



Human Reproductive Technology Act 1991

Additional service request form to change or amend the licence

Instructions

1. Complete this form – if a question is not applicable write N/A.
2. This form can be completed electronically but must include a signature.
3. Send the completed form to LARULicensing@health.wa.gov.au

Applicant details

Name of ART practice and storage unit:

Name of Licence Supervisor/Authorised Delegate:

Mobile:

Email:

1.	Services to be added or removed	Comments
1.1	Changes to services offered or removed What services do you require to be included or removed from your licence?	
1.2	Commencement date of service When do you propose to start additional services or remove services? Note: a date is required – as soon as possible is not an acceptable answer.	
1.3	Reason for service What is the reason for offering this service/s?	

2.	Staffing	Comments
2.1	<p>How many extra staff are needed for the additional services?</p> <p>List their credentials and involvement</p>	
2.2	<p>Do staff require additional clinical, scientific or other type of training to deliver this service/s?</p>	
3.	Patient related	Comments
3.1	<p>Are there any clinical requirements that impact on your patients? If so, what?</p>	
3.2	<p>Are there any environmental matters that impact on patient flow?</p> <p>For example: parking, waiting area or procedure room.</p>	
4.	Equipment and consumables	Comments
4.1	<p>Is additional equipment required to provide this service? If so, what type?</p>	
4.2	<p>What area or space will be used for storing the equipment?</p> <p>(Highlight on the floor plan and attach)</p>	
4.3	<p>Is commissioning of the equipment required?</p>	
4.4	<p>Do staff require training to use the equipment?</p> <p>This includes all medical, clinical or scientific staff.</p> <p>If so, how and when will this training occur?</p>	
4.5	<p>Is there any additional cleaning associated with equipment?</p>	
4.6	<p>Do you require additional consumables (sterile and non-sterile) for service provision? If so, what?</p>	
4.7	<p>Where will the additional consumables be stored?</p>	

5.	Building	Comments
5.1	<p>If additional services are added to the licence, does the licenced premises need to be changed to provide this service?</p>	
6.	Governance	Comments
6.1	<p>Has the Medical Advisory Committee (MAC) approved the additional service?</p> <p>List the date the committee meeting was held when approval was granted.</p>	
6.2	<p>Has the Infection Control (IC) Committee reviewed the additional service?</p> <p>Were any recommendations made and implemented? If so, please attach a copy.</p>	
6.3	<p>Does this additional service impact on specific policies, procedures, patient information leaflets, consent forms etc?</p> <p>If so, list all that apply.</p>	
6.4	<p>Have you drafted or updated the policies and procedures to reflect this additional service?</p>	
7.	Licence	Comments
7.1	<p>Does your licence have any conditions placed on it?</p>	

8.	Reproduction Technology Councils Applications	Comments
8.1	<p>As per the requirements of related legislation, does this additional service require approval from the Reproductive Technology Council (RTC)?</p> <ul style="list-style-type: none"> • Innovative procedures, research or diagnostic testing? • Donor or surrogacy programmes • Export of donated gametes, embryos or eggs undergoing fertilisation for use in an artificial fertilisation (AF) procedure • Extension of storage periods for embryos, eggs, excess assisted reproductive technology (ART) embryos etc? • Use of donated gametes, embryos, eggs that may result in more than 5 recipient families. 	



Licence Supervisor or Authorised Delegate declaration

I declare as the Licence Supervisor Authorised Delegate that:

- the information contained in this form is true and correct
- I am duly authorised to make this declaration.

Name

Position title

Signature

Date

This document can be made available
in alternative formats on request.

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