

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 HRT (hormonal repla Type/estradiol	acement therap	oy) □	tred / day:			
Ovulation induction Blocking of ovarian						
Bloodwork during the peri-ovulatory period a	nt day :	[LH]= [E2]= [Pg]=	mUI/ml pg/ml ng/ml			
Endometrial thickness during the peri-ovulate	ory period (mi	n) at day	:			
Date of LH surge: or Prog	gesterone start	(□ morning	or □ night)):			
Progesterone dose administrated / day:						
Date of endometrial biopsies: First biopsy: Second biopsy:						

<u>History of the previous attempts</u> (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 transfered embryos	Stage of transfered 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 B4BA	HRT, Pg+5, Provames 6mg Utrogestan400 mg	Implantation failure

E43	-1C	41 : C4:	1:4 (4-4-:1- 4).						
Eti	ology of	tne interti	lity (detailed):						
Uterus alteration: □ YES		If ye	If yes, specify:						
□NO									
	., .,			*****	/1 · 10				
		patitis (sei			(date, result):				
(au	(attach copy of serology performed less than one year ago) HBV (date, result): HCV (date, result):								
					•	r			
Su	Supplementary information (that you think important):				Doctor	's signature			