

FIVNAT-CH: Switzerland's national register

In 1992, the Swiss Society for Reproductive Medicine founded the working group FIVNAT-CH, based on the French model French In Vitro National. Its goal was to develop a register to collect information about assisted reproductive technology (ART) activity in the country, as well as bringing together physicians working in the field of ART. Until then, the Swiss Academy of Medical Sciences had collected some data about ART techniques performed in Switzerland but these were not complete, which was one of the reasons for the SSRM taking over the role of collecting ART data.

There was already some pressure on Swiss centers to establish such a register: the existence of ART registers in neighboring countries, the demand from politicians, patients, the public and international scientific organizations, was for reliable and accurate information on in vitro fertilization (IVF) attempts as well as outcome.

FIVNAT-CH was established as an organization to manage data collection. Its 1992 charter defined goals such as improving the quality of ART services, and conditions for participating centers. An office dealing with administration, data compilation and its analyses, was set up. FIVNAT-CH holds a members' meeting every year, during which the statistical analyses are presented.

Membership to FIVNAT-CH has always been voluntary and is open to all ART practicing centers in Switzerland. FIVNAT-CH is financed by the centers; a fee is charged for each cycle a center declares in the previous year.

The FIVNAT-CH office collects data twice a year. By the end of March, the cycles from the previous year are reported and by the end of October the pregnancy follow-up of those cycles must be reported to FIVNAT-CH together with the delivery data.

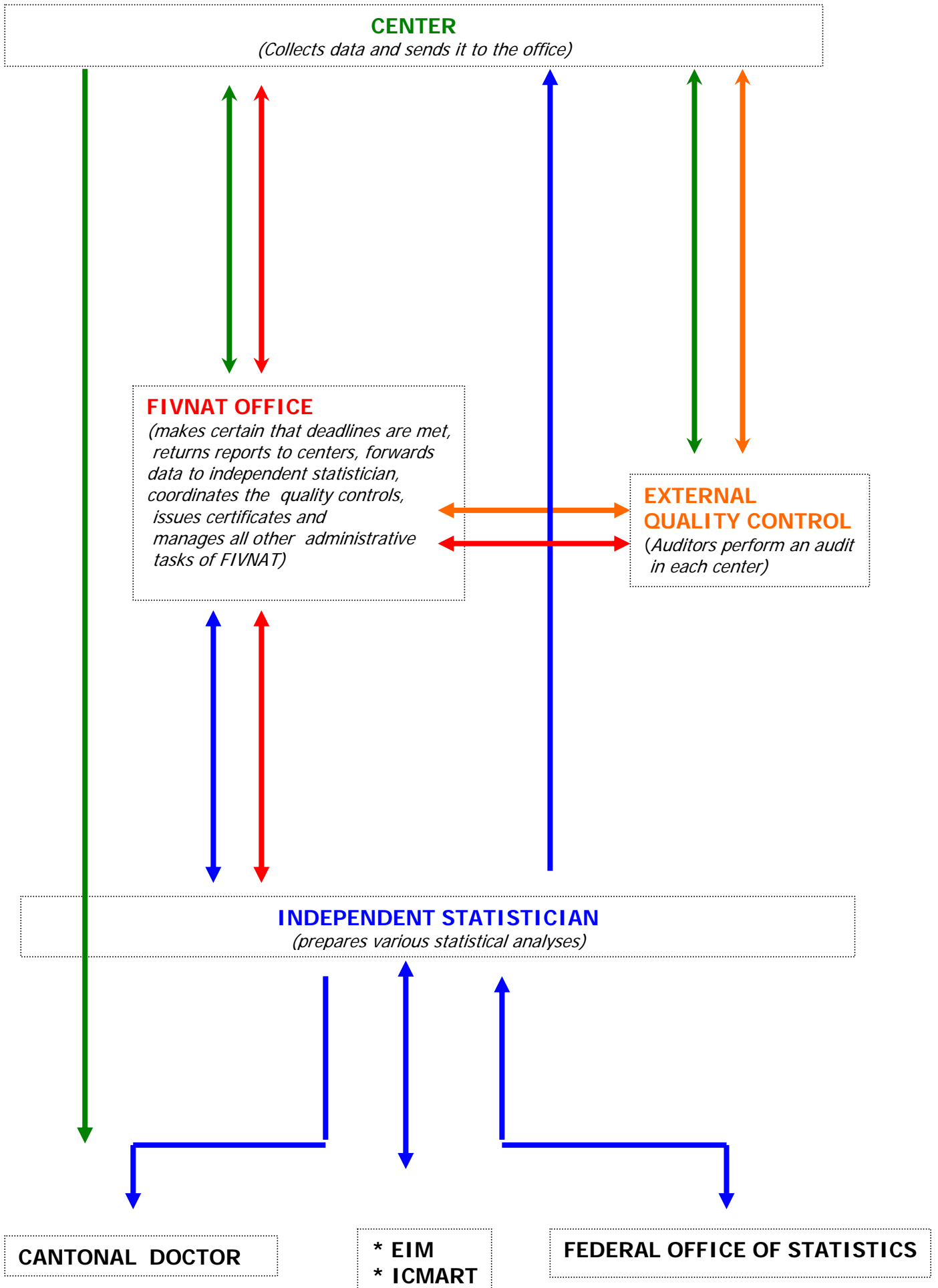
All data is collected electronically by the centers, which send them to the FIVNAT-CH office where they are checked by control software especially developed for this purpose. The resulting reports, which show all missing or erroneous fields, are returned to the center within a few days for correction. The center then returns the corrected data to the office within a short period.

The office forwards these corrected files to an independent statistician, who prepares the individual analysis for the centers, the general statistics for FIVNAT (for publication on the website), and the specific analyses for the Swiss authorities (Federal Office of Statistics, cantonal doctors) and for the international registers (European IVF-monitoring (EIM) Consortium, International Committee Monitoring Assisted Reproductive Technologies (ICMART)).

In 1997 FIVNAT-CH decided to initiate external quality control to assess its processes, as well as the quality of data delivered. This quality control strives for transparency and objectivity of the register, through an audit by a foreign auditor based at each center. The audit checks the completeness and quality of data gathering, the accuracy of data compilation, and checks the applied informatics of data gathering. Once completed, each center receives a certificate acknowledging that it meets the requirements of FIVNAT and has successfully passed the audit.

FIVNAT-CH has used the same data collection forms since 2004 but they are currently being revised to enable online data collection, easier updating than is currently possible, and make it possible to add new data collection fields.

DATA COLLECTION SYSTEM



DECLARATION

Form 1. History

Centre Identification		Subcentre		Record ID	
Patient ID					
Female birthdate					
Male birthdate					
Living in CH	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Woman birthplace in CH	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Type of female infertility	<input type="radio"/> 1 Primary <input type="radio"/> 2 Secondary <input type="radio"/> 99 Unknown				
Type of male infertility	<input type="radio"/> 1 Primary <input type="radio"/> 2 Secondary <input type="radio"/> 99 Unknown				
Nb. of births after IVF					
Nb. of abortion after IVF					
Nb. of ectopic pregnancies after IVF					
State of the tubes	<input type="radio"/> 1 Both normal <input type="radio"/> 3 2 Blocked or missing <input type="radio"/> 2 1 or 2 damaged <input type="radio"/> 99 Unknown				
Ovulation	<input type="radio"/> 1 Normal <input type="radio"/> 3 Anovulation <input type="radio"/> 2 Dysovulation <input type="radio"/> 99 Unknown				
Endometriosis	<input type="radio"/> 1 No <input type="radio"/> 2 Not searched for <input type="radio"/> 3 Yes				
Endometriosis - localisation	<input type="radio"/> 1 No <input type="radio"/> 3 Cystic ovaries <input type="radio"/> 5 Mixed <input type="radio"/> 2 Not searched for <input type="radio"/> 4 Peritoneal <input type="radio"/> 99 Unknown				
Endometriosis - AFS Stage	<input type="radio"/> 1 I <input type="radio"/> 2 II <input type="radio"/> 3 III <input type="radio"/> 4 IV				
Other female pathology	<input type="radio"/> 0 None <input type="radio"/> 16 Hypogonad. ovar. insuff. <input type="radio"/> 99 Unkr <input type="radio"/> 10 Adhesions <input type="radio"/> 17 Hypergonad. ovar. insuff. <input type="radio"/> 11 Uterine Malformation <input type="radio"/> 18 Ovarian carcinoma <input type="radio"/> 12 Uterus myomatosus <input type="radio"/> 19 PCO <input type="radio"/> 13 Asherman syndrom <input type="radio"/> 20 Thyroid affection <input type="radio"/> 14 Diabetes mellitus <input type="radio"/> 97 Not searched <input type="radio"/> 15 Previous abortus history <input type="radio"/> 98 Other				
Spermiogramme before IVF	<input type="radio"/> 1 Azoospermia <input type="radio"/> 3 Examined <input type="radio"/> 2 Cryptozoospermia <input type="radio"/> 99 Unknown				
Sperm count [million per ml]					
Sperm total motility bet. 30 to 60 min. [%]					
Sperm morphology - Normal shape [%]	<input type="radio"/> 1 WHO <input type="radio"/> 2 Kruger <input type="radio"/> 3 Other				
Other male pathology	<input type="radio"/> 0 None <input type="radio"/> 6 Varicocele <input type="radio"/> 1 Klinefelter-syndrom <input type="radio"/> 7 Vasectomy <input type="radio"/> 2 Mucoviscidosis <input type="radio"/> 97 Not searched <input type="radio"/> 3 Paraplegia <input type="radio"/> 98 Other <input type="radio"/> 4 Chromosome anomaly <input type="radio"/> 99 Unknown <input type="radio"/> 5 Neoplasia of testicules				
Start desire to have children					
Declared IVF/ICSI attempt nb in other centres					
IVF Indication	<input type="checkbox"/> 11 Tubal <input type="checkbox"/> 16 Endometriosis <input type="checkbox"/> 12 Male <input type="checkbox"/> 17 Idiopathic <input type="checkbox"/> 13 IVF with donor sperm <input type="checkbox"/> 18 HIV <input type="checkbox"/> 14 Immunological Male <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 15 Anovulation/Dysovulation				

