

## IVF – ICSI (Case History)

Pre-IVF Hysteroscopy

Protocol

### IVF INJECTION PRISCIPTION FOR OPU

NAME : \_\_\_\_\_ AGE : \_\_\_\_ YRS

LMP : \_\_\_\_/\_\_\_\_/\_\_\_\_ ( Date & Time Format )

AMH : \_\_\_\_\_

(Khalcha Format Pratekveli Navin Add Karta aal Pahije)

DATE	DAY OF MENSES	DAY OF INJECTION	TIME OF INJECTION	INJ FOLISURGE 150	INJ HMG 150	INJ CETRORELIX 150

OPU Date Time : \_\_\_\_\_

Follow-up Date & Time 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Embryology Details

STIMULATED : \_\_\_\_\_

IUI : YES / NO

DAY / DATE : \_\_\_\_\_ RIGHT OVARY : \_\_\_\_\_ LEFT OVARY : \_\_\_\_\_ MI : \_\_\_\_\_

Add

Embryology Formed :

Fresh ET :

Notes :

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## SOP FOR HCG INJECTION

Inform sir about

Trigger Date & Time \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ am/pm

RMO Name : \_\_\_\_\_

Reception : \_\_\_\_\_-INFORMED

INJECTION BATCH No. :

MEDICIN NAME : \_\_\_\_\_ TIME \_\_\_\_\_ BATCH No.: \_\_\_\_\_ EXP DATE \_\_\_\_\_ (ADD)

Pt. Instruction :

Real Time video with timings to be sent to Sir

[SOP FOR HCG INJECTION Print](#)

## IVF – OD / ED / FET (Case History Paper Same aahe pan tinhi vegvegale havet)

LMP : \_\_\_\_/\_\_\_\_/\_\_\_\_ ( Date & Time Format )

Pre-IVF Hysteroscopy

Agonist Depo :

Name	Date	Sate Option	Save Option	Add
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CYCLE TYPE : \_\_\_\_\_

INJECTION : \_\_\_\_\_

DATE	DAY OF MENSES	DAY OF TABLET	ET	DOSES			Text Box
				Medicine	Duration	Time (ADD)	
			____mm				

Add

Follow-up Date & Time 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Notes :

Submit

View

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