



World Report on ART, National Form, Reporting Year _____

Form 1. Organization of National ART Registers

Country name												
Contact person:	Full name Institution Address Tel. Fax Email											
Number of ART clinics in the country:	Total Total included in this report	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
Size of all country ART clinics.	Number of clinics with, per year: < 100 cycles 100 – 199 cycles 200 – 499 cycles 500 – 999 cycles ≥ 1000 cycles	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
Estimation of the total number of cycles for reporting year (this includes cycles that have been both included and not included in this report). The number of cycles per year includes all the initiated (“intention to treat”) cycles for the purpose of IVF/ ICSI (including PGD/PGS and OD) plus FET (See instructions.)		<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
Reporting requirement: 1. Compulsory; 2. Voluntary; 3. Other (please describe)		<input type="checkbox"/>										
Responsibility for the register: 1. National Health Authority; 2. Medical Organization; 3. Other (please describe)		<input type="checkbox"/>										
Reporting methods: Cycles: 1. Individual cycles; 2. Summaries of cycles reported by the clinics Deliveries: 1. Individual cycles; 2. Summaries of deliveries reported by the clinics		<input type="checkbox"/> <input type="checkbox"/>										
Link to other registers												
Birth register:		<input type="checkbox"/> No <input type="checkbox"/> Yes										
Congenital anomalies register:		<input type="checkbox"/> No <input type="checkbox"/> Yes										
Cytogenetic register:		<input type="checkbox"/> No <input type="checkbox"/> Yes										
Pre-implantation Genetic Diagnosis (PGD) register:		<input type="checkbox"/> No <input type="checkbox"/> Yes										
Disease register:		<input type="checkbox"/> No <input type="checkbox"/> Yes										
Other register: Please describe:		<input type="checkbox"/> No <input type="checkbox"/> Yes										
Total numbers of deliveries for reporting year (if available)												
Total numbers of babies born in reporting year (if available)												
In the country ART register (or in linkable register), is information available on:												
- Prematurity	In general, <input type="checkbox"/> No <input type="checkbox"/> Yes	By technique, <input type="checkbox"/> No <input type="checkbox"/> Yes										
- Perinatal mortality	<input type="checkbox"/> No <input type="checkbox"/> Yes	By multiplicity <input type="checkbox"/> No <input type="checkbox"/> Yes										
- Malformation	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes										
If Yes, could these data be sent to the ICMART register? <input type="checkbox"/> No <input type="checkbox"/> Yes												
If Yes, ICMART will contact you at a later date.												
Comments												



Form 2. Number of Treatments and Pregnancies

2a. General procedures

	Fresh cycles *			FET**	Thawed oocytes ***
	IVF	ICSI	GIFT	All	Thawings
Initiated cycles					Thawings
Aspirations				Thawings	
Embryos frozen without transfers				----	----
Transfers					
Pregnancies					
Deliveries: Total					
With live birth					

*Include: GIFT cycles and cycles for foreign patients. Exclude: PGD, PGS, OD and cycles with oocyte freezing. (PGD and PGS results will be reported in Forms 7a and 7b. OD results will be reported in Form 8.)

**Information on FET cycles regardless of the fertilization technique (IVF or ICSI), but exclude PGD, PGS and OD. Record the numbers of cycles where frozen embryos were thawed for use in the box for Aspirations.

***Cycles specifically performed with thawed oocytes.

Additional information:

- Assisted hatching and in vitro maturation have to be included in the column of the relevant fertilization technique (IVF or ICSI).
- Where both conventional (standard) IVF and ICSI were used, report the technique that resulted in the transferred embryos. If both types of embryos were transferred, count as ICSI. **This will apply to all the forms when both IVF and ICSI are performed in a single cycle.** If both fresh and frozen embryos are transferred in a single cycle, report as a fresh embryo transfer cycle.
- In countries where surrogacy is performed, report surrogacy cycles with the fertilization technique (IVF or ICSI) that was used, without specifying it on all the forms. There are specific questions regarding surrogacy at the bottom of Form 9.

2b. Report on oocyte freezing*

Total number of cycles	Freezing during an ART cycle	Cycles performed for fertility preservation only	
		Medical reason **	Social reason

* Only report the numbers of cycles with freezing

** Cancer or other major medical disease

IVM	Aspirations	Transfers	Pregnancies	Deliveries

See instructions specific to this form and use definitions in The ICMART/WHO Glossary.



