

Regulations for Verification on Kinship between the Sperm/Oocyte Donor and the Recipient

* Full text of 8 articles amended and promulgated under the Ministry of Health and Welfare Order No. Bu-Shou-Guo-Zhi 1070402455 jointly signed under the Ministry of the Interior Order No. Tai-Nei-Hu-Zhi No. 1070067272 on October 5, 2018, enforced on November 15, 2018

Article 1 These Regulations are prescribed pursuant to Article 15, Paragraph 2 of the Assisted Reproduction Act (hereinafter referred to as “the Act”).

Article 2 Assisted Reproduction Institution (hereinafter referred to as the Institution) using the donated reproductive cells to conduct assisted reproduction shall issue a medical certificate (see Attachment 1) to the recipient couple for applying kinsfolk relation record certificate from local household administration in accordance with the Regulations for Application and Management of Kinsfolk Relation Record.

Article 3 Those who intend to receive donated sperm or oocyte for assisted reproduction shall apply for kinsfolk relation record certificate of the wife or husband side respectively to include her or his lineal blood relatives and the collateral relatives by blood within the fourth degree of relationship, as well as his or her lineal relatives by blood and by marriage. However, if one of the recipient couple is a foreigner with apparent difficulty in obtaining the kinsfolk relation record certificate, they shall submit an Affidavit (see Attachment 2) detailing the reasons and sign in person.

Article 4 Prior to conducting the assisted reproduction, the institution shall cross-check the kinsfolk relation record certificate submitted by the recipient couple and the donor's name, date of birth as well as other personal information. If it is verified that there is no such situations as defined in Article 15, Paragraph 1 of the Act, the Institution shall apply to the competent authority for further verification based on the donor's information in the assisted reproductive database.

The medical institution shall be obligated to maintain the confidentiality of the kinsfolk relation record of the recipient couple, and shall not disclose any information without justifiable reasons.

Article 5 The competent authority shall notify the verification result to the Institution within fifteen days after receiving the application in accordance with paragraph 1 of the preceding article.

Article 6 The Institution can use the verified specific donated reproductive cells to conduct the assisted reproduction for the recipient couple only after receiving the written notice as stated in the preceding article which can approve absence of the situations as defined in Article 15, Paragraph 1 of the Act.

Article 7 The competent authority may appoint its subordinate Health Promotion Administration or entrust relevant juridical entities or organizations to perform the verification affairs as set in the Regulations.

Article 8 The Regulations shall become effective from November 15, 2018.

Attachment 1

Medical Certificate for Assisted Reproduction

<Use for issuance of kinsfolk relation record certificate in accordance with Article 3 of the Regulations from the local household administration only. For donated oocyte or sperm, applicant shall be the recipient husband or wife respectively.>

Name of the Applicant		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age		Date of Birth: <u> </u> YY <u> </u> MM <u> </u> DD	
National ID card No.			
Foreigner's ID No.			
Foreigner's passport No.			
Registered Address	County	Township	Ward
	City	District	Ward
	Section	Lane	Alley
Residence Address	County	Township	Ward
	City	District	Ward
	Section	Lane	Alley
Medical Record No.		Tel. No.	
Name of Spouse		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age		Date of Birth: <u> </u> YY <u> </u> MM <u> </u> DD	
National ID card No.			
Foreigner's ID No.			
Foreigner's Passport No.			
Registered Address	County	Township	Ward
	City	District	Ward
	Section	Lane	Alley
Residence Address	County	Township	Ward
	City	District	Ward
	Section	Lane	Alley
Medical Record No.		Tel. No.	
Note	Hereby I certify that the applicant is really in need of undertaking assisted reproduction. Please agree to his/ her application for kinsfolk relation record certificate in accordance with Regulations for Verification on Kinship between the Sperm/Oocyte Donor and the Recipient prescribed pursuant to Article 15, Paragraph 2 of the Assisted Reproduction Act. The kinship shall include the applicant's lineal blood relatives and the collateral relatives by blood within the fourth degree of relationship, as well as lineal relatives by blood and by marriage of the applicant's spouse.		

Name of Physician:_____ Signature:_____

Physician Certificate No.: _____

Title of the Institution:_____

Medical Practice License No.:_____

Address of the Institution:_____

Telephone of the Institution:_____

Date:_____YY MM DD

Attachment 2

Affidavit

To Whom It May Concern:

(Husband) _____ and (Wife) _____ intend to receive donated
☐sperm ☐oocyte (please check) to undergo in accordance with the provisions of the
Assisted Reproduction Act. For the sake of (please specify the reasons, such as either
one is a foreigner) :

_____, it is really difficult for us to obtain a complete kinsfolk relation record certificate of
the ☐husband ☐wife (please select the person who is a foreigner, etc.). However, we
are willing to obtain and list the kinship information as defined in Article 15,
Paragraph 1 of the Act as much as possible for the reference of kinship verification
between the sperm/oocyte donor and us. (note: Those who receive donated sperm
for assisted reproduction shall list the lineal blood relatives and the collateral relatives
by blood within the fourth degree of relationship of the wife, as well as lineal relatives
by blood and by marriage of the husband; those who receive donated oocyte for
assisted reproduction shall list the lineal blood relatives and the collateral relatives by
blood within the fourth degree of relationship of the husband, as well as lineal
relatives by blood and by marriage of the wife.)

Regards, Taiwan Health Promotion administration of Ministry of Health and Welfare

Husband
Name : _____ (Signature) National ID card No. : <input type="text"/> Foreigner's ID No.: <input type="text"/> Foreigner's Passport No.: <input type="text"/> Date of Birth : ____YY____MM____DD
Wife
Name : _____ (Signature) National ID card No. : <input type="text"/> Foreigner's ID No.: <input type="text"/> Foreigner's Passport No.: <input type="text"/> Birthday : ____YY____MM____DD

Date: ____YY ____MM ____DD