DECLARATION

Form 2.1 - Stimulation-OPU

Centre Identification		Subcentre		Record ID	
Patient ID					
Cycle type	<input type="radio"/> 1 Fresh <input type="radio"/> 2 Thawing <input type="radio"/> 3 Destruction				
Planned fertilisation technique	<input type="radio"/> 1 IVF <input type="radio"/> 2 ICSI <input type="radio"/> 3 Mixed				
Stimulation start date					
Programming of previous cycle	<input type="radio"/> 1 No <input type="radio"/> 2 Gestagen <input type="radio"/> 3 Oestro and Progest. subst. <input type="radio"/> 99 Unknown				
LHRH agonist	<input type="radio"/> 0 No <input type="radio"/> 1 Yes <input type="radio"/> 99 Unknown				
Agonist protocol dose	<input type="radio"/> 1 Retard <input type="radio"/> 2 Fast				
Agonist protocol	<input type="radio"/> 1 Slow <input type="radio"/> 2 Fast <input type="radio"/> 3 Ultrafast				
GnRH Antagonist protocol	<input type="radio"/> 1 No <input type="radio"/> 2 One dose <input type="radio"/> 3 Repeated				
Stimulation	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Clomiphene <input type="checkbox"/> 3 HMG <input type="checkbox"/> 4 u-FSH <input type="checkbox"/> 5 r-FSH <input type="checkbox"/> 6 r-LH <input type="checkbox"/> 7 Aromatase Inhibitor <input type="checkbox"/> 98 Other				
Stimulation dose (total)		r-FSH		u-FSH	
Days of stimulation				r-LH	
Stimulation failure or interruption				HMG	
Ovulation induction type	<input type="radio"/> 0 No <input type="radio"/> 1 Yes <input type="radio"/> 1 Low response <input type="radio"/> 2 Very High Response <input type="radio"/> 3 LH Peak <input type="radio"/> 98 Other				
Date of oocytes pick-up, method	<input type="radio"/> 1 HCG <input type="radio"/> 2 LH Peak <input type="radio"/> 3 HCG and LH Peak <input type="radio"/> 4 Analog GnRH <input type="radio"/> 5 r-LH <input type="radio"/> 6 r-HCG <input type="radio"/> 99 Unknown				
Oocytes recovered (COC)				Oocytes Metaphase I nb.	
Oocytes Metaphase II nb.				Oocytes Germinal Vesicle nb.	
Origin of Sperm, type, collect mode	<input type="radio"/> 1 Spouse <input type="radio"/> 2 Donnor <input type="radio"/> 1 Fresh <input type="radio"/> 2 Cryo <input type="radio"/> 1 Ejaculate <input type="radio"/> 2 Vas deferens <input type="radio"/> 3 Epididymis <input type="radio"/> 4 Testicles <input type="radio"/> 5 Urine (ret.)				
Fertilisation techniques					
Oocytes placed for fert./inj.					
Zygotes 1PN					
Zygotes 2PN					
Zygotes ≥ 3PN					
Cryo-conservation of zygotes					
Embryos obtained (day 2)					
Cryo-conservation of embryos					
Reason for cryo-conservation	<input type="radio"/> 1 OHS <input type="radio"/> 2 Other illness <input type="radio"/> 3 Bleeding <input type="radio"/> 4 Avoid multiple pregnancy <input type="radio"/> 5 Cervical stenosis <input type="radio"/> 6 Accident <input type="radio"/> 98 Other reasons				
Nb. of embryos vag. transf.					
Nb. of embryos destroyed in lab, reason				<input type="radio"/> 1 Dev. stop <input type="radio"/> 2 Bad dev. potential <input type="radio"/> 3 Decision of patient <input type="radio"/> 4 Other reasons	
Nb. of embryos for research, reason				<input type="radio"/> 1 Dev. stop <input type="radio"/> 2 Bad dev. potential <input type="radio"/> 3 Decision of patient	

DECLARATION

Form 2.2 - Transfer

Centre Identification		Subcentre		Record ID	
Patient ID					
Cycle type	<input type="radio"/> 1 Fresh <input type="radio"/> 2 Thawing <input type="radio"/> 3 Destruction				
Planned fertilisation technique	<input type="radio"/> 1 IVF <input type="radio"/> 2 ICSI <input type="radio"/> 3 Mixed				
Transfer	<input type="radio"/> 1 Yes <input type="radio"/> 2 No				
Reason of transfer cancellation					
Date of transfer					
Fertilisation technique					
Embryo/zygote transferred (should be 1)					
Nb. of cells per embryo					
Size of blastomeres (1=equal, 2=different)					
Embryo fragmentation					
Assisted hatching	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Assisted hatching type	<input type="radio"/> 1 Chemical <input type="radio"/> 3 Laser <input type="radio"/> 98 Other <input type="radio"/> 2 Mechanical <input type="radio"/> 4 Enzym				
Treatment after luteal phase	<input type="radio"/> 1 No <input type="radio"/> 3 HCG <input type="radio"/> 6 Oestrogene <input type="radio"/> 2 Progesterone <input type="radio"/> 4 Both <input type="radio"/> 98 Other treatment				
Treatment after luteal phase description					
Incidents, complications with hosp.	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Description	<input type="radio"/> 1 OHSS stationary <input type="radio"/> 2 OPU Complications (Bleeding, infection)				
Other complications	<input type="radio"/> 2 Outpatient OHSS <input type="radio"/> 8 Thromboembolism <input type="radio"/> 4 Hemoperitoneum <input type="radio"/> 9 Adnextorsion <input type="radio"/> 5 Peritonitis <input type="radio"/> 98 Other complication <input type="radio"/> 7 Break down / Psychosis				
Transfer result	<input type="radio"/> 1 Implantation failure <input type="radio"/> 7 Fertilisation failure <input type="radio"/> 2 Biochemical pregnancy <input type="radio"/> 8 Cleavage failure <input type="radio"/> 3 Clinical pregnancy <input type="radio"/> 99 Unknown <input type="radio"/> 4 Cancelled transfer <input type="radio"/> 5 Stimulation failure <input type="radio"/> 6 Pick-up failure				
Number of gestational sacs					

