 2010 ACART wrote to the Ministry setting out ACART's conclusions about the implications of the advice.

Governance

Conference attendance

ACART members attended the following conferences on behalf of ACART:

- Ethical Foundations of Public Policy (Wellington, 10−11 December 2009)
- Health and Disability Commission Medico-Legal Conference (Wellington, 24 March 2010)
- 26th meeting of the European Society of Human Reproduction and

Embryology (Rome, 27−30 June 2010).

The Chair of ACART accepted an invitation to be a panellist at:

- Conferenz's 11th Annual Medical Law Conference (Wellington, 10−11 May 2010).

Publications

ACART consulted with the Minister as follows:

- *Consultation with the Minister of Health on Draft Guidelines on the Use of Donated Eggs Together with Donated Sperm for Reproductive Purposes* (September 2009).

The following advice was issued to ECART:

- *Advice Issued about an Embryo Donation Case* (May 2010).

ACART published on its website two reports on the 2009 meeting of the European Society of Human Reproduction and Embryology:

- from the Chair of ACART, Professor Sylvia Rumball
- from Associate Professor Larry Chamley, Department of Obstetrics and Gynaecology, University of Auckland.

ACART also published its Annual Report 2008/09 on its website.

One external publication was placed on ACART's website, at the invitation of Child, Youth and Family:

- an information sheet about international surrogacy, from the Department of Internal Affairs, Child, Youth and Family, and Immigration New Zealand.

Terms of reference

The report in July 2009 of the Ministerial Review Group set up to consider how New Zealand might improve the quality and performance of the public health system included a recommendation that Ministry and ministerial advisory committees should regularly review their terms of reference. ACART's Executive Group has reviewed ACART's terms of reference and will shortly report to ACART with recommended minor changes, for discussion with the Ministry of Health.

Website

ACART's website, http://www.acart.health.govt.nz, is a key point of contact and information for fertility service providers, consumers and other interested parties.

Ethics Committee Decisions 2009/10

Between 1 July 2009 and 30 June 2010 ECART considered 41 applications for assisted reproductive procedures. There were:

- 16 applications for surrogacy
- 11 applications for gamete donation between certain family members
- 12 applications for embryo donation for reproductive purposes
- 2 applications for research on gametes or non-viable embryos.

Of these applications, 37 were approved outright, 2 were approved subject to conditions and 2 were deferred.

The details of these decisions are set out in the ECART Annual Report.

Further information on applications considered by ECART in 2009/10 are set out in Appendix 5. Appendix 6 contains information about applications considered by ECART before 1 July 2009 and where treatment was ongoing through 2009/10.

Appendix 1: ACART Membership and Biographies

ACART membership

ACART members

Professor Sylvia Rumball – Chair

Adjunct Professor Ken Daniels – Deputy Chair

Dr Richard Fisher

John Forman

Dr Ian Hassall

Professor Mark Henaghan

Cilla Henry

Maui Hudson

Professor Gareth Jones

Bishop Richard Randerson

Robyn Scott

Associate Professor Andrew Shelling

Secretariat members

Vicky Baynes, policy analyst (January 2008 – present)

Betty-Ann Kelly, senior policy analyst (February 2008 – present)

Sandra Moore, interim team leader (April 2009 – December 2009)

Sadhana Maraj (August 2009 − June 2010)

Melanie Brown (June 2010 – September 2010)

Biographies of ACART members

Sylvia Rumball CNZM (Chair)

Professor Emeritus Sylvia Rumball was until recently Assistant to the Vice Chancellor (Research Ethics) at Massey University. She has a PhD in chemistry and for many years taught chemistry and undertook research in structural biology at Massey University.

She has extensive international, national and local experience on ethics committees and ethics-related bodies through past membership of the UNESCO International Bioethics Committee, the New Zealand National Commission for UNESCO, the Health Research Council Ethics Committee, the Massey University Human Ethics Committee and the MASH Trust Ethics Committee; through current membership of the Ethics Advisory Panel of the Environmental Risk Management Authority; as past chairperson of the National Ethics Committee on Assisted Human Reproduction (NECAHR); and as past chairperson of the Massey University Human Ethics Chairs Committee.

Professor Rumball is a member of the International Council for Science (ICSU) Committee on Freedom and Responsibility in Science, a former member of the Massey University Council, an auditor for the New Zealand Universities Academic Audit Unit and a former member of the board of the National Centre for Advanced Bioprotection Technologies.
In 1998 she was made an Officer of the New Zealand Order of Merit for services to science, and in 2008 she was promoted to Companion. She is also the recipient of a Palmerston North City Council Civic Award, a Distinguished Alumni Award from the University of Canterbury and a New Zealand Science and Technology medal. She retired from Massey University in 2009 after more than 40 years of service.

