Application: Embryo research licence for embryo biopsy training using excess ART embryos

When completing this application form, please refer to the *Instructions: Embryo research licence* application for embryo biopsy training using excess ART embryos (on the NHMRC website)

Section 1 -	- Appl	licant	inf	form	ation
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1.1	ı A	Appl	icant	Int	orm	ation	

1.1.1. Organisation ¹	
Organisation name	
Street address	
Postal address	
ABN or ACN	

1.1.2. Organisation Representative ²		
Title		
Given name		
Surname		
Position		
Contact number		
Email address		

² Organisation Representative: A person with legal authority to sign the application on behalf of the organisation (for example, the Scientific Director of an ART Clinic)



¹ Applicant Organisation: A legal entity (not an individual researcher or ART clinician). The organisation will be the licence holder and will be responsible for ensuring compliance with licence conditions.

1.1.3. Contact person for licence application ³		
Title		
Given name		
Surname		
Position		
Contact number		
Email address		

1.2 Proposed Authorised Persons

1.2.1 - Principal Supervisor

1.2.1.1 Principal Supervisor	or ⁴
Title	
Given name	
Surname	
Position	
Contact number	
Email address	
Role in proposed activity	
	the proposed activity, including information about whether the ng embryos or using human cells.
Attach a full curriculum vitae.	The CV should indicate relevant embryology or other skills.
Attachment number for CV	

⁴ Principal Supervisor: Authorised person who will oversee the proposed activity. The person nominated as the Principal Supervisor must have technical insight into all aspects of the proposed training activity and sufficient authority to fulfil the role described above. This person could be the chief scientist or director of clinical sciences in the ART clinic.



³ Contact Person: Person familiar with the application who can be contacted with queries relating to the application. For example, the organisation representative (1.1.2), the Principal Supervisor (1.2.1) or another staff member.

1.2.1.2 Joint ⁵ or Alternate ⁶ Principal Supervisor (if applicable)		
Role		
Title		
Given name		
Surname		
Position		
Contact number		
Email address		
Role in proposed activity		
person will be creating or us	the proposed activity, including information about whether the ing embryos or using human cells. Note that the Principal Principal Supervisor, if any) must oversee all blastocyst biopsies e.	
Attach a full curriculum vitae	. The CV should indicate relevant embryology or other skills.	
Attachment number for CV		

⁶ An alternate Principal Supervisor takes responsibility for the licensed activity in the absence of the Principal Supervisor.



⁵ A joint Principal Supervisor is considered by ERLC to have shared responsibility for the licensed activity at all times

1.2.2	Staff who will use exc	cess ART embryos (duplicate this s	ection as required)
Title			
Given	name		
Surnar	ne		
Positio	on		
Conta	ct number		
Email	address		
Role o	n licence (please tick	one and complete relevant fields):
	ainer (if different Principal Supervisor)	Role in proposed activity Describe the person's role in the person's role in the person about whether the person or using human cells. At indicating relevant embryology of	erson will be creating or using tach a brief curriculum vitae
		Attachment number for CV	
☐ Tr	ainee	Justification for training the emb	ryologist in embryo biopsy
		A one sentence justification for treembryo biopsy (for example, opestaff movements; increasing demonstrating).	rational requirements due to
Comp	etency		
	•	norised person has demonstrated s es and embryos before requesting	•
	select one:		
	The Principal Supervisor confirms that the proposed authorised person is COMPETENT in the micromanipulation of animal and/or human gametes and embryos.		•
	The Principal Supervisor confirms that the proposed authorised person is NOT COMPETENT in the micromanipulation of animal and/or human gametes and embryos.		



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1.3.1 Site(s) of the proposed activity (duplicate this section if required)		
Building name		
Level or room number		
Street number and name		
Suburb		
State and postcode		

1.3.2	Site(s) of records (other than patient records) associated with the proposed activity		
	(duplicate this section	if required)	
Buildin	ng name		
Level o	or room number		
Street	number and name		
Suburk)		
State a	and postcode		

1.3.3	Site(s) of patient records (including original consent document) associated with the		
	proposed activity (dup	licate this section if required)	
Buildin	g name		
Level	or room number		
Street	number and name		
Suburk)		
State a	and postcode		



Section 2 - Project Description

This simplified application form may only be used by applicants wishing to apply for a licence to use excess ART embryos for training in embryo biopsy.

