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2						Donor Recipient Database Revision 3.1																																							
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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Cooper Center for (In Vitro Fertilization)						New		Save		Delete		New Cycle		Donor ID: 22					
Management		Tylenol only				Anesthesia				E.D.		S.D.		ICSI:					
Name: John		Connor		Debrora		D.O.B.: 28585		Baseline: Da		BASELINE E2:		P4:		LH:					
Partner Name: Elizabeth		Connor		SS#: 345678912		123456786		Freezing all embryos		Reason									
Indication:		Recipients:		Cycle: 3															
(H)																			
(C)																			
Day of Cycle:																			
Base	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
Date:	12/1	12/2	12/3	12/4	12/5														
Bloods																			
E2																			
P																			
LH																			
FSH																			
BSU																			
LPL/FPL																			
Mod/Micro (BCP)																			
Antagon/Cetrotide																			
HMG																			
AM																			
PM																			
FSH																			
AM																			
PM																			
HCG 10,000 IU																			
Ultrasound																			
Right																			
Left ovary																			

B9 = 1/1

Cooper Center for IVF Endometrial Stimulation Record New Save Delete New Cycle

Name: Will Roberts Roberts **D.O.B.:** 4/5/67 **Recipient Priority:** **Recipient ID:** 47
Partner Name: Ana Roberts **SENIORITY:**
Indication: **SS#:** 238947527 1234563456
(H) **(W)** **Donors:**
(C) **Uterus:** **Cycle:**

Management fee: **ICSI:** **AH:** **Type of Stimulation:**

Day of Cycle:	Base	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	13	14	15
Date:	1/1	1/2	1/3	1/4	1/5	1/6	1/7												
Estradiol																			
Progesterone																			
Bloods																			
LH																			
FSH																			
BSU																			
Right Ovary																			
Left Ovary																			
Endo Thick/Patte																			
Birth Control Pill																			
Oral																			
Vaginal Estrace																			
Estradiol Valerate																			
Estraderm Patch																			
Provera																			
Lupron																			
Progesterone IM																			
Progesterone PYS																			
Progesterone ORAL																			

night of hcg, please complete the following: **called by:**
Patient notified of Oocyte Ret **Reason:** **Freezing all embryos**