DECLARATION

Form 4 - Pregnancy

Centre Identification		Subcentre		Record ID	
Patient ID					
Cycle type	<input type="radio"/> 1 Fresh <input type="radio"/> 2 Thawing <input type="radio"/> 3 Destruction				
Fertilisation technique	<input type="radio"/> 1 IVF <input type="radio"/> 2 ICSI <input type="radio"/> 3 Mixed				
Cycle with thawing of					
Date of transfer					
Diagnostic of pregnancy start	<input type="radio"/> 1 hCG <input type="radio"/> 2 Gestational sacs <input type="radio"/> 3 Cardiac activity				
Number of gestational sacs (at beg.)					
Gestational sacs nb after 12 weeks					
Reduction of fetus	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Pregnancy end result	<input type="radio"/> 1 Delivery <input type="radio"/> 6 Ectopic and intrauterine pregnancy <input type="radio"/> 2 Biochemical abortion <input type="radio"/> 7 Selective MIA <input type="radio"/> 3 Abortion < 12 wks <input type="radio"/> 99 Unknown <input type="radio"/> 4 Abortion < 6 mths <input type="radio"/> 5 Ectopic pregnancy				
Date of abortion / MIA					
Abortion / MIA description					
Pregnancy pathology	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Description	<input type="radio"/> 11 Metrorrhagia 1st trim. <input type="radio"/> 23 Cerclage <input type="radio"/> 12 Metrorrhagia 2nd trim. <input type="radio"/> 24 2nd trim. MAP <input type="radio"/> 13 Metrorrhagia 3rd trim. <input type="radio"/> 25 3rd trim. MAP <input type="radio"/> 14 Urinary tract infection <input type="radio"/> 26 Placenta praevia <input type="radio"/> 15 Toxoplasmosis <input type="radio"/> 27 Plac. hemat. retro <input type="radio"/> 16 Serious infection <input type="radio"/> 28 Premature membrane rupt <input type="radio"/> 17 Isolated high blood pressure (>14/9) <input type="radio"/> 29 Psychological problems <input type="radio"/> 18 Pregnancy toxemia <input type="radio"/> 30 1st trim. hospitalisation <input type="radio"/> 19 Eclampsia <input type="radio"/> 31 2nd trim. hospitalisation <input type="radio"/> 20 IUGR <input type="radio"/> 32 3rd trim. hospitalisation <input type="radio"/> 21 Diabetes <input type="radio"/> 99 Unknown <input type="radio"/> 22 Gestational diabetes				
Date of delivery					
Nb. of babies delivered					
Delivery mode	<input type="radio"/> 1 Spontaneous <input type="radio"/> 99 Unknown <input type="radio"/> 2 Instrumental <input type="radio"/> 3 Caesarean				
	Baby 1		Baby 2		Baby 3
Sex	<input type="radio"/> 1 F <input type="radio"/> 2 M		<input type="radio"/> 1 F <input type="radio"/> 2 M		<input type="radio"/> 1 F <input type="radio"/> 2 M
Weight [grammes]					
APGAR 5 min.					
Status on leaving	<input type="radio"/> 1 Good health <input type="radio"/> 2 2. Intraut. death <input type="radio"/> 3 Neo. death<d7 <input type="radio"/> 4 Neo. death<d28 <input type="radio"/> 5 Alive+problems		<input type="radio"/> 1 Good health <input type="radio"/> 2 2. Intraut. death <input type="radio"/> 3 Neo. death<d7 <input type="radio"/> 4 Neo. death<d28 <input type="radio"/> 5 Alive+problems		<input type="radio"/> 1 Good health <input type="radio"/> 2 2. Intraut. death <input type="radio"/> 3 Neo. death<d7 <input type="radio"/> 4 Neo. death<d28 <input type="radio"/> 5 Alive+problems
Transfer in neonatology	<input type="radio"/> 0 No <input type="radio"/> 1 Yes		<input type="radio"/> 0 No <input type="radio"/> 1 Yes		<input type="radio"/> 0 No <input type="radio"/> 1 Yes
Malformation	<input type="radio"/> 0 No <input type="radio"/> 1 Yes		<input type="radio"/> 0 No <input type="radio"/> 1 Yes		<input type="radio"/> 0 No <input type="radio"/> 1 Yes
Malformation description					

DECLARATION

Form 1. History

Centre Identification		Subcentre		Record ID	
Patient ID					
Female birthdate					
Male birthdate					
Living in CH	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Woman birthplace in CH	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Type of female infertility	<input type="radio"/> 1 Primary <input type="radio"/> 2 Secondary <input type="radio"/> 99 Unknown				
Type of male infertility	<input type="radio"/> 1 Primary <input type="radio"/> 2 Secondary <input type="radio"/> 99 Unknown				
Nb. of births after IVF					
Nb. of abortion after IVF					
Nb. of ectopic pregnancies after IVF					
State of the tubes	<input type="radio"/> 1 Both normal <input type="radio"/> 3 2 Blocked or missing <input type="radio"/> 2 1 or 2 damaged <input type="radio"/> 99 Unknown				
Ovulation	<input type="radio"/> 1 Normal <input type="radio"/> 3 Anovulation <input type="radio"/> 2 Dysovulation <input type="radio"/> 99 Unknown				
Endometriosis	<input type="radio"/> 1 No <input type="radio"/> 2 Not searched for <input type="radio"/> 3 Yes				
Endometriosis - localisation	<input type="radio"/> 1 No <input type="radio"/> 3 Cystic ovaries <input type="radio"/> 5 Mixed <input type="radio"/> 2 Not searched for <input type="radio"/> 4 Peritoneal <input type="radio"/> 99 Unknown				
Endometriosis - AFS Stage	<input type="radio"/> 1 I <input type="radio"/> 2 II <input type="radio"/> 3 III <input type="radio"/> 4 IV				
Other female pathology	<input type="radio"/> 0 None <input type="radio"/> 16 Hypogonad. ovar. insuff. <input type="radio"/> 99 Unkr <input type="radio"/> 10 Adhesions <input type="radio"/> 17 Hypergonad. ovar. insuff. <input type="radio"/> 11 Uterine Malformation <input type="radio"/> 18 Ovarian carcinoma <input type="radio"/> 12 Uterus myomatosus <input type="radio"/> 19 PCO <input type="radio"/> 13 Asherman syndrom <input type="radio"/> 20 Thyroid affection <input type="radio"/> 14 Diabetes mellitus <input type="radio"/> 97 Not searched <input type="radio"/> 15 Previous abortus history <input type="radio"/> 98 Other				
Spermiogramme before IVF	<input type="radio"/> 1 Azoospermia <input type="radio"/> 3 Examined <input type="radio"/> 2 Cryptozoospermia <input type="radio"/> 99 Unknown				
Sperm count [million per ml]					
Sperm total motility bet. 30 to 60 min. [%]					
Sperm morphology - Normal shape [%]	<input type="radio"/> 1 WHO <input type="radio"/> 2 Kruger <input type="radio"/> 3 Other				
Other male pathology	<input type="radio"/> 0 None <input type="radio"/> 5 Neoplasia of testicules <input type="radio"/> 99 Unknown <input type="radio"/> 1 Klinefelter-syndrom <input type="radio"/> 6 Varicocele <input type="radio"/> 2 Mucoviscidosis <input type="radio"/> 7 Vasectomy <input type="radio"/> 3 Paraplegia <input type="radio"/> 97 Not searched <input type="radio"/> 4 Chromosome anomaly <input type="radio"/> 98 Other				
Start desire to have children					
Declared IVF/ICSI attempt nb in other centres					
IVF Indication	<input type="checkbox"/> 11 Tubal <input type="checkbox"/> 16 Endometriosis <input type="checkbox"/> 12 Male <input type="checkbox"/> 17 Idiopathic <input type="checkbox"/> 13 IVF with donor sperm <input type="checkbox"/> 18 HIV <input type="checkbox"/> 14 Immunological Male <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 15 Anovulation/Dysovulation				

DECLARATION

Form 3.1 - Cycle with thawing

Centre Identification		Subcentre		Record ID	
Patient ID					
Cycle type	<input type="radio"/> 1 Fresh <input type="radio"/> 2 Thawing <input type="radio"/> 3 Destruction				
Thawing of					
Date of last menstruation					
Stimulation type	<input type="radio"/> 1 Spontaneous <input type="radio"/> 2 Stimulated <input type="radio"/> 3 Artificial				
Programming of previous cycle	<input type="radio"/> 1 No <input type="radio"/> 2 Gestagen <input type="radio"/> 3 Oestro and Progest. subst. <input type="radio"/> 99 Unknown				
LHRH agonist	<input type="radio"/> 0 No <input type="radio"/> 1 Yes <input type="radio"/> 99 Unknown				
Agonist protocol dose	<input type="radio"/> 1 Retard <input type="radio"/> 2 Fast				
Stimulation	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Clomiphene <input type="checkbox"/> 3 HMG <input type="checkbox"/> 4 u-FSH <input type="checkbox"/> 5 r-FSH <input type="checkbox"/> 6 r-LH <input type="checkbox"/> 7 Aromatase Inhibitor <input type="checkbox"/> 98 Other				
Ovulation induction type	<input type="radio"/> 1 HCG <input type="radio"/> 2 LH Peak <input type="radio"/> 3 HCG and LH Peak <input type="radio"/> 4 Analog GnRH <input type="radio"/> 5 r-LH <input type="radio"/> 6 r-HCG <input type="radio"/> 99 Unknown				
Date of oocytes pick-up, method					
Date of thawing					
Fertilisation techniques					
Nb. of zygotes thawed					
Nb. of embryos thawed					
Embryos obtained (day 2)					
Cryo-conservation of embryos					
Reason for cryo-conservation	<input type="radio"/> 1 OHS <input type="radio"/> 2 Other illness <input type="radio"/> 3 Bleeding <input type="radio"/> 4 Avoid multiple pregnancy <input type="radio"/> 5 Cervical stenosis <input type="radio"/> 6 Accident <input type="radio"/> 98 Other reasons				
If other reasons, precision					
Nb. of embryos vag. transf.					
Nb. of embryos destroyed in lab, reason	<input type="radio"/> 1 Dev. stop <input type="radio"/> 2 Bad dev. potential <input type="radio"/> 3 Decision of patient <input type="radio"/> 4 Other reasons				
Nb. of embryos for research, reason	<input type="radio"/> 1 Dev. stop <input type="radio"/> 2 Bad dev. potential <input type="radio"/> 3 Decision of patient				