Ken Daniels (Deputy Chairperson)

Professor Ken Daniels is adjunct professor in the School of Social Work and Human Services at the University of Canterbury. He was appointed to establish social work education and training at Canterbury in 1975 and retired in 2004. For over 35 years he has been actively involved in studying, writing, counselling and policy development in the psychosocial aspects of assisted reproductive technology (ART). His particular focus has been on the children and families that result from ART.

He served for nine years on NECAHR, for the last three as deputy chairperson. Professor Daniels has carried out research in a number of countries and has worked as a policy consultant in several overseas jurisdictions. He has published extensively, and his book *Building a Family with the Assistance of Donor Insemination* is used by parents and professionals throughout the world. Professor Daniels is also chairperson of Richmond New Zealand.

Richard Fisher CNZM

Dr Richard Fisher is a gynaecologist with a sub-specialty practice in reproductive medicine. He is a co-founder of Fertility Associates, and has been an active advocate for infertile couples for 20 years. He is the only New Zealander to have been elected President of the Fertility Society of Australia.

In 2010 Dr Fisher was made a Companion of the New Zealand Order of Merit for services to medicine.

Dr Fisher is a member of a number of professional associations and is a member of the Institute of Directors in New Zealand Inc. He is married and has four children. Dr Fisher brings to ACART a medical professional's viewpoint, which is tempered by his recognition of the need for community involvement and decision-making in this area.

John Forman

John Forman is a parent of adult twins with a rare genetic disorder, alpha mannosidosis, and his family experience with physical and intellectual disability has drawn him into a range of health and disability sector networks over the past 30 years. He has also spent many years in disability support service provision, mainly in community mental health. Since the late 1990s John has focused on the development of patient−family support networks in New Zealand and internationally, with an emphasis on partnership with health professionals, policy agencies and researchers to promote prevention, treatments and cures for rare disorders.

John has volunteer roles on the boards of several local and international advocacy groups. He is employed as Executive Director of the New Zealand Organisation for Rare Disorders, where he advocates for the increased application of genome knowledge and biotechnology to control health and disability problems, and keeps a sharp eye on ethical issues to ensure safety for patients and their families.

Ian Hassall

Dr Ian Hassall is a paediatrician and children's advocate. He was New Zealand's first Commissioner for Children from 1989 to 1994. His career has entailed working for children and their families as clinician, strategist, researcher and advocate. He is at present Research Associate at the Institute of Public Policy at Auckland University of Technology (AUT).

Dr Hassall teaches in the Master of Arts (Children and Public Policy) course at AUT. He is engaged in research and advocacy work with the aim of reducing the risk of violence and harm to children and placing their interests at the centre of government decision-making. He is

married to Jenny, is father to four children and grandfather to six. He is the Children's Commissioner's nominee to ACART.

Mark Henaghan

Professor Mark Henaghan is Professor and Dean of Law at the University of Otago and Principal Investigator of the Human Genome Project, Law and Ethics for the Future, which is sponsored by the Law Foundation New Zealand. The project has produced four major reports: *Choosing Genes for Future Children: Regulating pre-implantation genetic diagnosis* and *Genes, Society and the Future,* volumes 1, 2 and 3. Professor Henaghan's primary research interests are family law and medico-legal law involving children. Professor Henaghan is on the editorial boards of the *Journal of Human Rights* and the *Child and Family Law Quarterly* (both based in the United Kingdom).

Cilla Ruruhira Henry QSM

Cilla Henry grew up under the mantle of the Kīngitanga movement, deeply entrenched in Waikato kawa (protocol) and tikanga (teachings). Her hapū connections are Ngāti Wairere and Ngāti Hako Hauraki. Cilla is married with three children and five mokopuna.

Cilla is a Māori specialist consultant in the bicultural theory model for the Department of Corrections – Psychological Services Hamilton, working with Māori inmates at Waikeria Prison, and as a trustee of the Health Consumer Service Trust. She is a member of the National Council of Women, and is the Māori Women's Welfare League representative on the Care and Protection Resource Panel for Children (Child Youth and Family Service). Cilla is passionate about the care, protection and wellbeing of children.

Cilla was appointed a justice of the peace (JP) in 1996 and received the Queens Service Medal for public service in 2003.

Maui Hudson

Maui Hudson (JP) lives in Hamilton with his wife and three children. His iwi affiliations are with Whakatōhea, Ngā Ruahine and Te Māhurehure. Maui has professional qualifications from AUT in physiotherapy, ethics and Māori health, is a member of the Health Research Council Ethics Committee, and has previously been a member of ECART and the Auckland Regional Health and Disability Ethics Committee. He currently holds positions at the Institute of Environmental Science and Research Ltd (ESR) as a Senior Māori Researcher, and at the University of Waikato as an Iwi Research Developer. Maui is the principal investigator on the Health Research Council-funded project Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures, and has research interests in the area of ethics and the interface between mātauranga Māori and science.