2.1 T	itle of proposed use			
The standard title for a licence to use excess ART embryos for training in embryo biopsy is:				
'Use of e	'Use of excess ART embryos for blastocyst-stage biopsy training'			
Please cl	neck one option below:			
	The standard title is appropriate for the proposed licence.			
	The title of proposed use is not appropriate for the proposed licence (please provide alternative title and justification):			
2.2 S	hort description of the proposed use of excess ART embryos			
The stan	dard description of activity authorised by the licence and goals of the activity is:			
"This licence authorises trainee embryologists to use excess assisted reproductive technology (ART) embryos to attain proficiency in blastocyst-stage embryo biopsy. The embryos to be used under this licence are frozen embryos which have been declared to be excess to the reproductive needs of the responsible people concerned. The goals of the licensed activity are to allow embryologists to achieve competence in the technique of blastocyst-stage embryo biopsy through the use of limited numbers of excess ART embryos."				
	neck one option below:			
	The standard description of proposed use above is appropriate for the proposed licence.			
	The title of proposed use is not appropriate for the proposed licence (please provide alternative title and justification):			



2.3 P	Proposed duration of I	icensed activity		
Select the preferred duration for the licence (from the licence issue date) and provide a brief explanation for the selection:				
	6 months			
	12 months			
	24 months			
	36 months			
Brief exp	Brief explanation for proposed duration:			
2.4 A	ART clinic(s) from which	ch the excess ART embryos will be obtained		
	details for each clinic activity (duplicate this	which will provide excess ART embryos to be used in the proposed section if required):		
Organisa	ation name			
Street ac	ddress			
Contact name				
Position				
Telephor	ne number			
Email ad	dress			
2.5 S	urvival rate for embry	os thawed at relevant ART clinic		
ERLC has determined that under this licence type, each trainee may use up to 20 excess ART embryos during their training in embryo biopsy. Not all embryos survive thawing or reach the developmental stage required and embryos used for biopsy training must be live embryos. Provide information about the expected survival rate for thawed embryos to assist ERLC in determining the number of excess ART embryos to be removed from storage and authorised for use in training. This information must be specific to each clinic(s) listed at section 2.6.				
Attachm required	ent number (if)			



Section 3 - Proper consent protocols

To issue a licence, ERLC must be satisfied that appropriate protocols are in place to enable proper consent to be obtained before an excess ART embryo or human egg is used, or other embryo is created or used.

When developing the consent process and documents, please consult:

- Research Involving Human Embryos Act 2002
- Ethical guidelines on the use of assisted reproductive technology in clinical practice and research (ART Guidelines)
- National Statement on Ethical Conduct in Human Research (the National Statement), and
- any other relevant advice or guidelines issued by the NHMRC.

The Consent checklist for Licensed Activities using excess ART embryos available on the NHMRC website will assist applicants to develop consent processes for the use of excess ART embryos that are in accordance with the regulations and guidelines noted above. Please refer to the checklist on the NHMRC website at www.nhmrc.gov.au/research-policy/embryo-research-licensing/information-applicants before completing section 3.

3.1 Overview of proper consent process			
Provide a description and a flowchart which details the order and timing of the provision to responsible persons of the participant information and consent forms (see section 3.2). Describe how you will ensure that you notify ERLC that proper consent has been obtained before each excess embryo or human egg is used under the licence (see RIHE Act s24(1)). Provide attachments and note the attachment numbers in this box.			
Attachment number/s			



3.2 Tracking system		
Describe the tracking system that will be used to identify the excess ART embryos or human eggs used, or other embryos created or used in the proposed activity. Maintenance of a tracking system that links individual embryos and eggs to a specific licence and responsible persons will be a condition of a licence granted and Embryo Licence Inspectors will audit the system during their inspections. Provide attachments if necessary.		
Attachment number/s (if required)		
3.3 Documents to be provided to obtain proper consent		
Attach copies of all documentation to be provided to research participants to obtain proper consent and note attachment numbers in this box. Do not attach any signed consent forms or forms containing personal information about donors.		
Attachment numbers:		
3.4 Payment of reasonable expenses ⁷		
Specify the amount, if any, to be paid to research participants and/or donors and provide a justification for the level of reimbursement of reasonable expenses. Also provide details of any 'in-kind' benefits, discounts or gifts that participants and/or donors will be offered. Attach a copy of all documentation used and note attachment numbers in this box.		
Attachment number/s (if required)		

