

**Information form for the uterine immune profiling test (UTIMPRO)**

**Administrative data (patient and consultant)**

Patient 's Surname: .....  
 Patient's First name: .....  
 Date of Birth (DD/MM/YYYY): .....  
 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-OD: .... IVF-DD: ....  
 Total number of intramarital embryos transferred: Day2-3: .... Day5-6: .... / After donation: Day2-3:..... Day5-6:.....  
 Quality and number of previous embryos transferred: Top: ..... Good-Average: ..... Poor: .....  
 Number of miscarriages: ..... Number of live births: ..... Number of medical interruption: .....

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

Initial Test or  Test under Matricelab therapeutics recommendations

Therapeutics recommendations applied during the cycle

- NONE
- Corticoids:  20mg  15 mg  10mg  5mg
- LMWH (low molecular weight heparin)
- Intralipids
- hCG luteal
- Scratching in mid luteal phase of the cycle precedent the biopsy
- Others (precise therapeutics and pathology): .....

Indication of endometrial immune evaluation:

- Implantation failure in IVF/ICSI  Implantation failure and repeated miscarriages in IVF/ICSI
- Implantation failure in oocyte donation (OD)  Implantation failure and repeated miscarriages in 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 (DD/MM/YYYY): .....  
 Day of the cycle: .....

Preparation

- Natural cycle-Progesterone level (48h before the biopsy) :.....  
 Or date of the LH surge (8-11 days before): .....  
 Or date of administration of ovitrelle (9 to 12 days before): .....
- HRT – Number days of progesterone (6 to 9 days accepted): .....

Endometrial thickness on the day of biopsy (mm): .....

Next planned ART

- IUI  IVF/ICSI (with fresh embryo)  IVF/ICSI (with frozen embryo).
- IVF-OD or DD (with fresh embryo)  IVF-OD or DD (with frozen embryo):

**Consultant's signature :**