2c. Cycles performed for cross-border patients*

a. Summary of cycles

	Woman's own oocytes				Oocyte Donation	
	IVF	ICSI	GIFT	PGD	Anonymous	Known donor
Initiated cycles						

b. Countries of patients' origin and main reasons for cross-border travel for treatment

Main Countries of origin **		
	Country	Cycles
1.		
2.		
3.		
4.		
5.		
6.	Others (total number)	

Reason		Cycles
Legal	Illegal technique in home country	
	Illegal patients characteristics ***	
Access	Care more expensive in home country	
	Distance, waiting list	
Quality	Previous failures	
Other		

* Patients who live in a different country from the one in which they had their ART treatment.

** Indicate the 5 main countries of patients' origin and give the number of cycles for each of them. Give the total number of cycles for all others.

*** For example age limitation, legal couple status, sexual orientation, etc.

See instructions specific to this form and use definitions in The ICMART/WHO Glossary.



Form 3. Results by Women's Age and ART Technique

3(a). Fresh cycles

Women's age	After IVF			After ICSI			After both IVF and ICSI		
	Aspirations	Pregnancies	Deliveries*	Aspirations	Pregnancies	Deliveries*	Aspirations	Pregnancies	Deliveries*
≤ 34									
35-39									
≥ 40									

Note: This table excludes PGD, PGS and OD, which will be reported in Forms 7a, 7b and 8, respectively.

3(b). Frozen embryo transfers

Women's age	After IVF			After ICSI			After both IVF and ICSI		
	Thaws	Pregnancies	Deliveries*	Thaws	Pregnancies	Deliveries*	Thaws	Pregnancies	Deliveries*
≤ 34									
35-39									
≥ 40									

Note: This table excludes PGD, PGS and OD, which will be reported in Forms 7a, 7b and 8, respectively.

Initiated cycle: An ART cycle in which the woman receives specific medication for ovarian stimulation, or monitoring in the case of natural cycles, with the intention to treat, irrespective of whether or not follicular aspiration is attempted

Aspirations: Include attempted aspirations in which no eggs were recovered.

Pregnancy: Evidence of pregnancy by clinical or ultrasound parameters (visualization of a gestational sac). It includes ectopic pregnancy. Multiple gestational sacs in one patient are counted as one clinical pregnancy.

Delivery: The expulsion or extraction of one or more fetuses from the mother after 20 completed weeks of gestational age

See instructions specific to this form and use ICMART/WHO definitions in glossary.



Form 4. Results by Number of Transferred Embryos

4(a). All IVF and/or ICSI fresh cycles

	Number of transferred embryos							
	1		2		3	4	≥ 5	Total
	All	Elective*	All	Elective*				
Transfer cycles								
Clinical pregnancies								
Pregnancy losses**								
Deliveries: Total								
Singleton								
Twin								
Triplet +								
Lost to Follow-up								

Note: This table excludes PGD, PGS and OD, which will be reported in Forms 7a, 7b and 8, respectively.

** If possible, indicate the number of elective single and elective double embryo transfers.*

*** Abortions (spontaneous miscarriages and induced elective pregnancy terminations) and ectopic pregnancies.*

4(b). All FET cycles (resulting from IVF and/or ICSI)

	Number of transferred embryos							
	1		2		3	4	≥ 5	Total
	All	Elective*	All	Elective*				
Transfer cycles								
Clinical pregnancies								
Pregnancy losses**								
Deliveries: Total								
Singleton								
Twin								
Triplet +								
Lost to Follow-up								

Note: This table excludes PGD, PGS and OD, which will be reported in Forms 7a, 7b and 8, respectively.

** If possible, indicate the number of elective single and elective double embryo transfers.*

*** Abortions (spontaneous miscarriages and induced elective pregnancy terminations) and ectopic pregnancies.*

See instructions specific to this form and use definitions in The ICMART/WHO Glossary.



Form 5. Gestational Age by Treatment and Multiple Deliveries

5(a). Fresh cycles (total aspiration cycles following IVF and/or ICSI)

Deliveries*	Gestational age (calculated completed weeks of amenorrhea)						
	All	20-27	28-32	33-36	37-41	42 +	Unknown
Singleton							
Twin							
Triplet							
Quadruplet or higher							
Unknown							
Total							

Note: This table excludes PGD, PGS and OD, which will be reported in Forms 7a, 7b and 8, respectively.

*Deliveries: the expulsion or extraction of one or more fetuses from the mother after 20 completed weeks of gestational age

5(b). FET cycles

(total transfer cycles using only frozen embryos following IVF and/or ICSI)

Deliveries*	Gestational age (calculated completed weeks of amenorrhea)						
	All	20-27	28-32	33-36	37-41	42 +	Unknown
Singleton							
Twin							
Triplet							
Quadruplet or higher							
Unknown							
Total							

Note: This table excludes PGD, PGS and OD, which will be reported in Forms 7a, 7b and 8, respectively.

