

TREATMENT TYPE
 eIVF #, Patient Name

TEST	DATE	INTERPRETATION	RESULT	COMMENTS
CONSENTS				
IUI Consent				
IVF Consent				
FET Consent				
PGS/PGD Biopsy Consent				
HIPAA Consent				
FEMALE VIRALS				
HIV 1/HIV 2 Ab				
Hep B Surface Ag				
Hep C Ab				
Syphilis/RPR				
Chlamydia/GC, Amplification				
CMV IgG (using donor sperm)				
CMV IgM (using donor sperm)				
FEMALE HORMONES & OVARIAN RESERVE TESTS				
TSH				
PRL				
FSH, CD#10 (CCCT)				
E2, CD#10 (CCCT)				
FSH, CD#3				
E2, CD#3				
LH, CD#3				
Antimullerian Hormone				
BL US Antral Follicle Count				
UTERINE CAVITY EVALUATION				
US - Sonohysterogram				
Office Diagnostic Hysteroscopy				
Hysterosalpingogram (HSG)				
PHYSICAL, PAP, MAMMO:				
History/Physical Exam				
Pap				
Mammogram, 40 and >				
GENETIC SCREENING				
Cystic Fibrosis				
Spinal Muscular Atrophy				

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Alpha-thalassemia				
Beta-thalassemia/Sickle Cell				
Tay Sachs Enzyme				
Tay Sachs DNA mutations				
PRENATAL LABS				
Hgb/Hct				
CBC				
Vitamin D-25-OH				
Rubella Ab IgG				
Varicella, IgG				
ABO, Rh				
OVER 45 TESTING:				
Chest X-ray				
EKG Treadmill Stress Test				
Hemoglobin A1c				
BUN/Creatine				
Electrolytes				
Fasting Cholesterol, Total				
HDL Cholesterol				
LDL Cholesterol				
Triglycerides				

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Included in Packet?	TEST (MD to highlight items needed)	DATE	INTERPRETATION	RESULT	COMMENTS
	MALE VIRALS				
	HIV 1/HIV 2 Ab				
	Hep B Surface Ag				
	Hep C Ab				
	Syphilis/RPR				
	Chlamydia/GC, Amplification				
	Semen Analysis				
	Urology Consult				

