PRE IVF CHECKLIST:

- □ FINANCIAL CLEARANCE

Female Partner:

- □ Ovarian reserve testing (FSH, E2, LH, AMH)

- □ Prenatal Screen: Blood type and RH, HIV, Hepatitis, RPR, Varicella Zoster, Rubella, CBC, TSH, Prolactin serology

- □ Pap Smear (within past 12 months)

- □ Cervical cultures

- □ Saline sonohysterogram (within past 12 months)

- □ Mammogram (if indicated)

- □ EKG (if age >= 40)

Male Partner:

- □ Semen analysis

- □ Prenatal Screen: Blood type and RH, HIV, Hepatitis, RPR.

PRE-CYCLE PATIENT CHECKLIST

- □ Make sure that all fertility treatment related medicines are delivered to you prior to starting treatment.

- □ Please note that all medications, needles and syringes have 6 refills. Please refill medications well before running out as most pharmacies may not stock these drugs routinely.

- □ Please evaluate your remaining medications and refill to ensure that you don’t run out of medicines over a weekend or holiday.