Gareth Jones CNZM

Professor Gareth Jones is Director of the Bioethics Centre at the University of Otago, where he was Deputy Vice Chancellor (Academic and International) to the end of 2009. He is also Professor of Anatomy and Structural Biology. He qualified in medicine and neuroscience (BSc Hons, MBBS) at University College London, and has DSc and MD degrees from the University of Western Australia and the University of Otago, in science and bioethics respectively. He was made a Companion of the New Zealand Order of Merit in 2004 for his contributions to science and education. He has published extensively in neuroscience, anatomy education and bioethics. His recent publications include: *Speaking for the Dead: The human body in biology and medicine* (co-author, second edition, 2009), *Medical Ethics* (co-author, 4th

edition, 2005), *Designers of the Future* (2005), *Bioethics* (2007), *A Tangled Web: Medicine and theology in dialogue* (co-editor, 2009), and *A Glass Darkly: Medicine and theology in further dialogue* (co-editor, 2010).

Richard Randerson CNZM

Bishop Richard Randerson was born in Takapuna and studied at Otago University in arts and theology. He later undertook postgraduate studies in New York City and San Francisco in ethics and socioeconomics.

Ordained as an Anglican priest in Auckland in 1965, and bishop in 1994, Richard Randerson has served in a variety of ministries in New Zealand, the United States, the United Kingdom and Australia. His roles have included industrial chaplaincy, inner city ministry, social justice officer, a bishop in Canberra, and Dean of Auckland's Holy Trinity Cathedral. He has played a prominent role in the media, speaking and writing on issues such as poverty and justice, race relations, peace and inter-faith dialogue, and social ethics.

In 2000/01 he was appointed by the New Zealand Government to the four-person Royal Commission on Genetic Modification. In this role he engaged in extensive consultation with the New Zealand public, both at open meetings and with Māori on marae. The interface between science, ethics and the public good was central to the Commission's work.

He is the author of three books: *Christian Ethics and the New Zealand Economy* (1987), *Hearts and Minds: A place for people in a market economy* (1992), and *A Word in Season: Reflections on spirituality, faith and ethics* (2008).

Bishop Randerson was appointed a Companion of the New Zealand Order of Merit in 2004.

Now resident in Wellington, he is married to Jackie. They have three adult children and four grandchildren.

Robyn Scott

Robyn Scott's background is in both not-for-profit management and education. She studied at Wellington College of Education (now the Faculty of Education, Victoria University of Wellington) and Victoria University of Wellington before embarking on a career in primary school teaching and the teaching of speech and drama and music. From there she moved to managing a not-for-profit organisation, working particularly in the area of health support and health advocacy.

Robyn is currently executive director of Philanthropy New Zealand, and is charged with leading and developing this key organisation, which works to motivate and inspire philanthropists and grant makers. In August 2010 Robyn was appointed as a Family Commissioner, joining the board of the Families Commission.

Robyn lives in Wellington with her husband and two school-aged children. Outside work she enjoys a range of mostly family activities that tend to centre on children's sport and cultural events, and also enjoys travel and reading. She is an alumna of Leadership New Zealand, having graduated in 2006.

Andrew Shelling

Associate Professor Andrew Shelling is head of the Medical Genetics Research Group, which is primarily interested in understanding the molecular changes that occur during the development of genetic disorders, focusing on infertility and reproductive cancers.
Professor Shelling has a special interest in understanding the cause of premature menopause, and his research is internationally recognised for identifying

genetic causes of this common cause of infertility. He initiated the development of a support group for women with premature menopause in New Zealand. Professor Shelling is currently deputy head of the Department of Obstetrics and Gynaecology, University of Auckland, and is extensively involved in teaching reproduction, genetics and cancer at the university. He has recently served as president of the New Zealand branch of the Human Genetics Society of Australasia. He is currently an associate editor of the journal *Human Reproduction*, which is one of the leading journals in the area of reproductive research. He is a trustee for the Nurture Foundation for Reproductive Research.

Appendix 2: Terms of Reference for ACART

The Advisory Committee on Assisted Reproductive Procedures and Human Reproductive Research ('the Advisory Committee on Assisted Reproductive Technology', or ACART) is established under section 32 of the Human Assisted Reproductive Technology (HART) Act 2004. These Terms of Reference outline the role and functions of ACART.

Functions of ACART

ACART has the following functions:

- to issue guidelines and advice to the Ethics Committee on Assisted Reproductive Technology (ECART) on any matter relating to any kind of assisted reproductive procedure or human reproductive research and to keep such guidelines and advice under review
- to provide the Minister of Health with advice on aspects of, or issues arising out of, kinds of assisted reproductive procedure or human reproductive research and, without limitation, advice as to whether:
  - the HART Act should be amended to prohibit or provide for any kind of assisted reproductive procedure or human reproductive research
  - any kind of procedure or treatment should be declared an established procedure, on the basis of the information, assessment, advice, and ethical analysis required to declare a procedure to be an established procedure under section 6 of the HART Act
  - any established procedure should be modified or should cease to be an established procedure
  - a moratorium should be imposed on any kind of assisted reproductive procedure or human reproductive research
  - regulations should be made under section 76 of the HART Act to regulate the performance of any kind of assisted reproductive procedure or the conduct of any kind of human reproductive research
- to liaise with ECART on general and specific matters relating to assisted reproductive procedures or human reproductive research
- to consult with any persons who, in the opinion of ACART, are able to assist it to perform its functions
- any other function that the Minister of Health assigns to ACART by written notice.

