



## **Setting up monitoring of ART at the fertility clinic level**

The following two forms are used for monitoring ART treatments at the fertility clinic level.

The first form requests information on the patient, the type of ART treatment received, as well as the outcome of the pregnancy for both the infant and the mother. This form is to be filled out for each patient who utilizes ART treatment at any clinic within the country.

The second form requests patient information on infertility treatments which is restricted to intrauterine insemination (IUI) with or without controlled ovarian stimulation (COS), which is performed in the European IVF-monitoring (EIM) report, and is to be completed only for patients who have this procedure as part of their medical assisted reproduction (MAR) treatment. There is no international agreement on what and how to report these MAR treatments. However, since IUI is now reported in a growing number of countries, ICMART has decided to create a register so that these data can be collected and reported where possible.

On an annual basis, these forms are forwarded to the designated country or regional level organization so that data may be compiled and sent to ICMART for tabulation in the annual ICMART World Report on ART.



**Identification: Centre and Patient**

Centre: name

Patient identification: (Last name, First Name or Unique Identifying Number)

Woman's date of birth (recipient's date of birth in case of egg donation): day, month, year

**Country of residency:**

If foreign country, reason for crossing-borders: 1. Illegal technique or procedure (e.g. egg donation); 2. Illegal patient conditions or characteristics (e.g. age); 3. Less expensive; 4. Closer distance; 5. Previous treatment failure; 6. Other

If other reason, specify: \_\_\_\_\_

**ART type:** 1. IVF; 2. ICSI; 3. GIFT; 4. FET; 5. Oocyte thawing; 6. PGD; 7. PGS; 8. Surrogacy

**If Egg donation:** Donor's age

Donation cycle: 1. Specific donor for one recipient; 2. Egg sharing ; 3. Unknown

**CYCLE**

**Cycle starting date** (thawing date for FET and thawed oocytes): day, month, year

**Aspiration** (for fresh cycles only, and including donation cycle): 0. No (cancellation); 1. Yes

If yes, aspiration date: day, month, year

Number of oocytes collected

**Gametes' origin**

Semen: 1. Male partner; 2. Anonymous donation; 3. Known donor

Oocyte: 1. Female partner; 2. Anonymous donation; 3. Known donor

**Oocyte freezing**

0. No; 1. Yes, during regular ART cycle; 2. Yes, cycle specifically for oocyte freezing

Oocyte freezing reason: 1 Medical; 2 Social

**In vitro maturation:** 0. No; 1. Yes

**Embryos obtained:**

Total number (transferred + frozen + non-viable embryos discarded)

Number frozen (including 2PN zygotes)

**If PGD or PGS:**

Number of embryos examined

Number of embryos genetically normal and viable

Number of embryos genetically normal but non-viable and discarded

Number of embryos genetically abnormal but viable and discarded

Number of embryos genetically abnormal and non-viable and discarded

**Transfer:** 0. No; 1. Yes

Number of transferred embryos

**Cycle outcome:** Pregnancy: 0. No; 1. Biochemical Pregnancy 2. Clinical Pregnancy (sac at ultrasound or ectopic).

**Pregnancy Outcome:** 1. Delivery; 2. Miscarriage 3. Ectopic pregnancy 4. Induced abortion; 5. Lost to follow-up Embryo/fetus reduction 0. No; 1. Yes

Date of outcome, if known: day, month, year

Date of loss to follow-up if outcome date unknown: day, month, year



Number of delivered babies

Health status: 1. Live birth; 2. Stillbirth; 3. Early neonatal death; 4. Unknown

Baby 1

Baby2

Baby 3

Baby 4

Congenital anomalies: 0 No; 1 Yes; 2. Unknown

Describe anomaly: \_\_\_\_\_

Pregnancy issue of the malformed fetus(es)/baby(ies):

1. Miscarriage (spontaneous abortion); 2. Induced abortion; 3. Stillbirth;  
4. Live Birth; 5. Early neonatal death.

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**Maternal complications**

Ovarian hyperstimulation syndrome (with hospitalization) : 0. No; 1. Yes

Retrieval complication: 0. No; 1. Bleeding; 3. Infection; 4. Both 5. Other

Maternal death: 0. No; 1. Yes



**IUI Individual Form**

**Identification:** Centre and Patient

Centre: name

Patient identification: (Last Name, First Name or Unique Identifying Number)

Woman's date of birth: day, month, year

**Country of residency:**

If foreign country, reason for crossing-borders: 1. Illegal technique or procedure (e.g. sperm donation illegal); 2. Illegal patient conditions or characteristics (e.g. age);

3. Less expensive; 4. Closer distance; 5. Previous treatment failure; 6. Other

If other reason, specify: \_\_\_\_\_

    

**CYCLE**

**IUI date:** day, month, year

**Semen origin:** 1. Spouse; 2. Anonymous donation      3. Known donor

**Cycle outcome:** Clinical pregnancy: 0. No; 1. Biochemical pregnancy 2. Clinical pregnancy (sac at ultrasound or ectopic).

**Pregnancy outcome:** 1. Delivery; 2. Miscarriage 3. Ectopic pregnancy  
4. Induced abortion); 5. Lost to follow-up

Embryo/fetus reduction      0. No      1. Yes

Delivery date: day, month, year

Number of babies delivered