Ontario Network of Experts in Fertility 3210 Harvester Road Burlington, ON L7N 3T1 Phone: 1-877-663-0223 Fax: (905) 639-3810

**IVF Track Sheet** 

Patient Surname: Patient First Name:

Patient HC#:

Patient DOB:

Partner Surname: Partner First Name Partner HC #: IVF Cycle Number: Primary Nurse: \_\_\_\_\_ Partner DOB: LMP: Medication Protocol: Address: Funded: Y N Diagnosis: City: G\_\_ P\_\_ A\_\_ Previous Cycles: # fresh: # frozen: Postal Code: Consents \_\_\_\_ Physician: Phone # BORN Consent Signed \_\_\_\_\_ Sperm Treatment Plan Lab Results **Booking Information** Comments FSH \_\_\_\_ Hcg/Ovidrel \_\_\_\_ Fresh IVF TSH \_\_\_\_ P4 supps **ICSI** Frozen Donor Blastocyst Crinone PESA/TESA Assisted Hatching Endometrin # for ET Antibiotics Date AFC 3 5 6 8 Cycle Day 7 9 10 11 12 13 14 15 16 17 18 Puregon/ Gonal F Menopur/mhCG/Luveris Orgalutran/Suprefact Progesterone Estradiol AMLH AMR L R L R L R L R L R L R L R L R L R L R L R L R L R L R L Ultrasound R L R L R L Endometrial thickness