For the purposes of performing the above functions, ACART must monitor:

- the application, and health outcomes, of assisted reproductive procedures and established procedures
- developments in human reproductive research.

ACART should also monitor the decisions of ECART to ensure that they fall within the guidelines as intended by ACART. If, after consideration of one of ECART's decisions, ACART considers that the decision falls outside its guidelines, ACART should inform ECART of this.

Guiding principles

ACART shall be guided by the following principles.

- The health and wellbeing of children born as a result of the performance of an assisted reproductive procedure or an established procedure should be an important consideration in all decisions about that procedure.
- The human health, safety and dignity of present and future generations should be preserved and promoted.
- While all persons are affected by assisted reproductive procedures and established procedures, women, more than men, are directly and significantly affected by their application and the health and wellbeing of women must be protected in the use of these procedures.
- No assisted reproductive procedure should be performed on an individual and no human reproductive research should be conducted on an individual unless the individual has made an informed choice and given informed consent.
- Donor offspring should be made aware of their genetic origins and be able to access information about those origins.
- The needs, values and beliefs of Māori should be considered and treated with respect.
- The different ethical, spiritual and cultural perspectives in society should be considered and treated with respect.

Guidelines

ACART may issue guidelines to ECART only after it has:

- consulted on the proposed guidelines with the Minister of Health
- on the basis of a discussion paper or an outline of the proposed guidelines, given interested parties and members of the public a reasonable opportunity to make submissions
- taken any such submissions into account.

When ACART issues guidelines to ECART, it must:

- give copies of the guidelines to the Minister, to the Director-General of Health, to ECART and to providers
- publish the guidelines on the internet and in any other publications (if any) that the committee thinks appropriate
- give public notice of the issue of the guidelines by publishing in any publication that it considers appropriate for the purpose a notice that states:
  - the date and subject matter of the guidelines
  - the internet website on which they are published.

Specific advice

ACART must, within timeframes agreed with the Minister, provide the Minister with information, advice, and, if it thinks fit, recommendations on the following matters in relation to the use of gametes and human embryos in human reproductive research:

- cloned embryos
- donations of human embryos
- genetic modification of human gametes and human embryos
- human gametes derived from foetuses or deceased persons
- hybrid embryos
- requirements for informed consent
- the import into, or export from, New Zealand of in vitro human gametes or in vitro human embryos.

ACART must, within the timeframes agreed with the Minister, provide the

Minister with information, advice, and, if it thinks fit, recommendations on the following matters in relation to human assisted reproductive technology:

- donations of human embryos
- embryo splitting
- gametes derived from deceased persons
- requirements for informed consent
- selection of embryos using pre-implantation genetic diagnosis
- the import into, or export from, New Zealand of in vitro donated cells or in vitro donated gametes.

ACART may give advice on the above areas only after it has:

- on the basis of a discussion paper or an outline of the proposed advice, given interested parties and members of the public a reasonable opportunity to make submissions
- taken any such submissions into account.

Public meetings on proposed significant advice

If, in the opinion of ACART, a significant number of persons wish to make oral submissions on a proposal to give specific advice on any of the above human reproductive research or human assisted reproductive technologies, ACART must hold as many meetings as are required to enable those submissions to be made.

ACART must:

- notify the persons who wish to make oral submissions of the time and place of any meeting to be held
- publish a notice on the internet and in any publication the committee thinks appropriate that states the time, place, and purpose of any such meeting, and that it will be held in public.

Consultation

Before ACART gives advice to the Minister or issues guidelines to ECART, it must consult on the proposed advice or guidelines with:

- any members of the public that the committee considers appropriate
- appropriate government departments and agencies
- any other person or group that the committee considers appropriate.

Composition and membership

The Minister may appoint any person to be a member of ACART and must, before doing so, consult any persons who, in the Minister's opinion, are able to provide advice on prospective appointees who have the required expertise and the ability to reflect relevant perspectives and concerns, including, without limitation, the perspectives and concerns of women.

Guiding principle

The primary guiding principle for appointing members to ACART is to ensure that ACART has the appropriate expertise, skills, knowledge and perspectives to provide advice and guidelines of the highest quality.

Member numbers

ACART must consist of not fewer than eight and not more than 12 members appointed by the Minister of Health.

Lay/non-lay membership

At least half of the total membership of ACART must be laypersons.

For the purposes of these Terms of Reference, a layperson is a person who, at no time during the person's membership of ACART or in the three

years before becoming a member of ACART:

- is a health practitioner within the meaning of the Health Practitioners Competence Assurance Act 2003; or
- is involved in health research; or
- is employed by or associated with, or has a pecuniary interest in, a fertility service provider.

