## Regulations for Verification on Kinship of Sperm/Oocyte Donors and Receptors

Promulgated by Shu-Sho-Guo-Tzu Order No.0960400556 and Tai-Nei-Hu-Tzu Order No.0960115387 on July 30, 2007

Modified by Shu-Sho-Guo-Tzu Order No.0960401449 and Tai-Nei-Hu-Tzu Order No.0970016696 on February 20, 2008

Modified by Shu-Sho-Guo-Tzu Order No.10004020022 and Tai-Nei-Hu-Tzu Order No.1000210434 on November 17, 2011

Modified by Bu-Sho-Guo-Tzu Order No.1030400212 and Tai-Nei-Hu-Tzu Order No.1030111923 on April 17, 2014

Modified by Bu-Sho-Guo-Tzu Order No. 1030402883 and Tai-Nei-Hu-Tzu Order No. 1041201012 on March 3, 2015

- Article 1 These Regulations are prescribed pursuant to Article 15, Paragraph 2 of the Artificial Reproduction Act (hereafter referred to as this Act).
- Article 2 For the purpose of these Regulations, "applicants" mean recipient couples who need to receive donated reproductive cells.
- Article 3 A recipient couple must truthfully fill out a Kinship Form of direct blood relatives, direct relatives by marriage, and collateral blood relatives within the fourth degree of kinship System(herein referred to as Kinship Form) (Attached Form1) prior to using donated sperm (oocytes) in artificial reproduction.

A recipient couple shall submit verifying documentation issued by a medical care institution (Attached Form 2) and apply to a household registration office for the degree of relationship records of relatives of the recipient wife (husband) for the purpose of filling out and checking the Kinship Form.

Where the recipient wife (husband) is a foreigner, and obtaining a degree of relationship records is either difficult or impossible, the recipient couple may provide detailed explanation on the Kinship Form.

Article 4 A medical care institution shall check the Kinship Form provided by the recipient couple and the donor's name and household registration information prior to performing artificial reproduction.

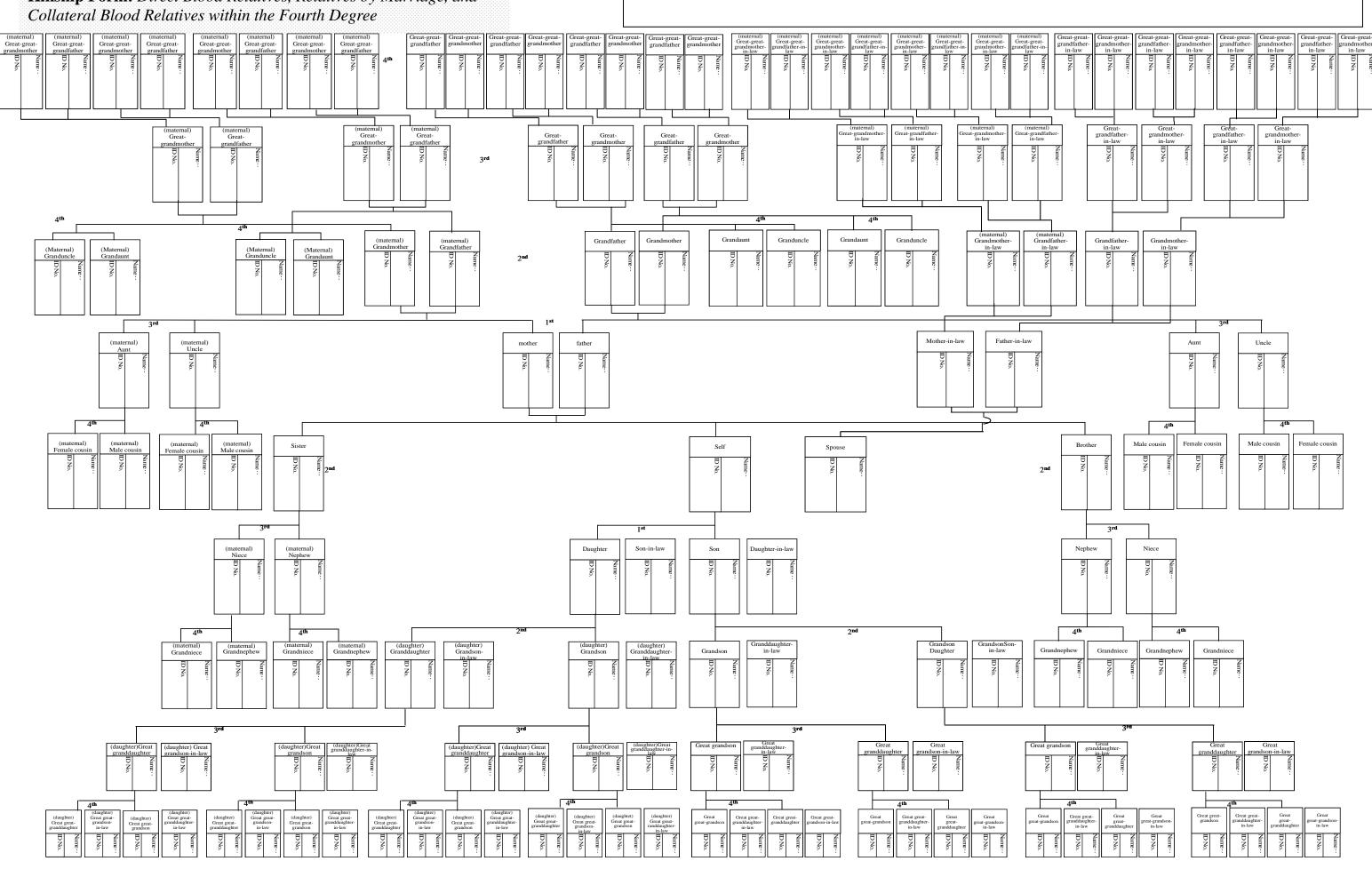
Where the information as described in the proceeding paragraph has been checked by the medical care institution, and Article 15, Paragraph 1 of this Act is not violated, it shall be sent to the competent authority in order to be checked against donor data in the artificial reproduction database for further verification.

