

# ANZKX Ministerial Approval Form

Donor name	
Recipient name	

## (ACT, NSW, SA, NT, WA and TAS)

Please complete section 1 of this form, attach the signed Agreement/s to Participate (not required for SA/NT) and email to [ANZKX@mh.org.au](mailto:ANZKX@mh.org.au)

If you have any queries regarding this form, please phone the ANZKX Program Coordinator on +61 3 9342 4261 or email as above.

**SECTION 1: Donor/Recipient Details and Declaration. Completed by the appropriate Senior Medical Specialist and forwarded to the ANZKX Coordination Centre. The form will be returned once the Minister for Health has signed it.**

Donor Details		Recipient Details	
Surname		Surname	
First name		First name	
Middle name		Middle name	
Date of birth		Date of birth	
Location of surgery		Location of surgery	
Physician		Physician	
Donor relationship to recipient			

## Declaration

I confirm that the donor and/or the recipient ( <i>circle</i> )			
( <i>tick</i> )	Have read and understood the 'Information for Donors and Recipients' form and conditions of participation, and all questions and concerns have been answered.		
	Have been fully informed about all other transplant options.		
	Understand that enrolment in the ANZKX Program is not an enforceable contract but a reciprocal arrangement with no monetary reward or benefit other than the exchange of kidneys.		
	Are aware that they can withdraw from the ANZKX Program at any time up until their surgery.		
	Are aware that there are no legal remedies for the exchange not proceeding.		
	Anonymity of donors and recipients will be maintained.		
Name ( <i>print</i> )			
Position			
Signed			Date
Donor name		Date of birth	
Recipient name		Date of birth	



**SECTION 2: Completed by the ANZKX Program Coordinator and forwarded to the Minister for Health or delegate.**

Exemption requested under	
(tick)	Section 44 #4 of the Transplantation & Anatomy Act 1978, Australian Capital Territory
	Section 32 #4 of the Human Tissue Act 1983, New South Wales
	Section 22F of the Transplantation and Anatomy Act, Northern Territory
	Section 35 #6 of the Transplantation and Anatomy Act 1983, South Australia
	Section 27 #4 of the Human Tissue Act 1985, Tasmania
	Section 29 #4(a) of the Human Tissue and Transplant Act 1982, Western Australia
	A copy of the signed Agreement to Participate (Donor) is attached (not required for SA/NT)
	A copy of the signed Agreement to Participate (Recipient) is attached (not required for SA/NT)
Date approval requested	
Requested by	

**SECTION 3:**

- A. For NSW: Limited general approval is provided by the delegate of the NSW Minister for Health for standard applications (via an at-large/class instrument of approval).**

**This does not apply for non-standard applications (non-standard applications refers to donors or recipients under 18 years of age, donors or recipients who do not have the capacity to consent to participation in the program, or applicants who are not NSW residents). Non-standard applications are to be signed by the NSW Minister for Health or delegate and returned to the ANZKX Coordination Centre.**

<b>Standard Application</b> Yes / No	
Class Approval Attached	
<b>If this is a Non-Standard Application:</b>	
Approved	Yes
Name (print)	
Position	
Signed	Date



**B. For ACT, NT, WA and TAS: Approval to be signed by the Minister for Health or delegate and returned to the ANZKX Coordination Centre. (Note: NT approval is also to be co-signed by the SA representative in section C.)**

Note that approval is required within ten days of receiving this request.

Approved	Yes	
Name (print)		
Position		
Signed		Date

**C. For SA and NT: Approval to be signed by South Australian Health Department Representative and returned to the ANZKX Coordination Centre.**

I confirm that the Ministerial Instrument of approval provided under section 35(6) of the *Transplantation and Anatomy Act (1983)* signed on ...../...../20..... applies for this donor-recipient pair.

Name (print)		
Position		
Signed		Date