DECLARATION

Form 3.2 - Transfer

Centre Identification		Subcentre		Record ID	
Patient ID					
Cycle type	<input type="radio"/> 1 Fresh <input type="radio"/> 2 Thawing <input type="radio"/> 3 Destruction				
Thawing of					
Transfer	<input type="radio"/> 1 Yes <input type="radio"/> 2 No				
Reason of transfer cancellation					
Date of transfer					
Fertilisation technique					
Embryo/zygote transferred (should be 1)					
Nb. of cells per embryo					
Size of blastomeres (1=equal, 2=different)					
Embryo fragmentation					
Assisted hatching	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Assisted hatching type	<input type="radio"/> 1 Chemical <input type="radio"/> 3 Laser <input type="radio"/> 98 Other <input type="radio"/> 2 Mechanical <input type="radio"/> 4 Enzym				
Treatment after luteal phase	<input type="radio"/> 1 No <input type="radio"/> 3 HCG <input type="radio"/> 6 Oestrogene <input type="radio"/> 2 Progesterone <input type="radio"/> 4 Both <input type="radio"/> 98 Other treatment				
Treatment after luteal phase description					
Incidents, complications with hosp.	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Description					
Other complications	<input type="radio"/> 2 Outpatient OHSS <input type="radio"/> 8 Thromboembolism <input type="radio"/> 4 Hemoperitoneum <input type="radio"/> 9 Adnextorsion <input type="radio"/> 5 Peritonitis <input type="radio"/> 98 Other complication <input type="radio"/> 7 Break down / Psychosis				
Transfer result	<input type="radio"/> 1 Implantation failure <input type="radio"/> 7 Fertilisation failure <input type="radio"/> 2 Biochemical pregnancy <input type="radio"/> 8 Cleavage failure <input type="radio"/> 3 Clinical pregnancy <input type="radio"/> 99 Unknown <input type="radio"/> 4 Cancelled transfer <input type="radio"/> 5 Stimulation failure <input type="radio"/> 6 Pick-up failure				
Number of gestational sacs					

DECLARATION

Form 4 - Pregnancy

Centre Identification		Subcentre		Record ID	
Patient ID					
Cycle type	<input type="radio"/> 1 Fresh <input type="radio"/> 2 Thawing <input type="radio"/> 3 Destruction				
Fertilisation technique	<input type="radio"/> 1 IVF <input type="radio"/> 2 ICSI <input type="radio"/> 3 Mixed				
Cycle with thawing of					
Date of transfer					
Diagnostic of pregnancy start	<input type="radio"/> 1 hCG <input type="radio"/> 2 Gestational sacs <input type="radio"/> 3 Cardiac activity				
Number of gestational sacs (at beg.)					
Gestational sacs nb after 12 weeks					
Reduction of fetus	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Pregnancy end result	<input type="radio"/> 1 Delivery <input type="radio"/> 6 Ectopic and intrauterine pregnancy <input type="radio"/> 2 Biochemical abortion <input type="radio"/> 7 Selective MIA <input type="radio"/> 3 Abortion < 12 wks <input type="radio"/> 99 Unknown <input type="radio"/> 4 Abortion < 6 mths <input type="radio"/> 5 Ectopic pregnancy				
Date of abortion / MIA					
Abortion / MIA description					
Pregnancy pathology	<input type="radio"/> 0 No <input type="radio"/> 1 Yes				
Description	<input type="radio"/> 11 Metrorrhagia 1st trim. <input type="radio"/> 23 Cerclage <input type="radio"/> 12 Metrorrhagia 2nd trim. <input type="radio"/> 24 2nd trim. MAP <input type="radio"/> 13 Metrorrhagia 3rd trim. <input type="radio"/> 25 3rd trim. MAP <input type="radio"/> 14 Urinary tract infection <input type="radio"/> 26 Placenta praevia <input type="radio"/> 15 Toxoplasmosis <input type="radio"/> 27 Plac. hemat. retro <input type="radio"/> 16 Serious infection <input type="radio"/> 28 Premature membrane rupt <input type="radio"/> 17 Isolated high blood pressure (>14/9) <input type="radio"/> 29 Psychological problems <input type="radio"/> 18 Pregnancy toxemia <input type="radio"/> 30 1st trim. hospitalisation <input type="radio"/> 19 Eclampsia <input type="radio"/> 31 2nd trim. hospitalisation <input type="radio"/> 20 IUGR <input type="radio"/> 32 3rd trim. hospitalisation <input type="radio"/> 21 Diabetes <input type="radio"/> 99 Unknown <input type="radio"/> 22 Gestational diabetes				
Date of delivery					
Nb. of babies delivered					
Delivery mode	<input type="radio"/> 1 Spontaneous <input type="radio"/> 99 Unknown <input type="radio"/> 2 Instrumental <input type="radio"/> 3 Caesarean				
	Baby 1		Baby 2		Baby 3
Sex	<input type="radio"/> 1 F <input type="radio"/> 2 M		<input type="radio"/> 1 F <input type="radio"/> 2 M		<input type="radio"/> 1 F <input type="radio"/> 2 M
Weight [grammes]					
APGAR 5 min.					
Status on leaving	<input type="radio"/> 1 Good health <input type="radio"/> 2 2. Intraut. death <input type="radio"/> 3 Neo. death<d7 <input type="radio"/> 4 Neo. death<d28 <input type="radio"/> 5 Alive+problems		<input type="radio"/> 1 Good health <input type="radio"/> 2 2. Intraut. death <input type="radio"/> 3 Neo. death<d7 <input type="radio"/> 4 Neo. death<d28 <input type="radio"/> 5 Alive+problems		<input type="radio"/> 1 Good health <input type="radio"/> 2 2. Intraut. death <input type="radio"/> 3 Neo. death<d7 <input type="radio"/> 4 Neo. death<d28 <input type="radio"/> 5 Alive+problems
Transfer in neonatology	<input type="radio"/> 0 No <input type="radio"/> 1 Yes		<input type="radio"/> 0 No <input type="radio"/> 1 Yes		<input type="radio"/> 0 No <input type="radio"/> 1 Yes
Malformation	<input type="radio"/> 0 No <input type="radio"/> 1 Yes		<input type="radio"/> 0 No <input type="radio"/> 1 Yes		<input type="radio"/> 0 No <input type="radio"/> 1 Yes
Malformation description					

DECLARATION

Form 5 - Destruction

Centre Identification			Subcentre		Record ID	
Patient ID						
Cycle kind		<input type="radio"/> 1 Fresh <input type="radio"/> 2 Thawing <input type="radio"/> 3 Destruction				
Planned fertilisation technique		<input type="radio"/> 1 IVF <input type="radio"/> 2 ICSI <input type="radio"/> 3 Mixed				
Thawing of						
Date of oocytes pick-up						
Date of thawing						
Zygotes	Nb. of zygotes destroyed					
	Reason of destruction	<input type="radio"/> 1 Decision of patient <input type="radio"/> 2 Lost contact <input type="radio"/> 3 End of contract <input type="radio"/> 4 Other reasons				
	If other reasons, precision					
Embryos	Nb. of embryos destroyed					
	Reason of destruction	<input type="radio"/> 1 Dev. stop <input type="radio"/> 4 Other reasons <input type="radio"/> 2 Bad dev. potential <input type="radio"/> 3 Decision of patient				
	If other reasons, precision					
Research	Nb. of embryos put at disposal		According to swiss stem-cell law			
	Reason	<input type="radio"/> 1 Dev. stop <input type="radio"/> 2 Bad dev. potential <input type="radio"/> 3 Decision of patient				

FIVNAT - CH

(last update: 24.12.2004)

