



REGISTRY OF IVF CLINICS

Please fill out the form below to be included in ASPIRE Directory for IVF Clinics. Kindly answer as many items as possible for complete information to be available on the directory.

YEAR: _____

1. KEY INFORMATION

Name of IVF Clinic : _____

Address : _____

City : _____

Country : _____

Director of Clinic : _____

Registration No : _____

No. of IVF Cycles : _____

Status of IVF Clinic : Private Clinic OR Public Clinic

2. ART CYCLE PROFILE

**Please indicate average % per year*

No. % initiated cycle : _____

% unstimulated cycles : _____

% used gestational carrier : _____

% with ICSI : _____

% used PGD : _____

3. PATIENT DIAGNOSIS

**Please indicate % of patients below*

Tubal factor : _____

Ovulatory dysfunction : _____

Diminished ovarian reserve : _____

Endometriosis : _____

Uterine factor : _____

Male factor : _____

Other factor : _____

Unknown factor : _____

4. MUTIPLE FACTOR

**Please indicate % of patients below*

Female factors only : _____

Male factor only : _____

Female and male factor : _____

5. CURRENT SERVICES AND PROFILE

**Please tick the appropriate answer among the choices below*

- | | |
|--|--|
| <input type="checkbox"/> Donor Eggs | <input type="checkbox"/> Social Egg Freezing |
| <input type="checkbox"/> Donor Sperms | <input type="checkbox"/> PGD |
| <input type="checkbox"/> Donor Embryos | <input type="checkbox"/> PGS |
| <input type="checkbox"/> Gestational Carriers | <input type="checkbox"/> Single Women |
| <input type="checkbox"/> Embryo Cryopreservation | |

No. of Clinicians : _____

No. of Embryologists : _____