

Donor Insemination Treatment

Centre:

Form I

1. This form: * Is recording a new treatment Replaces all details previously supplied
Replaces form I

2. Form completed on day month year

3. Patient No

Patient Surname

4. Is this patient a surrogate? * No Yes

ALL treatments reported on this form MUST apply to gametes from a single donor

5. Centre Sperm Donor No

Was this sperm imported/transferred into the UK? * No Yes

6. Treatment type: * IUI IVI ICI GIFT (donor sperm)

Please note that GIFT using donated eggs must be recorded within IVF Treatment & Embryo Creation/Use

If this treatment involves GIFT, please supply the number of the patients own eggs which are being mixed and replaced:

7. NHS Funded Treatment Cycle? * No Yes

If yes, give name of commissioning organisation paying for the treatment

8. Cycle Stimulated Unstimulated (natural cycle)

Start date of stimulation: day month year or last menstrual period (natural cycle)

9. DI treatment date (if more than one insemination per cycle, give all dates)

- a.
- b.
- c.
- d.