Jahr

Blatt 1

Zentrum Nummer		Unterzentrum	
Dossier Nummer			
Geburtsdatum Frau (Tag/Monat/Jahr)			
Geburtsdatum Mann (Tag/Monat/Jahr)			
Wohnsitz Schweiz	<input type="radio"/> Ja	<input type="radio"/> Nein	
Geburtsort Schweiz	<input type="radio"/> Ja	<input type="radio"/> Nein	
Typ Sterilität Frau	<input type="radio"/> Primär	<input type="radio"/> Sekundär	<input type="radio"/> Antwort unbekannt
Typ Sterilität Mann	<input type="radio"/> Primär	<input type="radio"/> Sekundär	<input type="radio"/> Antwort unbekannt
Anzahl Geburten nach IVF/ICSI			
Anzahl Aborte nach IVF/ICSI			
Anzahl EUG nach IVF/ICSI			
Tube	<input type="radio"/> Beide normal <input type="radio"/> 1 oder 2 mit Pathologie <input type="radio"/> Beide verschlossen oder nicht vorhanden <input type="radio"/> Nicht untersucht		
Ovulation	<input type="radio"/> Normal <input type="radio"/> Anovulation/Dysovulation <input type="radio"/> Antwort unbekannt		
Endometriose	<input type="radio"/> Nein	<input type="radio"/> Ja	<input type="radio"/> Nicht untersucht
Ort	<input type="radio"/> Peritoneale	<input type="radio"/> Ovarielle	<input type="radio"/> Kombiniert <input type="radio"/> Septum rektovaginal
AFS Stadium	<input type="radio"/> Grad I	<input type="radio"/> Grad II	<input type="radio"/> Grad III <input type="radio"/> Grad IV
Andere weibliche Pathologie	<input type="radio"/> Asherman-Syndrom <input type="radio"/> Ovarialkarzinom <input type="radio"/> Diabetes mellitus <input type="radio"/> PCO <input type="radio"/> Habituelles Abortgeschehen <input type="radio"/> Schilddrüsenerkrankungen <input type="radio"/> Uterus myomatosus <input type="radio"/> Uterusmissbildung <input type="radio"/> Hypogonadotr. Ovarialinsuff. <input type="radio"/> Hypergonadotr. Ovarialinsuff. <input type="radio"/> Adhäsionen		
Spermiogramm vor IVF	<input type="radio"/> Azoospermie	<input type="radio"/> Kryptozoospermie	<input type="radio"/> Antwort unbekannt
Anzahl Spermatozoa (Millionen/ml)			
Motile nach 1 Std (%)			
Normale Formen (%)	<input type="radio"/> WHO	<input type="radio"/> Kruger	<input type="radio"/> Andere
Andere männliche Pathologie	<input type="radio"/> Klinefelter-Syndrom <input type="radio"/> Mucoviszidose <input type="radio"/> Querschnittslähmung <input type="radio"/> Chromosomenanomalie <input type="radio"/> Hodenneoplasie <input type="radio"/> Vasektomie <input type="radio"/> Varikozele		
Beginn Kinderwunsch/Jahr			
Anzahl früherer Frischzyklen (IVF/ICSI) in anderen Zentren			
Indikation der IVF/ICSI (bei kombinierter Indikation, die nötigen Indikationen ankreuzen)	<input type="radio"/> Tubare <input type="radio"/> Männliche <input type="radio"/> Endometriose <input type="radio"/> Immunologische Infertilität (männlich) <input type="radio"/> Anovulation/Dysovulation <input type="radio"/> Spender-IVF <input type="radio"/> Idiopatische Sterilität <input type="radio"/> HIV-Diskordanz		

Zentrum Nummer		Unterzentrum	
Dossier Nummer			
Zyklus Typ	FRISCH		
Geplante (oder angewandte) Technik	<input type="radio"/> IVF	<input type="radio"/> ICSI	<input type="radio"/> GEMISCHT
Stimulationsbeginn (Tag/Monat/Jahr)			
Zyklus Timing	<input type="radio"/> Nein	<input type="radio"/> Oestroprogesteron	<input type="radio"/> Gestagen <input type="radio"/> Unbekannt
LHRH Agonist	<input type="radio"/> Nein	<input type="radio"/> Ja	<input type="radio"/> Unbekannt
Wenn ja Wirkung	<input type="radio"/> Retard	<input type="radio"/> Schnell	
Protokoll	<input type="radio"/> Lang	<input type="radio"/> Kurz	<input type="radio"/> Ultrakurz
GnRH Antagonist	<input type="radio"/> Nein	<input type="radio"/> Einzeldosis	<input type="radio"/> Wiederholte Dosis
Ovarielle Stimulation	<input type="radio"/> Nein	<input type="radio"/> HMG	<input type="radio"/> r-FSH <input type="radio"/> u-FSH
	<input type="radio"/> Clomiphen	<input type="radio"/> r-LH	<input type="radio"/> Aromatasehemmer <input type="radio"/> Andere
Gesamtdosis Gonadotropine	HMG:	u-FSH:	r-FSH: r-LH:
Stimulationsdauer	(Anzahl Tage Gonadotropine)		
Stimulationsabbruch	<input type="radio"/> Nein	<input type="radio"/> Ja	
Wenn Ja, Stimulationsabbruch wegen	<input type="radio"/> Low response	<input type="radio"/> Ueberstimulation	
	<input type="radio"/> prämur Luteinisierung	<input type="radio"/> Andere	
Ovulationsinduktion	<input type="radio"/> HCG	<input type="radio"/> LH Peak	<input type="radio"/> Beide <input type="radio"/> r-HCG
	<input type="radio"/> r-LH	<input type="radio"/> Analog GnRH	<input type="radio"/> Unbekannt
Punktionsdatum (Tag/Monat/Jahr)			
Methode	<input type="radio"/> LSC	<input type="radio"/> US Transvaginal	<input type="radio"/> Antwort unbekannt
Anzahl Kumulus-Eizelle-Komplexe			
Anzahl Metaphase II Oozyten			
Anzahl Metaphase I Oozyten			
Anzahl Keimbläschen (GV)			
Herkunft der Spermien	<input type="radio"/> Partner		<input type="radio"/> Spender
	<input type="radio"/> Frisch	<input type="radio"/> Kryo	<input type="radio"/> Ejakulat <input type="radio"/> Duc. def. <input type="radio"/> Epididymis <input type="radio"/> Hoden <input type="radio"/> Urin/Retrogr.
Fertilisationstechnik			
Anzahl mit Sperma inkubiert/injiziert			
Tag1 :	Zygoten 1 PN		
	Zygoten 2 PN		
	Zygoten ≥ 3 PN		
Anzahl Zygoten kryokonserviert			
Anzahl Tag 2 Embryonen total			
Anzahl Embryonen kryokonserviert			
Grund für Embryokryokonservierung	<input type="radio"/> OHSS	<input type="radio"/> Andere Krankheit	
	<input type="radio"/> Blutung	<input type="radio"/> Vermeidung Mehrlinge	
	<input type="radio"/> Zervikale Stenose	<input type="radio"/> Andere Gründe	<input type="radio"/> Unfall
Anzahl vaginal transferierte Embryonen			
Anzahl im Labor vernichtete Embryonen			
Grund für Vernichtung	<input type="radio"/> Entwicklungsstopp	<input type="radio"/> Schlechtes Entwicklungspotential	
	<input type="radio"/> Verzicht des Paares		
Anzahl Embryonen, welche der Forschung zur Verfügung gestellt wurden (gemäss Stammzellengesetz)			
Grund	<input type="radio"/> Entwicklungsstopp	<input type="radio"/> Schlechtes Entwicklungspotential	
	<input type="radio"/> Verzicht des Paares		

Zentrum Nummer		Unterzentrum	
Dossier Nummer			
Zyklus Typ	FRISCH		
Geplante (oder angewandte) Technik	<input type="radio"/> IVF	<input type="radio"/> ICSI	<input type="radio"/> GEMISCHT
Transfer Wenn nein, Gründe	<input type="radio"/> Ja	<input type="radio"/> Nein	
	<input type="radio"/> Blutung	<input type="radio"/> Befruchtungsversagen	
	<input type="radio"/> OHSS	<input type="radio"/> Keine Teilung	<input type="radio"/> Zervikale Stenose
Transfer-Datum (Tag/Monat/Jahr)			
Anzahl Embryonen (Zygoten) transferiert			
	Embryo 1:	Embryo 2:	Embryo 3:
Anzahl Zellen/Stadium der transferierten			
Blastomere (gleich gross/ ungleich gross)			
Prozent Fragmentierung			
Assisted Hatching	<input type="radio"/> Nein	<input type="radio"/> Ja	
Wenn ja	<input type="radio"/> Mechanisch		
	<input type="radio"/> Chemisch		
	<input type="radio"/> Enzymatisch		
	<input type="radio"/> Laser		
Behandlung nach Transfer	<input type="radio"/> Nein	<input type="radio"/> Progesteron	<input type="radio"/> HCG
Andere Behandlung (präzisieren)	<input type="radio"/> Beide <input type="radio"/> Oestrogene		
Komplikationen mit Spitaleinweisung	<input type="radio"/> Nein	<input type="radio"/> Ja	
Wenn Ja	<input type="radio"/> OHSS stationär <input type="radio"/> Eizellpunktions Komplikationen (Blutung, Infektion)		
Andere Komplikationen	<input type="radio"/> OHSS ambulant	<input type="radio"/> Peritonitis	<input type="radio"/> Hämoperitoneum
	<input type="radio"/> Depression/Psychose	<input type="radio"/> Thromboembolismus	
	<input type="radio"/> Adnexentorsion	<input type="radio"/> Andere	
Resultat	<input type="radio"/> Keine Schwangerschaft		<input type="radio"/> Keine Fertilisierung
	<input type="radio"/> Schwangerschaft		<input type="radio"/> Kein Transfer (OHSS)
	<input type="radio"/> Biochem. Schwangerschaft		<input type="radio"/> Punktionsmisserfolg
	<input type="radio"/> Stimulationsabbruch		<input type="radio"/> Keine Zellteilung
	<input type="radio"/> Antwort unbekannt		
Anzahl Fruchtblasen			