⁷ Note that under section 21 of the *Prohibition of Human Cloning for Reproduction Act 2002*, giving or receiving benefits, or offering to give or receive benefits, in excess of reasonable expenses, is a serious offence punishable by imprisonment for up to 15 years.



Section 4 - Agreement to meet certain conditions

Please read section 4 and ensure you understand the conditions of a licence to use excess ART embryo for embryo biopsy training purposes. By signing section 6, you are agreeing to meet the conditions set out below.

4.1 Standard licence Conditions

I declare that the applicant organisation will meet all conditions that are specified in the document *Standard Conditions for General Licences* as currently published on www.nhmrc.gov.au/research-policy/embryo-research-licensing/database-licences-issued, as amended from time to time.

4.2 Special Conditions for licences to use excess ART embryos for embryo biopsy

I declare that the applicant organisation will meet the following conditions that will be included as Special Conditions in any licences issued for the use of excess ART embryos for embryo biopsy:

- A maximum of 20 suitable excess ART embryos may be used to train each trainee in the technique of embryo biopsy.
- Each embryo must be declared to be excess (refer section 9, *Research Involving Human Embryos Act 2002*) before proper consent is sought to use the excess ART embryo in the licensed training.
- A 'suitable' embryo is an excess ART embryo which has greater than 50% of its blastomeres intact immediately following thawing and at the stage when it will be used for training.
- > The Principal Supervisor must confirm that before a trainee uses an excess human ART embryo for embryo biopsy training in accordance with this licence, the trainee:
 - (i) is named by ERLC as an 'authorised person' on this licence, and
 - (ii) has demonstrated skill in the micromanipulation of animal and/or human gametes.
- The licence holder must provide the following information to ERLC in addition to the reporting requirements specified in the Standard Conditions:
 - (i) the name of each authorised person who has received training (the trainee)
 - (ii) the site/s where each trainee has been trained
 - (iii) the number of excess ART embryos thawed and how may 'suitable embryos' have been used for training by each trainee, and
 - (iv) the outcomes of the training.

4.3 Monitoring compliance

I am aware that the conditions detailed at section 4.1 and 4.2 above will be included as conditions of any licence(s) issued and the Embryo Licence Inspectors will audit these practices and procedures during their inspections.



Section 5 - Human Research Ethics Committee Approval

The activity proposed in the application must be assessed and approved by a HREC that is constituted in accordance with, and acting in compliance with, the National Statement. For more information and a list of approved HRECs: www.nhmrc.gov.au/research-policy/ethics/human-research-ethics-committees

5.1 Human Research Ethic	Human Research Ethics Committee (HREC)		
Name of HREC			
Institution / Organisation			
HREC email			

5.2 HREC Consideration of Application

5.2.1	Date of HREC approval	
5.2.2	HREC evaluation and approval/clearance	
Attach the HREC evaluation and approval/clearance of the proposed activity and indicate the attachment number here. Refer to the Instructions for completing this form when preparing the HREC evaluation statement that is required here.		
Attack	nment number	



Section 6 - Signatures

ORGANISATION REPRESENTATIVE

6.1

Signature

Position

I declare that to the best of my knowledge, having made reasonable inquiries, the information herein is true and correct.

I declare that I understand and agree to the conditions set forth in section 4 of the application.

I understand that providing misleading information to NHMRC, deliberately or otherwise, is an offence under Commonwealth law.

Date				
Printed name				
Position				
6.2 PRINCIPAL SUPERVISOR If joint or alternate Principal Supervisors are named at 1.2.1, each one should sign the form here. Duplicate the section as required.				
Signature				
Date				
Printed name				
Frinted name				



7. Index of Supporting Information

Attachment Number	Attachment Title

