

Reproductive Technology Accreditation Committee

CERTIFICATION SCHEME

(RTAC Scheme)

Fertility Society of Australia

SUPPLEMENT 1

ART UNIT APPLICATION FORM FOR CERTIFICATION TO THE RTAC CODE OF PRACTICE

(September 2008)





NAME OF ART UNIT:

ADDRESS & CONTACT NUMBERS:

PRIMARY CONTACT PERSON:



TYPE OF AUDIT:

PRIMARY: Y / N (CIRCLE)

SURVEILLANCE: Y / N

DATE OF LAST AUDIT: (IF APPLICABLE)

SCOPE OF SERVICES PROVIDED:

Which of the following procedures are conducted at the site by the ART unit? Insert Y/N/na

IVF	[]
GIFT	[]
PROST/ZIFT/TEST	[]
ICSI	[]
OVULATION INDUCTION	[]
AI (IUI) with DONOR SPERM	[]
AI (IUI) with HUSBAND/PARTNER SPERM	[]
THAWED EMBRYO TRANSFER	[]
DONATED OOCYTES	[]
DONATED SPERM	[]
DONATED EMBRYOS	[]
THAWED OCCYTE FERTILISATION	[]
SURGICAL SPERM ASPIRATION (MESA or PESA or TESA or Testicular Biopsy)	[]
EXTENDED EMBRYO CULTURE (past DAY 3)	[]
ASSISTED HATCHING	[]
EMBRYO BIOPSY for PREIMPLANTATION GENETIC DIAGNOSIS	[]
DIAGNOSTIC ANDROLOGY TESTING	[]
DIAGNOSTIC ENDOCRINOLOGY TESTING	[]
SURROGACY	[]

Comments/Additions relative to the list
Insert here:



NAMES AND QUALIFICATIONS OF KEY PERSONNEL:

Medical Director:

Scientific Director:

Nurse Manager:

Senior Counsellor:

Completed by:

Name: _____

Signature: _____

Date: ___/___/___ (dd/mm/yy)