Zentrum Nummer		Unterzentrum	
Dossier Nummer			
Zyklus Typ	AUFTAU		
Auftau von	<input type="radio"/> Zygoten	<input type="radio"/> Embryonen	<input type="radio"/> Zygoten und Embryonen
Datum der letzten Periode (Tag/Monat/Jahr)			
Zyklustyp	<input type="radio"/> Spontan	<input type="radio"/> Stimuliert	<input type="radio"/> Hormonsubstitution
Zyklus Timing	<input type="radio"/> Nein	<input type="radio"/> Oestroprogesteron	<input type="radio"/> Gestagen
	<input type="radio"/> Antwort unbekannt		
LHRH Agonist	<input type="radio"/> Nein	<input type="radio"/> Ja	<input type="radio"/> Unbekannt
	Wirkung		
	<input type="radio"/> Retard	<input type="radio"/> Schnell	
Ovarielle Stimulation	<input type="radio"/> Nein	<input type="radio"/> HMG	<input type="radio"/> r-FSH
	<input type="radio"/> Clomiphen	<input type="radio"/> r-LH	<input type="radio"/> Aromatasehemmer
		<input type="radio"/> O u-FSH	<input type="radio"/> O Andere
Ovulationsinduktion	<input type="radio"/> HCG	<input type="radio"/> LH Peak	<input type="radio"/> Beide
	<input type="radio"/> r-LH	<input type="radio"/> Analog GnRH	<input type="radio"/> O r-HCG
	<input type="radio"/> O Unbekannt		
Punktionsdatum			
Auftaudatum			
Fertilisationstechnik			
Anzahl Embryonen aufgetaut			
Anzahl Zygoten aufgetaut			
Anzahl Tag 2 Embryonen total			
Anzahl Embryonen wieder kryokonserviert			
Grund für Embryowiederkryokonservierung	<input type="radio"/> OHSS	<input type="radio"/> Andere Krankheit	
	<input type="radio"/> Blutung	<input type="radio"/> Vermeidung Mehrlinge	
	<input type="radio"/> Zervikale Stenose	<input type="radio"/> Unfall	<input type="radio"/> O Andere Gründe
	Wenn andere Gründe, präzisieren		
Anzahl vaginal transferierter Embryonen			
Anzahl vernichtete Embryonen			
Grund für Vernichtung	<input type="radio"/> Entwicklungsstopp	<input type="radio"/> Schlechtes Entwicklungspotential	
	<input type="radio"/> Verzicht des Paares		
Anzahl Embryonen, welche der Forschung zur Verfügung gestellt wurden (gemäss Stammzellengesetz)			
Grund	<input type="radio"/> Entwicklungsstopp	<input type="radio"/> Schlechtes Entwicklungspotential	
	<input type="radio"/> Verzicht des Paares		
Transfer	<input type="radio"/> Ja	<input type="radio"/> Nein	
	Wenn nein, Gründe		
	<input type="radio"/> Blutung	<input type="radio"/> OHSS	<input type="radio"/> O Keine Teilung
		<input type="radio"/> O Zervikale Stenose	
Transfer-Datum (Tag/Monat/Jahr)			
Anzahl Embryonen (Zygoten) transferiert			
	Embryo 1:	Embryo 2:	Embryo 3:
Anzahl Zellen/Stadium der transferierten Blastomere (gleich gross/ungleich gross.)			
Prozent Fragmentierung			
Assisted Hatching	<input type="radio"/> Nein	<input type="radio"/> Ja	
	<input type="radio"/> Mechanisch	<input type="radio"/> O Chemisch	<input type="radio"/> O Enzymatisch
		<input type="radio"/> O Laser	
Behandlung nach Transfer	<input type="radio"/> Nein	<input type="radio"/> Progesteron	<input type="radio"/> HCG
		<input type="radio"/> O Beide	<input type="radio"/> O Oestrogene
Andere Behandlung (präzisieren)			
Komplikationen mit Spitaleinweisung	<input type="radio"/> Nein	<input type="radio"/> Ja	
	Wenn Ja (präzisieren)		
	<input type="radio"/> OHSS ambulant	<input type="radio"/> O Peritonitis	<input type="radio"/> O Hämoperitoneum
	<input type="radio"/> Depression/Psychose	<input type="radio"/> O Thromboembolismus	
	<input type="radio"/> Adnexentorsion	<input type="radio"/> O Andere	
Resultat	<input type="radio"/> Keine Schwangerschaft	<input type="radio"/> O Kein Transfer (OHSS)	
	<input type="radio"/> Schwangerschaft	<input type="radio"/> O Keine Zellteilung	
	<input type="radio"/> Biochem. Schwangerschaft	<input type="radio"/> O Antwort unbekannt	
	<input type="radio"/> O Stimulationsabbruch		
Anzahl Fruchtblasen			

Zentrum Nummer		Unterzentrum	
Dossier Nummer			
Zyklus Typ	<input type="checkbox"/> Frisch	<input type="checkbox"/> Auftau	
Technik: Frischzyklus Auftauzyklus	<input type="checkbox"/> IVF	<input type="checkbox"/> ICSI	<input type="checkbox"/> GEMISCHT
	<input type="checkbox"/> Zygoten	<input type="checkbox"/> Embryonen	<input type="checkbox"/> Zygoten und Embryonen
Transfer-Datum (Tag/Monat/Jahr)			
Diagnose Frühschwangerschaft	<input type="checkbox"/> hCG	<input type="checkbox"/> Fruchtblase	<input type="checkbox"/> Embryonale Herzaktivität
Anzahl Fruchtblasen am Anfang			
Anzahl Fruchtblasen nach 12 Wochen			
Reduktion	<input type="checkbox"/> Nein	<input type="checkbox"/> Ja	
Wenn ja, Anzahl Fruchtblasen reduziert			
Ergebnis	<input type="checkbox"/> Geburt		<input type="checkbox"/> Biochem. Abort
	<input type="checkbox"/> Abort 1. Trimester		<input type="checkbox"/> Abort 2. Trimester
	<input type="checkbox"/> Extraut. SS		<input type="checkbox"/> Intra-und extrauterin SS
	<input type="checkbox"/> Therap. SS-Abbruch		
Wenn Abort, Abortsdatum			
Gründe des Abbruchs (präzisieren)			
Pathologie während der Schwangerschaft	<input type="checkbox"/> Nein	<input type="checkbox"/> Ja	
Wenn ja, präzisieren	<input type="checkbox"/> Blutung 1. Trimester <input type="checkbox"/> Gestationsdiabetes <input type="checkbox"/> Blutung 2. Trimester <input type="checkbox"/> Cervixinsuffizienz mit Cerclage <input type="checkbox"/> Blutung 3. Trimester <input type="checkbox"/> Vorzeitige Wehen 2. Trimester <input type="checkbox"/> Harnwegsinfektion <input type="checkbox"/> Vorzeitige Wehen 3. Trimester <input type="checkbox"/> Toxoplasmose <input type="checkbox"/> Plazenta praevia <input type="checkbox"/> Schwere Infektion <input type="checkbox"/> Retroplazentäres Hämatom <input type="checkbox"/> Isolierte Hypertonie (>14/9) <input type="checkbox"/> Vorz. Blasensprung <input type="checkbox"/> Präeklampsie <input type="checkbox"/> Psych. Probleme <input type="checkbox"/> Eklampsie <input type="checkbox"/> Hospitalisation 1. Trimester <input type="checkbox"/> Retardierung <input type="checkbox"/> Hospitalisation 2. Trimester <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Hospitalisation 3. Trimester		
Geburtsdatum			
Anzahl Kinder			
Geburtsmodus Präzisieren:	<input type="checkbox"/> Spontan	<input type="checkbox"/> Vag. operativ	<input type="checkbox"/> Sektio
	KIND 1	KIND 2	KIND 3
Geschlecht	<input type="checkbox"/> Männlich <input type="checkbox"/> Weiblich	<input type="checkbox"/> Männlich <input type="checkbox"/> Weiblich	<input type="checkbox"/> Männlich <input type="checkbox"/> Weiblich
Gewicht (gram)			
APGAR 5 min			
Zustand bei Austritt	<input type="checkbox"/> Gesund <input type="checkbox"/> IUFT <input type="checkbox"/> Perinat. Tod (Tag 1-6) <input type="checkbox"/> Perinat. Tod (Tag 7-28) <input type="checkbox"/> Lebend mit Komplikationen	<input type="checkbox"/> Gesund <input type="checkbox"/> IUFT <input type="checkbox"/> Perinat. Tod (Tag 1-6) <input type="checkbox"/> Perinat. Tod (Tag 7-28) <input type="checkbox"/> Lebend mit Komplikationen	<input type="checkbox"/> Gesund <input type="checkbox"/> IUFT <input type="checkbox"/> Perinat. Tod (Tag 1-6) <input type="checkbox"/> Perinat. Tod (Tag 7-28) <input type="checkbox"/> Lebend mit Komplikationen
Postpartale Verlegung des Kindes in Neonatologie	<input type="checkbox"/> Nein <input type="checkbox"/> Ja	<input type="checkbox"/> Nein <input type="checkbox"/> Ja	<input type="checkbox"/> Nein <input type="checkbox"/> Ja
Missbildung	<input type="checkbox"/> Nein <input type="checkbox"/> Ja	<input type="checkbox"/> Nein <input type="checkbox"/> Ja	<input type="checkbox"/> Nein <input type="checkbox"/> Ja
Falls Ja präzisieren Alle Missbildungen oder genetische Anomalien ausfüllen, auch wenn keine Geburt stattfand (Spontanabort/Therap. SS-Abbruch)			