- Article 5 A medical care institution shall bear responsibility for the confidentiality of Kinship Forms provided by recipient couples, and shall not disclose such information without cause.
- Article 6 The competent authority may assign subordinate Health Promotion Administration or commission a relevant group to perform the checking and verification work as prescribed in Article 4 of these Regulations.
- Article 7 These Regulations shall take effect on the date of promulgation.

## **Attached Table 1**

Kinship Form: Direct Blood Relatives, Relatives by Marriage, and

- When filling out this form, please present verifying documentation issued by a medical organization to apply to a household registration office for a degree of relationship records of the ART spouse.
- Please explain the reason in full if an ART spouse is a foreigner and obtaining a degree of relationship records is not possible:
- The following information is confirmed as being the applicant's and is consistent with the content of the degree of relationship records! Applicant: (signature)



## **Medical Care Institutions Certificate**

Name (Note 1)					Sex		☐ Male ☐ Female				
Age	Yea	Date of birth:									
National ID number											
Uniform ID number of foreigner (Note 2)											
Passport number of foreigner											
Registered address	(county/city)(city/town/township/district)(village)(neighborhood)(road/street) (section)(lane)(alley)(no.)(floor)										
Current address	(county/city) (city/town/township/district)(village) (neighborhood) (road/street) (section) (lane) (alley) (no.) (floor)										
Medical Record number	Contact telephone number										
Description	In accordance with the verification rule on kinship of sperm and oocyte donors as provided in Article 15, Paragraph 2 of the Artificial Reproduction Act, it is hereby confirmed that the applicants wish to employ artificial reproduction technology; please approve the application for the degree of relationship records of direct blood relatives, direct relatives by marriage, and collateral blood relatives within the fourth degree of kinship.										
It is hereby verified that the foregoing descriptions are truthful and correct.											
Name of physician: Physician's certificate number: Yi-tzu No. Name of medical care institutions:											
Business license number: Yi-tzu No.											
Address: Phone:											
	Date:										

- Note 1: This column is for the name of the applicant who wishes to apply for the degree of relationship records of direct blood relatives, direct relatives by marriage, and collateral blood relatives within the fourth degree of kinship.
- Note 2: Foreigners who do not have a national ID card shall provide both their uniform ID number and passport number. Those foreigners who do not have a uniform ID number may submit equivalent identification documents from their country of origin, and fill in the serial number on those documents.
- (The foregoing verification is only for applying at a household registration office for relevant degree of relationship records .)