Ex officio attendance

The chairperson of ACART, or a member of ACART nominated by the chairperson of ACART for the meeting, may attend each meeting of the National Ethics Committee on Assisted Reproductive Technologies (ECART). The ACART member or chairperson attending the advisory group meeting is not a member of the committee.

The chairperson of ECART or a member of ECART nominated by the chairperson of ECART for the meeting may attend each meeting of ACART. The ECART member or chairperson attending the ACART meeting is not a member of the committee.

Member categories

ACART's membership must include:

- one or more members with expertise in assisted reproductive procedures
- one or more members with expertise in human reproductive research
- one or more members with expertise in ethics
- one or more Māori members with expertise in Māori customary values and practice and the ability to articulate issues from a Māori perspective
- one or more members with the ability to articulate issues from a consumer perspective
- one or more members with the ability to articulate issues from a disability perspective
- one or more members with the ability to articulate the interests of children who, at the time of his or her appointment, holds the office of Children's Commissioner or is a representative or employee of the person who holds that office
- one or more members with expertise in relevant areas of the law.

Whole committee requirements

Members should possess an attitude that is accepting of the values of different professions and community perspectives, and it is important that ACART comprise people from a range of backgrounds and ethnicities. All members of ACART are expected to have an understanding of how the health sector responds to Māori issues and their application to ethical review.

Despite being drawn from groups identified with particular interests or responsibilities in connection with health and community issues, advisory committee members are not in any way the representatives of those groups. They are appointed in their own right, to participate in the work of ACART as equal individuals of sound judgement and relevant experience.

Terms and conditions of appointment

Members of ACART are appointed by the Minister of Health for a term of office of up to three years. The terms of office of members of ACART will be staggered to ensure continuity of membership. Members may be reappointed from time to time. No member may hold office for more than six consecutive years.

Persons who have served six consecutive years as members of the previous National Ethics Committee on Assisted Human Reproduction (NECAHR) shall not be immediately eligible for appointment to ACART.

A person may not be a member of ACART and ECART simultaneously.

Unless a person sooner vacates their office, every appointed member of ACART shall continue in office until their successor comes into office. Any member of ACART may at any time resign as a member by advising the Minister of Health in writing.

The Minister may, by written notice, terminate the appointment of a member or chairperson of the advisory committee.

The Minister may from time to time alter or reconstitute ACART, or discharge any member of ACART, or appoint new members to ACART for the purpose of decreasing or increasing the membership or filling any vacancies.

Chairperson and deputy chairperson

The Minister may appoint any person to be a chairperson of ACART and must, before doing so, consult any persons who, in the Minister's opinion, are able to provide advice on prospective appointees who have the required expertise and the ability to reflect relevant perspectives and concerns, including, without limitation, the perspectives and concerns of women.

ACART may appoint one of its members to be deputy chairperson.

The chairperson will preside at every meeting of ACART at which they are present.

Duties and responsibilities of a member

This section sets out the Minister of Health's expectations regarding the duties and responsibilities of a person appointed as a member of ACART. This is intended to aid members of ACART by providing them with a common set of principles for appropriate conduct and behaviour, and serves to protect ACART and its members.

As an independent statutory body, ACART has an obligation to conduct its activities in an open and ethical manner. ACART has a duty to operate in an effective manner within the parameters of its functions as set out in its Terms of Reference and in accordance with the HART Act.

General

ACART members should have a commitment to work for the greater good of the committee.

There is an expectation that members will make every effort to attend all ACART meetings and devote sufficient time to become familiar with the affairs of ACART and the wider environment within which it operates.

Members have a duty to act responsibly with regard to the effective and efficient administration of ACART and the use of ACART funds.

Conflicts of interest

ACART members must perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect ACART and its members and will ensure that it retains public confidence.

Members attend meetings and undertake committee activities as independent persons responsible to ACART as a whole. Members are not appointed as representatives of professional organisations and or particular community bodies. ACART should not, therefore, assume that a particular group's interests have been taken into account because a member is associated with a particular group.

Members should declare, and the committee regularly review, their actual and potential conflicts of interest. ACART must exhibit transparency in avoiding or managing any real or perceived conflict of interest.

Confidentiality and information sharing

The public has a right to be informed about the issues being considered by ACART. The chairperson of ACART must ensure that the agenda and minutes are published on the internet as soon as possible after they are confirmed by the members of the committee. ACART should have procedures in place regarding the release of information and processing requests for information.

Individual members must observe the following duties in relation to ACART information. These provisions ensure that ACART as a whole maintains control over the appropriate release of information concerning issues before it.