Zentrum Nummer		Unterzentrum	
Dossier Nummer			
Zyklus Typ	VERNICHTUNG		
Auftau von	<input type="checkbox"/> Zygoten	<input type="checkbox"/> Embryonen	<input type="checkbox"/> Zygoten und Embryonen
Punktionsdatum			
Auftaudatum			
Anzahl vernichtete Embryonen			
Grund für Vernichtung	<input type="checkbox"/> Verzicht des Paares	<input type="checkbox"/> Kontakt mit Paar verloren	
Wenn andere Gründe, präzisieren	<input type="checkbox"/> Ablauf Konservierungsdauer	<input type="checkbox"/> Andere Gründe	
Anzahl Embryonen, welche der Forschung zur Verfügung gestellt wurden (gemäss Stammzellengesetz)			
Grund	<input type="checkbox"/> Verzicht des Paares <input type="checkbox"/> Andere Gründe		
Anzahl vernichtete Zygoten			
Grund für Vernichtung	<input type="checkbox"/> Verzicht des Paares	<input type="checkbox"/> Kontakt mit Paar verloren	
Wenn andere Gründe, präzisieren	<input type="checkbox"/> Ablauf Konservierungsdauer	<input type="checkbox"/> Andere Gründe	

Identification du centre		Sous centre	
Numéro de dossier			
Date de naissance femme (Jour/Mois/Année)			
Date de naissance homme (Jour/Mois/Année)			
Résidence Suisse	<input type="radio"/> Oui	<input type="radio"/> Non	
Lieu de naissance Suisse	<input type="radio"/> Oui	<input type="radio"/> Non	
Type d'infécondité femme	<input type="radio"/> Primaire	<input type="radio"/> Secondaire	<input type="radio"/> Réponse inconnue
Type d'infécondité homme	<input type="radio"/> Primaire	<input type="radio"/> Secondaire	<input type="radio"/> Réponse inconnue
Nombre d'accouchements après FIV/ICSI			
Nombre avortements après FIV/ICSI			
Nombre de GEU après FIV/ICSI			
Trompes	<input type="radio"/> Les 2 normales <input type="radio"/> 1 ou 2 altérées <input type="radio"/> Les 2 obturées ou absentes <input type="radio"/> Non examinées		
Ovulation	<input type="radio"/> Normale <input type="radio"/> Anovulation/Dysovulation <input type="radio"/> Réponse inconnue		
Endométriose	<input type="radio"/> Non	<input type="radio"/> Oui	<input type="radio"/> Non recherchée
Localisation	<input type="radio"/> Péritonéale	<input type="radio"/> Ovarienne	<input type="radio"/> Mixte
Stade AFS	<input type="radio"/> Degré I	<input type="radio"/> Degré II	<input type="radio"/> Degré III <input type="radio"/> Degré IV
Autre pathologie femme	<input type="radio"/> Syndrome d' Asherman <input type="radio"/> Carcinome ovarien <input type="radio"/> Diabetes mellitus <input type="radio"/> PCO <input type="radio"/> Antécédents d'abortus <input type="radio"/> Affection de la thyroïde <input type="radio"/> Uterus myomateux <input type="radio"/> Malformation utérine <input type="radio"/> Insuff.ovarienne hypogonad.. <input type="radio"/> Insuff.ovarienne hypergonad. <input type="radio"/> Adhérences		
Spermogramme avant FIV	<input type="radio"/> Azoospermie	<input type="radio"/> Cryptozoospermie	<input type="radio"/> Réponse inconnue
Nombre spermatozoïdes (millions/ml)			
Motilité totale après 1 h (%)			
Formes normales (%)	<input type="radio"/> WHO	<input type="radio"/> Kruger	<input type="radio"/> Autre
Autre pathologie masculine	<input type="radio"/> Syndrome de Klinefelter <input type="radio"/> Mucoviscidose <input type="radio"/> Paraplégie <input type="radio"/> Anomalie chromosomique <input type="radio"/> Néoplasie testicules <input type="radio"/> Vasectomie <input type="radio"/> Varicocèle		
Début désir d'enfant/Année			
Nombre cycles frais précédents (FIV/ICSI) dans d'autres centres			
Indication de la FIV/ICSI (plusieurs indications peuvent être cochées simultanément)	<input type="radio"/> Tubaire <input type="radio"/> Masculine <input type="radio"/> Endométriose <input type="radio"/> Infertilité immunologique (masculine) <input type="radio"/> Anovulation/Dysovulation <input type="radio"/> FIV Donneur <input type="radio"/> Stérilité idiopathique <input type="radio"/> Discordance HIVG		

Identification du centre		Sous centre	
Numéro de dossier			
Type de cycle	Frais		
Technique prévue (ou appliquée)	<input type="radio"/> IVF	<input type="radio"/> ICSI	<input type="radio"/> Mixte
Début stimulation (Jour/Mois/Année)			
Programmation du cycle	<input type="radio"/> Non	<input type="radio"/> Oestroprogestatif.	<input type="radio"/> Gestagène <input type="radio"/> Inconnue
Agoniste de la LHRH	<input type="radio"/> Non	<input type="radio"/> Oui	<input type="radio"/> Réponse inconnue
Si oui action	<input type="radio"/> Retard	<input type="radio"/> Rapide	
Protocole	<input type="radio"/> Long	<input type="radio"/> Court	<input type="radio"/> Ultracourt
Antagonistes du GnRH	<input type="radio"/> Non	<input type="radio"/> Dose unique	<input type="radio"/> Répété
Stimulation ovarienne	<input type="radio"/> Non	<input type="radio"/> HMG	<input type="radio"/> r-FSH <input type="radio"/> u-FSH
	<input type="radio"/> Clomiphene	<input type="radio"/> r-LH	<input type="radio"/> Inhibiteur d'aromatase
	<input type="radio"/> Autre		
Dose totale gonadotrophine	HMG:	u-FSH:	r-FSH: r-LH:
Durée de la stimulation	(nombre jours administration Gonadotrophine)		
Echec	<input type="radio"/> Non	<input type="radio"/> Oui	
Si oui, préciser	<input type="radio"/> Mauvaise réponse		<input type="radio"/> Hyperstimulation
	<input type="radio"/> Lutéinisation prématurée		<input type="radio"/> Autre
Déclenchement de l'ovulation	<input type="radio"/> HCG	<input type="radio"/> LH Peak	<input type="radio"/> Les deux <input type="radio"/> r-HCG
	<input type="radio"/> r-LH	<input type="radio"/> Analogue GnRH	<input type="radio"/> Réponse inconnue
Date de ponction (Jour/Mois/Année)			
Mode de recueil	<input type="radio"/> Coeliosc.	<input type="radio"/> US Transvaginale	<input type="radio"/> Réponse inconnue
Complexes Cumulus Ovocytes			
Nombre d'ovocytes métaphase II			
Nombre d'ovocytes métaphase I			
Nombre de vésicules germinales			
Origine du sperme	<input type="radio"/> Conjoint		<input type="radio"/> Donneur
	<input type="radio"/> Frais	<input type="radio"/> Congelé	<input type="radio"/> Ejaculat <input type="radio"/> Canal déf. <input type="radio"/> Epididyme <input type="radio"/> Testicule <input type="radio"/> Urine/Rétrogr.
Technique de fécondation			
Nombre mis en fécondation/injectés			
Jour 1 :	Zygotes 1 PN		
	Zygotes 2 PN		
	Zygotes \geq 3 PN		
Nombre zygotes congelés			
Nombre total embryons Jour 2			
Nombre embryons congelés			
Raison de la cryoconservation	<input type="radio"/> SHO	<input type="radio"/> Autre maladie	
	<input type="radio"/> Saignement	<input type="radio"/> Eviter grossesse multiple	
	<input type="radio"/> Sténose cervicale	<input type="radio"/> Autres raisons	<input type="radio"/> accident
Nombre d'embryons intra-vaginal			
Nombre d'embryons détruits au labo.			
Raison de la destruction	<input type="radio"/> Arrêt développem. <input type="radio"/> Mauvais potentiel de développem.		
	<input type="radio"/> Renoncement du couple		
Nombre d'embryons mis à disposition de la recherche (selon loi sur les cellules souches)			
Raison	<input type="radio"/> Arrêt développem. <input type="radio"/> Mauvais potentiel de développem.		
	<input type="radio"/> Renoncement du couple		

Identification du centre		Sous centre	
Numéro de dossier			
Type de cycle	Frais		
Technique prévue (ou appliquée)	<input type="radio"/> FIV	<input type="radio"/> ICSI	<input type="radio"/> Mixte
Transfert	<input type="radio"/> Oui	<input type="radio"/> Non	
Si non, raisons	<input type="radio"/> Saignement	<input type="radio"/> Echec de fécondation	<input type="radio"/> Sténose cervicale
	<input type="radio"/> SHO	<input type="radio"/> Pas de clivage	<input type="radio"/>
Date du transfert (Jour/Mois/Année)			
Nombre embryons (zygotes) transférés			
	Embryon 1:	Embryon 2:	Embryon 3:
Nombre cellules./stade embryons transférés			
Blastomère (taille ident./taille différ.)			
Pourcentage fragmentation			
Assisted Hatching	<input type="radio"/> Non	<input type="radio"/> Oui	
Si Oui	<input type="radio"/> Mécanique		
	<input type="radio"/> Chimique		
	<input type="radio"/> Enzymatique		
	<input type="radio"/> Laser		
Traitement après transfert	<input type="radio"/> Non	<input type="radio"/> Progestérone	<input type="radio"/> HCG
Autre traitement (préciser)	<input type="radio"/> Les deux <input type="radio"/> Oestrogène		
Complications avec hospitalisation	<input type="radio"/> Non	<input type="radio"/> Oui	
Si oui	<input type="radio"/> SHO <input type="radio"/> Complications ponction foll.(saignement, infection)		
Autre complications	<input type="radio"/> SHO ambulatoire	<input type="radio"/> Péritonite	<input type="radio"/> Hémopéritoine
	<input type="radio"/> Dépression/Psychose	<input type="radio"/> Thromboembolie	
	<input type="radio"/> Torsion d'annexe	<input type="radio"/> Autre	
Résultat	<input type="radio"/> Pas de grossesse	<input type="radio"/> Echec de fécondation	
	<input type="radio"/> Grossesse	<input type="radio"/> Pas de transfert (OHSS)	
	<input type="radio"/> Grossesse biochimique	<input type="radio"/> Echec de collecte d'ovocytes	
	<input type="radio"/> Echec de stimulation	<input type="radio"/> Echec de clivage	
	<input type="radio"/> Réponse inconnue		
Nombre de sacs gestationnels			

Identification du centre		Sous centre	
Numéro de dossier			
Type de cycle	Décongélation		
Décongélation de	<input type="checkbox"/> Zygotes	<input type="checkbox"/> Embryons	<input type="checkbox"/> Zygotes et Embryons
Date des dernières règles (Jour/Mois/Année)			
Type de cycle	<input type="checkbox"/> Spontané	<input type="checkbox"/> Stimulé	<input type="checkbox"/> Substitution hormonale
Programmation du cycle	<input type="checkbox"/> Non	<input type="checkbox"/> Oestroprogestatifs	<input type="checkbox"/> Gestagène <input type="checkbox"/> Réponse inconnue
Agoniste de la LHRH :	<input type="checkbox"/> Non	<input type="checkbox"/> Oui	<input type="checkbox"/> Réponse inconnue
Action	<input type="checkbox"/> Retard	<input type="checkbox"/> Rapide	
Stimulation ovarienne	<input type="checkbox"/> Non	<input type="checkbox"/> HMG	<input type="checkbox"/> r-FSH <input type="checkbox"/> u-FSH
	<input type="checkbox"/> Clomiphène	<input type="checkbox"/> r-LH	<input type="checkbox"/> Inhibiteur d'aromatase <input type="checkbox"/> Autre
Déclenchement de l'ovulation	<input type="checkbox"/> HCG	<input type="checkbox"/> LH Peak	<input type="checkbox"/> Les deux <input type="checkbox"/> r-HCG
	<input type="checkbox"/> r-LH	<input type="checkbox"/> Analogue GnRH	<input type="checkbox"/> Réponse inconnue
Date de ponction			
Date de décongélation			
Technique de fécondation			
Nombre embryons décongelés			
Nombre zygotes décongelés			
Nombre total embryons Jour 2			
Nombre d'embryons recongelés			
Raison pour recongélation d'embryons Si autres raisons, préciser	<input type="checkbox"/> SHO <input type="checkbox"/> Autres maladies <input type="checkbox"/> Saignement <input type="checkbox"/> Eviter grossesse multiple <input type="checkbox"/> Sténose cervicale <input type="checkbox"/> Accident <input type="checkbox"/> Autres raisons		
Nombre d'embryons intravaginal			
Nombre d'embryons détruits au labo			
Raison de la destruction	<input type="checkbox"/> Arrêt développem. <input type="checkbox"/> Mauvais potentiel de développem. <input type="checkbox"/> Renoncement du couple		
Nombre d'embryons mis à disposition de la recherche (selon loi sur les cellules souches)			
Raison	<input type="checkbox"/> Arrêt développem. <input type="checkbox"/> Mauvais potentiel de développem. <input type="checkbox"/> Renoncement du couple		
Transfert	<input type="checkbox"/> Oui <input type="checkbox"/> Non		
Si non, raisons	<input type="checkbox"/> Saignement <input type="checkbox"/> SHO <input type="checkbox"/> Pas de clivage <input type="checkbox"/> Sténose cervicale		
Date du transfert (Jour/Mois/Année)			
Nombre Embryons (Zygotes) transférés			
	Embryo 1	Embryo 2	Embryo 3
Nombre cellules/Stade des embryons transférés			
Blastomères(taille ident./taille différ.)			
Pourcentage de fragmentation			
Assisted Hatching	<input type="checkbox"/> Non <input type="checkbox"/> Oui		
	<input type="checkbox"/> Mécanique	<input type="checkbox"/> Chimique	<input type="checkbox"/> Enzymatique <input type="checkbox"/> Laser
Traitement après transfert	<input type="checkbox"/> Non <input type="checkbox"/> Progestérone <input type="checkbox"/> HCG <input type="checkbox"/> Les deux <input type="checkbox"/> Oestrogène		
Autre traitement (préciser)			
Complications avec hospitalisation	<input type="checkbox"/> Non <input type="checkbox"/> Oui		
Si oui (préciser)			
Autre complications	<input type="checkbox"/> SHO ambulat. <input type="checkbox"/> Péritonite <input type="checkbox"/> Hémopéritoine <input type="checkbox"/> Dépression/Psychose <input type="checkbox"/> Thromboembolie <input type="checkbox"/> Torsion d'annexe <input type="checkbox"/> Autre		
Résultat	<input type="checkbox"/> Pas de grossesse <input type="checkbox"/> Grossesse <input type="checkbox"/> Pas de transfert (SHO) <input type="checkbox"/> Echec de clivage <input type="checkbox"/> Grossesse biochimique <input type="checkbox"/> Echec de stimulation <input type="checkbox"/> Réponse inconnue		
Nombre de sacs gestationnels			

Identification du centre		Sous centre	
Numéro de dossier			
Type de cycle	DESTRUCTION		
Décongélation de	<input type="checkbox"/> Zygotes	<input type="checkbox"/> Embryons	<input type="checkbox"/> Zygotes et Embryons
Date de ponction			
Date de décongélation			
Nombre d'embryons détruits			
Raison de la destruction	<input type="checkbox"/> Renoncement du couple	<input type="checkbox"/> Plus de contact avec couple	
Si autres raisons, préciser	<input type="checkbox"/> Fin durée de conservation	<input type="checkbox"/> Autres raisons	
Nombre d'embryons mis à disposition de la recherche (selon loi sur les cellules souches)			
Raison	<input type="checkbox"/> Renoncement du couple	<input type="checkbox"/> Autres raisons	
Nombre de zygotes détruits			
Raison de la destruction	<input type="checkbox"/> Renoncement du couple	<input type="checkbox"/> Plus de contact avec couple	
Si d'autre raisons, préciser	<input type="checkbox"/> Fin durée de conservation	<input type="checkbox"/> Autres raisons	