

Win-Test - Patient's chart

Name of the referent doctor :

To send the Win-Test report please provide:

e-mail of the referent doctor:

e-mail of the patient:

Name/Surname of the patient:

Date of birth:

Height (m):

Weight (kg):

Win-test Cycle Information:

Natural (indicate the cycle duration) ☐
HRT (hormonal replacement therapy) ☐
 Type/estradiol dose/progesterone administrated / day:

Ovulation induction ☐
Blocking of ovarian function ☐

Bloodwork during the peri-ovulatory period at day : [LH]= mUI/ml
 [E2]= pg/ml
 [Pg]= ng/ml

Endometrial thickness during the peri-ovulatory period (mm) at day :

Date of LH surge: or **Progesterone start** (☐ morning or ☐ night)) :

Progesterone dose administrated / day:

Date of endometrial biopsies: First biopsy: Second biopsy:

History of the previous attempts (IVF/ICSI, FET): (a model for how to fill-out is provided in the colored table)

Date (year, month)	Type (IVF, ICSI, FET)	Number of transferred embryos	Stage of transferred embryos (d2, d3, d5, d6)	Embryo quality	For FET, cycle/timing of replacement (HRT, Pg+?; natural, LH+?) et Type & dose E2/Pg administrated/d	Outcome
15/05	FET	2	D5	B3BA	HRT, Pg+5, Provames 6mg Utrogestan400 mg	Implantation failure
				B4BA		

