

Information form for the uterine immune profiling test (UTIMPRO)

Administrative data (patient and consultant)

Patient 's name:
 Surname:
 Date of Birth:
 Postal address:
 E-mail:
 Consultant's name: Consultant e- mail: :

Clinical history

AMH:
 Beginning of infertility (month/year): Infertility: Primary or Secondary
 Etiology of infertility:
 Number of previous ART attempts: IUI: IUI-D: IVF: ICSI: IMSI: IVF-D: IVF-OR:
 Total number of intramarital embryos transferred: Day2-3: Day5-6: / After donation: Day2-3:..... Day5-6:.....
 Quality of previous embryos transferred: Top: Good-Average: Poor:
 Number of miscarriage:Number of live births: Medical interruption:

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

Initial Test or Test under Matricelab therapeutics recommendations

Indication of endometrial immune evaluation:

- Implantation failure in IVF/ICSI Implantation failure and repeated miscarriages before IVF/ICSI,
- Implantation failure in oocyte donation (OD) Implantation failure and repeated miscarriages before OD
- Repeated miscarriages (>3 and patient not followed in ART center)
- Check-up before IVF/ICSI (<5 embryos transferred) Check -up before OD

Date of biopsy:
 Usual cycle length:
 Day of the cycle:

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):

Endometrial thickness on the day of biopsy:

Next planned ART

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

Consultant's signature :