*Deliveries: the expulsion or extraction of one or more fetuses from the mother after 20 completed weeks of gestational age

Gestational age calculation:

- **Fresh cycles:** calculate the number of days between oocyte collection and delivery, add 14 days, divide the sum by 7 and use the integer.
- **FET cycles:** calculate the number of days between transfer and delivery date, add the embryo age at transfer (generally 2 to 6 days), add 14 days, divide the sum by 7 and use the integer.

See instructions specific to this form and use definitions in The ICMART/WHO Glossary.



Form 6. Neonates Outcome in Relation to Treatment

6(a). Fresh cycles (total aspiration cycles following IVF and/or ICSI)

Number of babies	Health Status in the Perinatal Period				
	Number of neonates				
	Total	Stillbirths	Live Births	Early Neonatal deaths*	Unknown
Singleton					
Twin					
Triplet					
Quadruplet or higher					
Unknown					
Total					

Notes: This table excludes PGD, PGS and OD, which will be reported in Forms 7a, 7b and 8, respectively.

Forms 6a and 6b report number of neonates (2 for twins, 3 for triplets, etc.).

**Early neonatal death: Death of a live born baby within 7 days of birth.*

6(b). FET cycles

(total transfer cycles using only frozen embryos following IVF and/or ICSI)

Number of babies	Health Status in the Perinatal Period				
	Number of neonates				
	Total	Stillbirths	Live Births	Early Neonatal deaths*	Unknown
Singleton					
Twin					
Triplet					
Quadruplet or higher					
Unknown					
Total					

Notes: This table excludes PGD, PGS and OD, which will be reported in Forms 7a, 7b and 8, respectively.

Forms 6a and 6b report number of neonates (2 for twins, 3 for triplets, etc.).

- Stillbirths : ≥ 20 weeks
- Live births : ≥ 20 weeks
- Early neonatal death: Death of a live born baby within 7 days of birth.

See instructions specific to this form and use ICMART/WHO definitions in glossary.



Form 7a. Pre-implantation Genetic Diagnosis

	Women's age				
	≤ 34	35 – 39	≥ 40	Unknown	Total
Initiated cycles					
Aspirations					
Transfers					
Embryos examined					
Embryos normal					
Embryos transferred					
Pregnancies, clinical					
Deliveries : Total					
Singleton					
Twin					
Triplet or higher					
Unknown					
Babies born : Total					
Stillbirths					
Live births					
Early neonatal deaths					
Unknown					

Note: Regardless of fertilization technique.

- *Live births : ≥ 20 weeks*
- *Stillbirths : ≥ 20 weeks*
- *Early neonatal death: Death of a live born baby within 7 days of birth.*
- *Preimplantation Genetic Diagnosis (PGD): analysis of polar bodies, blastomeres, or trophoctoderm from oocytes, zygotes, or embryos for the detection of specific genetic, structural, and/or chromosomal alterations.*

See instructions specific to this form and use definitions in The ICMART/WHO Glossary.



Form 7b. Pre-implantation Genetic Screening

	Women's age				
	≤ 34	35 – 39	≥ 40	Unknown	Total
Initiated cycles					
Aspirations					
Transfers					
Embryos examined					
Embryos normal					
Embryos transferred					
Pregnancies, clinical					
Deliveries : Total					
Singleton					
Twin					
Triplet or higher					
Unknown					
Babies born : Total					
Stillbirths					
Live births					
Early neonatal deaths					
Unknown					

Note: Regardless of fertilization technique.

- *Live births : ≥ 20 weeks*
- *Stillbirths : ≥ 20 weeks*
- *Early neonatal death: Death of a live born baby within 7 days of birth.*
- *Preimplantation Genetic Screening (PGS): analysis of polar bodies, blastomeres, or trophectoderm from oocytes, zygotes, or embryos for the detection of aneuploidy, mutation, and/or DNA rearrangement*

See instructions specific to this form and use definitions in The ICMART/WHO Glossary.



Form 8. Oocyte Donation

8(a). Aspiration cycles (donor)

	Women's age (donor)				Total
	≤ 34	35 – 39	≥ 40	Unknown	
Initiated cycles					
Aspirations : Total					
Specific donors					
Egg sharing					

8(b). Oocyte donation transfer cycles in recipients (fresh cycles)

	Women's age (recipient)				Unknown	Total
	≤ 34	35 – 39	40 – 44	≥ 45		
Transfers, total						
1 Embryo						
2 Embryos						
3 Embryos						
4 Embryos						
≥ 5 Embryos						
Pregnancies, clinical						
Deliveries: Total						
Singleton						
Twin						
Triplet						
Quadruplet or higher						
Unknown number						
Babies born : Total						
Stillbirths						
Live births						
Early neonatal deaths						
Unknown						

Note: Regardless of the fertilization technique.

