



**PLEASE WRITE CLEARLY IN BLACK INK USING BLOCK CAPITALS**  
**IVF Treatment & Embryo Creation/Use** Centre:  Form **T**

1. This form: \* Is registering a new treatment Replaces all details previously supplied  
 This form replaces replaces form **T**

2. Form completed on day month year

3. Patient number (or Donor number for egg collection only)

Patient or Donor No.

Patient Surname

4. Is this patient a surrogate? \* No Yes

5. Donor sperm from Centre: Sperm Donor Number

Was this sperm imported/transferred into the UK? \* No Yes

6. Donor eggs/embryos from Centre: Egg Donor Number

Were these eggs imported/transferred into the UK? \* No Yes

7). If donated or stored embryos are being used enter the embryo creation form number.

OR

If donated eggs are being used enter the egg collection/storage form number.

**T**

8. NHS Funded Treatment Cycle? \* No Yes If yes, name of commissioning organisation:

9. Cycle: \* None (natural cycle) Stimulated

Start date of stimulation: day month year or last menstrual period (natural cycle)

**Please complete sections 10, 11 and 12 (a or b) if the patients own eggs are being collected or used.**

10. Main reason for intending to produce/thaw embryos and/or collecting eggs \*

Immediate Patient Treatment

Frozen cycle

For storing eggs

For storing embryos

For Research

For Donation

11. Egg collection/abandonment date day month year

12a. Egg collection **was** attempted.

Number of eggs collected (enter "0" if no eggs were collected)

If no eggs were collected, was this due to a poor response to drugs? \* Yes No

12b. Egg collection was **cancelled/abandoned**: \*

Reason:- Under response

Over response

Other

13. Outcome of eggs collected from the patient/donor - **total** number:

Collected

Mixed/injected

Discarded

Donated for use in Research

Donated for use in Treatment (fresh)

Freeze date

Stored for future patient use

Donated for use in Treatment (frozen)

**Please complete sections 14 if embryo transfer was planned**

14. Reason why no embryos were transferred if embryos were developed and/or available after thawing\*

Risk of OHSS

Abnormal development

As a result of positive genetic test

Failed thaw

Other

15. Embryo transfer date (if applicable): day month year

	1	2	3	4	5
<b>16. Fresh and frozen eggs</b>					
Egg mixing date					
Gamete source					
Treatment type					
Source of partner sperm					
<b>17. Thawed egg(s) used?</b>					
Eggs thawed date					
Number of eggs thawed					
<b>18. Number of eggs mixed</b>					
No.eggs fertilised normally					
No. embryos developed					
<b>19. Embryos creation &amp; use</b>					
Embryo(s) thaw date					
Number of embryos thawed					
Number of viable embryos					
Screening type					
Assisted hatching technique					
Number of embryos transferred					
Embryo stage at transfer					
Elective SET					
No. embryos discarded					
<b>20. Embryo storage &amp; donation</b>					
Embryo freezing/donation date					
Number embryos stored for future patient use					
Developmental freezing stage of embryos					
Number of embryos donated to treat others (fresh)					
Number of embryos donated to treat others (frozen)					
Number of embryos donated to research					