- Meetings of ACART, including agenda papers and draft minutes, are confidential. Members must ensure that the confidentiality of ACART business is maintained.
- Members are free to express their own view within the context of committee meetings or the general business of ACART.
- Members must publicly support a course of action decided by ACART. If unable to do so, members must not publicly comment on decisions.
- At no time should members individually divulge details of ACART matters or decisions of ACART to persons who are not ACART members. Disclosure of ACART business to anyone outside ACART must be on the decision of ACART, or at the discretion of the chairperson of ACART between meetings. In choosing to release or withhold information, the Committee must comply with the Official Information Act 1982 and the Privacy Act 1993.
- ACART members must ensure that ACART documents are kept secure to ensure that the confidentiality of committee work is maintained. Release of committee correspondence or papers can only be made with the approval of ACART.

Meetings of the committee

Meetings shall be held at such times and places as ACART or the chairperson of ACART decides.

When ACART has 12 members, at least seven members must be present to constitute a majority. When the number of appointed members is less than 12, a quorum is the minimum number constituting a majority. The quorum must include a reasonable representation of members with health practitioner, research, ethical and community/consumer expertise, knowledge and perspectives.

Every question before any meeting shall generally be determined by consensus decision-making. Where a consensus cannot be reached a simple majority vote will apply. In such circumstances, the chairperson shall have the casting vote.

Subject to the provisions set out above, ACART may regulate its own procedures.

Reporting requirements

ACART must, as soon as practicable after each 12-month period ending on 30 June, give the Minister of Health a report:

- on its progress in carrying out its functions
- on the number and kinds of decisions given by ECART in that period.

Fees and allowances

Members of ACART are entitled to be paid fees for attendance at meetings. The level of attendance fees are set in accordance with the State Services Commission's framework for fees for statutory bodies.

The chairperson will receive $542.50 per day (plus half a day's preparation fee) and an allowance of two extra days per month to cover additional work undertaken by the chairperson. The attendance fee for members is set at $342.50 per day (plus half a day's preparation fee). The Ministry of Health pays actual and reasonable travel and accommodation expenses of ACART members.

Servicing of ACART

ACART will agree a work programme with the Minister of Health. ACART will be serviced by permanent staff, sufficient to meet the committee's statutory requirements, who will be based in the Ministry of Health.

Appendix 3: Member Attendance

Table 1: Member attendance at ACART meetings, 2009/10

Member	10 July 2009	11 September 2009	27 November 2009	12 March 2010	14 May 2010	Total
Prof Sylvia Rumball (Chairperson)	X*	X	X	X	X	5/5
Adjunct Prof Ken Daniels (Deputy Chairperson)	A	A	X	X	A	2/5
Prof Gareth Jones	X	X	X	X	X	5/5
Dr Ian Hassall	X	X	X	X	X	5/5
Bishop Richard Randerson	X	X	X	X	X	5/5
Cilla Henry	X	X	X	A	X	4/5
Maui Hudson	X	X	A	X*	X	4/5
John Forman	X	X	X	X	X	5/5
Robyn Scott	X	A	X	A	X	3/5
Prof Mark Henaghan	X	X	X	X	X	5/5
Assoc Prof Andrew Shelling	X	X	X	X	X	5/5
Dr Richard Fisher	X	A	X	X	X	4/5
Total members present	**11/12**	**9/12**	**11/12**	**10/12**	**11/12**	

* Half-day attendance

A Apologies

X Present

Note: Members also participated in working group meetings.

Appendix 4: ACART Working Groups

Working group	Responsibilities
Executive Group Sylvia Rumball (Chairperson) Ken Daniels Maui Hudson	Responsible for governance and administrative matters, as delegated by ACART
PGD Working Group Gareth Jones (Chairperson) Andrew Shelling John Forman Mark Henaghan Richard Fisher	Responsible in 2009/10 for recommendations to ACART about matters arising from ACART's consultation with the Minister of Health on guidelines on PGD with HLA tissue typing
IVM Working Group Andrew Shelling Richard Fisher	Responsible in 2009/10 for considering feedback from consultation and making recommendations to ACART on advice to the Minister
Import and Export of Gametes and Embryos Working Group Mark Henaghan (Chair) Sylvia Rumball Gareth Jones	Responsible in 2009/10 for continuing work, including consultation with medical directors of fertility clinics, on advice to the Minister on the import and export of gametes and embryos under sections 38 and 39 of the HART Act
Informed Consent Working Group Richard Randerson (Chair) Mark Henaghan John Forman Sylvia Rumball	Responsible in 2009/10 for recommendations to ACART on preliminary policy positions in respect of informed consent as it applies to assisted reproductive treatment and human reproductive research
Extended Storage Working Group Ken Daniels (Chair) Richard Randerson Sylvia Rumball Mark Henaghan	Responsible in 2009/10 for recommendations to ACART about draft guidelines on the extended storage of gametes and embryos
Cryopreserved Ovarian Tissue − Technical Advisors Andrew Shelling Richard Fisher	Responsible in 2009/10 for developing the requirements for the commissioned technical report and assessing the completed report

Appendix 5: Applications Considered by ECART in 2009/10

(STC = subject to conditions)