- Live births : ≥ 20 weeks
- Stillbirths : ≥ 20 weeks
- Early neonatal death: Death of a live born baby within 7 days of birth.

See instructions specific to this form and use definitions in The ICMART/WHO Glossary.



8(c). Oocyte donation transfer cycles in recipients (FET cycles)

	Women's age (recipient)					Total
	≤ 34	35 – 39	40 – 44	≥ 45	Unknown	
Transfers: Total						
1 Embryo						
2 Embryos						
3 Embryos						
4 Embryos						
≥ 5 Embryos						
Pregnancies, clinical						
Deliveries: Total						
Singleton						
Twin						
Triplet						
Quadruplet or higher						
Babies born : Total						
Stillbirths						
Live births						
Early neonatal deaths						
Unknown						

Note: Regardless of the fertilization technique.

- *Live births : ≥ 20 weeks*
- *Stillbirths : ≥ 20 weeks*
- *Early neonatal death: Death of a live born baby within 7 days of birth.*

See instructions specific to this form and use definitions in The ICMART/WHO Glossary.



Form 9. Complications of Treatment

9(a). Women's complications with admission to hospital or medical intervention

	Number of cases*
Ovarian hyperstimulation syndrome (OHSS)	
Complications of oocyte retrieval: All	
Bleeding**	
Infection***	
Maternal death (documented)	

*If a woman had two occurrences of the same complication, in 2 different cycles, count her twice. If a woman had two different complications, count her in each of them.

**Report bleeding if patient required a blood transfusion and/or was hospitalized.

***Report infection if patient required intravenous/intramuscular antibiotics and/or was hospitalized.

9(b). Congenital anomalies

Technique	Number of neonates / fetuses with congenital anomalies*				
	Total**	Delivered***	Fetal losses		
			Spontaneous	Induced	Total
IVF fresh cycles					
ICSI fresh cycles					
FET (IVF and/or ICSI)					
Oocyte donation					
PGD					
PGS					
GIFT					
TOTAL					

*Malformations and genetic abnormalities.

**Delivered neonates include stillbirths and those with unknown health status at birth

***Including stillbirths and those with unknown health status at birth.

If possible, report individual information on each malformed neonate or fetus on Form 11.



Additional questions

1. Is in vitro maturation performed in your country: If yes, indicate the number of cycles.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/>
2. Is fetal reduction allowed in your country: If yes, indicate the number performed for ART pregnancies.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/>
3. Is maternal surrogacy allowed in your country: If yes, indicate the number of ART aspiration cycles for surrogacy. If yes, indicate the number of cycles with deliveries, with at least one live birth from surrogacy.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Is sperm donation performed in your country? If yes, indicate the number of cycles.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/>
5. Is embryo donation performed in your country? If yes, indicate the number of cycles	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/>



Form 10. List of Congenital Anomalies (Malformations and Genetic Abnormalities)

Baby	Congenital anomalies (Describe all anomalies found in each baby)	Woman's Age*	ART		Gestational age at birth/abortion****	Status*****
			Technique**	Semen / sperm***		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

*Woman's age at conception.

**ART technique: IVF, ICSI, FET (IVF or ICSI), oocyte donation, GIFT.

***ART semen/sperm: ejaculated (spouse / donor), TESE, MESA, fresh or frozen.

****Gestational age: completed weeks of amenorrhea (see the comment on form 5).

*****Status: Spontaneous abortion (miscarriage), Induced abortion/elective termination, Stillbirth, Live Birth, Early neonatal death.

Copy and use additional pages as necessary.

See instructions specific to this form and use definitions in The ICMART/WHO Glossary.



Form 11. Intrauterine insemination (IUI)

IUI-H (Husband/partner sperm)

	Woman < 35 years	Women 35-39 years	Woman ≥ 40 years	Total
Number of IUI-H cycles				
Pregnancies*				
Deliveries: Total				
Singleton				
Twin				
Triplet +				

* Includes all IUI with or without ovarian stimulation.

IUI-D (Donor sperm)

	Woman < 35 years	Women 35-39 years	Woman > 40 years	Total
Number of IUI-D cycles				
Pregnancies*				
Deliveries: Total				
Singleton				
Twin				
Triplet +				

* Includes all IUI with or without ovarian stimulation.

See instructions specific to these forms and use definitions in The ICMART/WHO Glossary.

Comments: