

Information form for the uterine immune profiling test (UTIMPRO)

Patient

Name:
 Surname:
 Date of Birth:
 Postal address:
 E-mail:

Endometrial immune evaluation (Only biopsy performed in the mid luteal phase are valid +++)

Date of biopsy:
 Day of the cycle:
 Usual cycle length:
 Endometrial thickness on the day of biopsy:

Preparation

- Natural cycle- Progesterone level (48h before the biopsy) :.....
 HRT – Number days of progesterone:

Therapeutics applied during the cycle

- NONE
 Corticoids : 20mg 15 mg 10mg
 LMHW
 Intralipids
 hCG luteal
 Scratching in mid luteal phase of the cycle precedent the biopsy
 Others (precise) :

Indication of endometrial immune evaluation

- Implantation failure in IVF/ICSI*
 Implantation failure in oocyte donation
 Repeated miscarriages / Before IVF, ICSI, egg donation

Next planned ART

IVF/ICSI: FERC: OR: IUI: TSI:

Clinical history

Etiology of infertility:AMH:

Beginning of infertility (year):

Infertility:

- Primary
 Secondary

Number of miscarriage:Number of live births: Medical interruption:

Number of previous ART attempts: IUI: IVF: ICSI: IMSI: IUI-D: IVF-D: IVF-OR:

Total number of previous embryos transferred: Day2-3: Day5-6: / After OR: Day2-3: Day5-6:.....

Quality of previous embryos transferred: Top: Good-Average: Poor:

Consultant's name: Consultant's signature :

E- mail :