App #	Date of first review	Final decision	Procedure	Decision	Approval end date	Is application finished?
E09/18	11/08/2009	11/08/2009	Donation of Eggs or Sperm between Certain Family Members	Approved	27/08/2012	No
E09/19	11/08/2009	11/08/2009	Clinic-Assisted Surrogacy	Approved	27/08/2012	Yes
E09/20	11/08/2009	11/08/2009	Embryo Donation	Approved	27/08/2012	Yes
E09/21	11/08/2009	11/08/2009	Donation of Eggs or Sperm between Certain Family Members	Approved	27/08/2009	No
E09/22	11/08/2009	11/08/2009	Clinic-Assisted Surrogacy	Approved	27/08/2012	No
E09/23	11/08/2009	11/08/2009	Embryo Donation	Approved	27/08/2012	Yes
E09/24	11/08/2009	11/08/2009	Embryo Donation	Approved	27/08/2012	No
E09/25	11/08/2009	11/08/2009	Clinic-Assisted Surrogacy	Approved	27/08/2012	No
E09/26	13/10/2009	13/10/2009	Embryo Donation	Approved	22/10/2012	Yes
E09/27	13/10/2009	18/02/2010	Donation of Eggs or Sperm between Certain Family Members	Approved	3/03/2012	No
E09/28	13/10/2009	13/10/2009	Clinic-Assisted Surrogacy	Approved	22/10/2012	No
E09/29	13/10/2009	13/10/2009	Clinic-Assisted Surrogacy	Approved	22/10/2009	No
E09/30	13/10/2009	8/01/2010	Clinic-Assisted Surrogacy	Approved	18/01/2010	Yes
E09/31	26/11/2009	26/11/2009	Research on Gametes and Non-Viable Embryos	Approved	22/10/2011	No
E09/32	26/11/2009	26/11/2009	Embryo Donation	Approved	10/12/2012	Yes
E09/33	26/11/2009	26/11/2009	Embryo Donation	Approved	10/12/2012	Yes
E09/34	26/11/2009	26/11/2009	Embryo Donation	Approved	10/12/2012	No
E09/35	26/11/2009	26/11/2009	Clinic-Assisted Surrogacy	Approved	10/12/2012	Yes
E09/36	26/11/2009	18/02/2010	Clinic-Assisted Surrogacy	Approved	10/12/2012	No
E09/37	26/11/2009	18/02/2010	Clinic-Assisted Surrogacy	Approved	10/12/2012	No

E10/01	18/02/2010	18/02/2010	Donation of Eggs or Sperm between Certain Family Members	Approved	3/03/2013	No
E10/02	18/02/2010	18/02/2010	Embryo Donation	Approved	3/03/2013	No
E10/03	18/02/2010	19/03/2010	Research on Gametes and Non-Viable Embryos	Approved	20/03/2011	No
E10/04	18/02/2010	18/02/2010	Embryo Donation	Approved	3/03/2013	Yes
E10/05	18/02/2010	18/02/2010	Embryo Donation	Approved	3/03/2013	No
E10/06	18/02/2010	17/06/2010	Clinic-Assisted Surrogacy	Approved	17/06/2013	No
E10/07	18/02/2010	Pending	Donation of Eggs or Sperm between Certain Family Members	Deferred	Not approved yet	No
E10/08	18/02/2010	18/02/2010	Donation of Eggs or Sperm between Certain Family Members	Approved	3/03/2013	No
E10/09	18/02/2010	18/02/2010	Clinic-Assisted Surrogacy	Approved	3/03/2013	No
E10/10	18/02/2010	17/05/2010	Clinic-Assisted Surrogacy	Approved	17/05/2013	No
E10/11	18/02/2010	Pending	Donation of Eggs or Sperm between Certain Family Members	Deferred	Not approved yet	No
E10/12	22/04/2010	22/04/2010	Clinic-Assisted Surrogacy	Approved	4/05/2013	No
E10/13	22/04/2010	22/04/2010	Clinic-Assisted Surrogacy	Approved	4/05/2013	No
E10/14	22/04/2010	Pending	Embryo Donation	Approved STC	Not approved yet	No
E10/15	22/04/2010	22/04/2010	Donation of Eggs or Sperm between Certain Family Members	Approved	29/03/2013	No
E10/16	22/04/2010	Pending	Clinic-Assisted Surrogacy	Approved STC	Not approved yet	No
E10/17	03/06/2010	03/06/2010	Donation of Eggs or Sperm between Certain Family Members	Approved	17/06/2013	No
E10/18	03/06/2010	03/06/2010	Donation of Eggs or Sperm between Certain Family Members	Approved	17/06/2013	No
E10/19	03/06/2010	05/07/2010	Embryo Donation	Approved	5/07/2010	No
E10/20	03/06/2010	03/06/2010	Clinic-Assisted Surrogacy	Approved	17/06/2013	No
E10/21	03/06/2010	03/06/2010	Donation of Eggs or Sperm between Certain Family Members	Approved	17/06/2013	No

