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SART Boarding Pass

**These template documents were revised before the US Supreme Court decision in *Dobbs v. Jackson* (which repealed Roe v. Wade), and therefore, SART has not reviewed the template documents and did not make any changes based on the *Dobbs* decision. SART strongly recommends that before any SART template document is put into use in a Member's practice, the document should be reviewed by the Member's local legal counsel to ensure that the language conforms to current federal, state and local laws as these may have recently changed or are in the process of being changed.**

DESCRIPTION

This document indicates the individuals involved in the current treatment, and their selections of treatment strategy. This plan is signed by the clinical team and made available to the embryology lab as a record of these choices.

TARGET

* All Intended Parents undergoing Assisted Reproduction, before each treatment cycle.

RELEASE NOTES

* This is the second version of this document
* Intended to be completed before each treatment cycle, and made available to Embryology staff

TO DO

* Modify this document according to your practice patterns
* Replace “your lab 1, 2, 3” with the names of the labs you use

***DISCLAIMER.***

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IVF Boarding Pass

*\*Complete for every cycle\**

Date of Plan: \_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_

SART #: \_\_\_\_\_\_\_\_\_\_\_\_

Cycle #: \_\_\_\_\_\_\_\_\_\_\_\_

**Intended Parent B**

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

DOB: \_\_\_\_\_\_\_\_\_\_\_

**Intended Parent A**

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

DOB: \_\_\_\_\_\_\_\_\_\_\_

Couple married to each other? o Yes o No

|  |  |
| --- | --- |
| Oocyte Source (o Fresh o Frozen)  o Intended Parent A, or  o Intended Parent B, or  o Donor [directed / non-identified]  ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sperm Source (o Fresh o Frozen)  o Intended Parent A, or  o Intended Parent B, or  o Donor [directed /non-identified:  ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Donor Embryo Source (if applicable)  o not applicable  o ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Carrier of Pregnancy  o Intended Parent A, or  o Intended Parent B, or  o Gestational Carrier [name]:  ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Oocyte Source History  Medical History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Infertility Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stimulation Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AMH – AFC – FSH/E2: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_/ \_\_\_\_  Insemination Plan  Semen Count/Motility/Morphology: \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_  o ICSI oIVF oICSI/IVF Split if > \_\_\_ eggs  o All Mature Eggs, or  o Up to \_\_\_\_\_\_ Mature Eggs  o Intravaginal Culture (Invocell) | Genetic Testing Plan  o None  o For Gender Determination  o For PGT-A (aneuploidy screening)  o For PGT-SR (structural rearrangements)  o For PGT-M (disease testing):  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Discard all abnormal embryos, or  o Discuss abnormalities before discard  o Move abnormal embryos off-site  Genetics Lab:  o your lab 1  o your lab 2  o your lab 3 |
| Transfer Plan  o Delayed Transfer (Freeze All) o 2PN o D3 o D5  o Embryo storage > 1 yr.  o Embryo storage < 1 yr.  o Fresh Transfer: o D3 #: \_\_\_\_\_\_ o D5 #: \_\_\_\_\_\_  o Frozen Transfer: o D3 o D5 # to transfer:\_\_\_\_\_\_  Assisted Hatching : o Yes o No o Only if Needed |
| Cryopreservation Plan  o all mature eggs not inseminated (egg freeze)  o all embryos not transferred that meet criteria |
| Special Instructions or Comments: | |
| MD Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |