

California Conceptions Donor Embryo Program Patient Checklist

This checklist is intended to provide a general overview for the California Conceptions Program.

Additional items may be required.

	tting Started Recipient Profile & photos submitted online New Patient History Questionnaire New patient phone consult with coordinator New patient phone consult with physician				
Festing & Evaluation □ Blood tests & current pap smear ○ Mammogram (if indicated) ○ Pap smear (1-3 years as indicated) ○ Infectious disease screening					
	:	HIV I/II Hepatitis B sAg		:	Hepatitis C Ab RPR
	o Pregna	ncy screening			
	:	TSH Rubella ABO Rh		:	AB screen Prolactin Varicella IgG
	Saline contrast ultrasound (Performed at California IVF if guarantee option desired) o May initiate birth control pills to help coordinate exam Psychological counseling following ASRM guidelines Additional testing (if indicated by MD during phone consult)				
Pre-Treatment ☐ Donor profile signed & returned ☐ Treatment agreement & consents signed ☐ Payment submitted by due date (when accepting first donor profile) ☐ Start birth control pills on third day of menses (skip inactive pills and do not stop until instructed) ☐ Receive medication calendar and treatment schedule ☐ Make travel arrangements to California IVF (if applicable)					
	Baseline ultrasound (can be completed offsite) Order & start medications Lining check at California IVF (if guarantee option) (About 8-12days before embryo transfer) Embryo transfer				
Post-Treatment ☐ Continue estrogen and progesterone medications ☐ Pregnancy test (8-10 days after embryo transfer) ☐ Repeat pregnancy test (2-3 days after 1st positive test) ☐ 7 week OB Ultrasound					