Appendix 6: Applications Considered by ECART before 1 July 2009 with Treatment Ongoing through 2009/10

App #	Date of first review	Final decision	Procedure	Decision	Approval end date	Is application finished?
2003/13	15/05/2008	15/05/2008	Clinic-Assisted Surrogacy	Approved STC	15/05/2011	No
E07/07	08/04/2007	08/04/2007	Donation of Eggs or Sperm between Certain Family Members	Approved	24/05/2010	Yes
E07/12	26/07/2007	11/09/2007	Clinic-Assisted Surrogacy	Approved	11/09/2010	Yes
E07/19	11/09/2007	11/09/2007	Clinic-Assisted Surrogacy	Approved STC	11/09/2010	Yes
E07/22	06/12/2007	11/09/2007	Donation of Eggs or Sperm between Certain Family Members	Approved STC	28/09/2010	Yes
E07/26	20/11/2007	20/11/2007	Embryo Donation	Approved STC	6/12/2010	No
E07/27	20/11/2007	20/11/2007	Clinic-Assisted Surrogacy	Approved	6/12/2010	Yes
E07/29	20/11/2007	20/11/2007	Clinic-Assisted Surrogacy	Approved	6/12/2010	No
E07/34	20/11/2007	04/02/2008	Clinic-Assisted Surrogacy	Approved STC	6/12/2010	No
E08/02	04/02/2008	04/02/2008	Clinic-Assisted Surrogacy	Approved	11/02/2011	No
E08/03	04/02/2008	04/02/2008	Donation of Eggs or Sperm between Certain Family Members	Approved	11/02/2011	No
E08/06	15/05/2008	15/05/2008	Embryo Donation	Approved	2/07/2011	Yes
E08/08	15/05/2008	15/05/2008	Donation of Eggs or Sperm between Certain Family Members	Approved	3/06/2011	Yes
E08/09	15/05/2008	15/05/2008	Donation of Eggs or Sperm between Certain Family Members	Approved	3/06/2011	No
E08/11	15/05/2008	15/05/2008	Embryo Donation	Approved	3/06/2011	No
E08/19	09/09/2008	09/09/2008	Clinic-Assisted Surrogacy	Approved	23/09/2011	Yes
E08/20	09/09/2008	13/11/2008	Clinic-Assisted Surrogacy	Approved	28/11/2011	No

E08/21	09/09/2008	13/11/2008	Donation of Eggs or Sperm between Certain Family Members	Approved STC	28/11/2011	No
E08/22	09/09/2008	14/11/2008	Clinic-Assisted Surrogacy	Approved	23/08/2011	Yes
E08/23	09/09/2008	23/10/2008	Clinic-Assisted Surrogacy	Approved	23/10/2011	No
E08/24	13/11/2008	20/01/2009	Clinic-Assisted Surrogacy	Approved	20/01/2012	Yes
E08/25	13/11/2008	13/11/2008	Clinic-Assisted Surrogacy	Approved	28/11/2011	Yes
E08/26	13/11/2008	22/12/2008	Clinic-Assisted Surrogacy	Approved	22/12/2011	Yes
E09/02	12/02/2009	12/02/2009	Donation of Eggs or Sperm between Certain Family Members	Approved	6/06/2012	No
E09/03	12/02/2009	12/02/2009	Clinic-Assisted Surrogacy	Approved	6/03/2012	No
E09/05	02/04/2010	11/06/2009	Clinic-Assisted Surrogacy	Approved STC	22/06/2012	Yes
E09/06	02/04/2009	02/04/2009	Donation of Eggs or Sperm between Certain Family Members	Approved STC	20/04/2012	Yes
E09/07	02/04/2009	02/04/2009	Clinic-Assisted Surrogacy	Approved	20/04/2012	No
E09/08	02/04/2009	02/04/2009	Clinic-Assisted Surrogacy	Approved	20/04/2012	Yes
E09/09	02/04/2009	02/04/2009	Clinic-Assisted Surrogacy	Approved	20/04/2012	No
E09/10	02/04/2009	02/04/2009	Embryo Donation	Approved	20/04/2012	No
E09/11	02/04/2009	02/04/2009	Clinic-Assisted Surrogacy	Approved	20/04/2012	No
E09/12	11/06/2009	11/06/2009	Donation of Eggs or Sperm between Certain Family Members	Approved	22/06/2012	No
E09/13	11/06/2009	11/06/2009	Clinic-Assisted Surrogacy	Approved STC	22/06/2012	No
E09/14	11/06/2009	11/06/2009	Donation of Eggs or Sperm between Certain Family Members	Approved	22/06/2012	No
E09/15	11/06/2009	11/06/2009	Donation of Eggs or Sperm between Certain Family Members	Approved	22/06/2012	No
E09/16	11/06/2009	11/06/2009	Donation of Eggs or Sperm between Certain Family Members	Approved	22/06/2012	No
E09/17	11/06/2009	08/12/2009	Embryo Donation	Approved	14/12/2012	Yes