

SECTION 6

EARLY OUTCOME FORM

Version 2008

Issue 2 – Published 18/11/2008

These guidance notes replace all previous versions

GUIDANCE NOTES ON COMPLETING HFEA FORMS EO

Early Outcome FORM

Version 2007/1

Table of Contents

SECTION 5.....	1
EARLY OUTCOME FORM	1
Form submission.....	3
HFEA centre reference number	4
HFEA form number	4
Section 1	4
This form:-.....	4
Section 2.....	4
Form completed on	4
Section 3.....	5
Patient Number.....	5
Patient Name	5
Section 4.....	5
Early Outcome	5

GUIDANCE NOTES ON COMPLETING HFEA FORMS EO Early Outcome FORM

Version 2007/1

Form submission	An IVF Treatment & Embryo Creation/Use Form should be completed and sent to the HFEA after each one of the following events occurred:- <ul style="list-style-type: none">• Embryo Transfer• Insemination with donor sperm
------------------------	--

GUIDANCE NOTES ON COMPLETING HFEA FORMS EO

Early Outcome FORM

Version 2007/1

HFEA centre reference number	This is the unique number issued to each physical clinic/centre by the HFEA upon receipt of an initial licence application. The centre number must be included on all forms returned to the HFEA. Centre numbers should be quoted in the format of four numerics – i.e. 0000.
HFEA form number	Each Early Outcome form has a single unique number to identify it, (top right hand corner starting with the letter EO). If, after submitting a form, a correction needs to be made, it is essential that the unique form number of the form being corrected or updated be quoted on any new form in section 1. Original forms using duplicate form numbers will be rejected and returned to the centre. Paper forms supplied by the HFEA are unique, and it is the responsibility of the centre to ensure that where forms are generated from Electronic Patient Records systems, that form numbers are not repeated. The EDI application will automatically populate this field.
<div style="display: flex; justify-content: space-between;"> Early Outcome Centre <input style="width: 50px;" type="text" value="9004"/> Form EO <input style="width: 100px;" type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 1 This form: <div style="border: 1px solid #ccc; padding: 2px; display: flex; gap: 10px;"> Is recording a new outcome <input type="radio"/> Replaces all details previously supplied <input type="radio"/> </div> </div>	
Section 1	<p>This form:-</p> <p>If this form is recording a treatment for the first time, then please tick ✓ – RECORDING A NEW OUTCOME.</p> <p>If you wish to make changes or corrections to a previous form, then the number of the original form which is now being replaced must be supplied.</p>
2 Form completed on <input style="width: 80px;" type="text" value="___/___/___"/>	
Section 2	<p>Form completed on</p> <p>Enter the date that the form is being completed (defaulted to today's date)</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">3 This form is recording early outcome for form T</div> <input style="width: 100px;" type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">This form is recording early outcome for form I</div> <input style="width: 100px;" type="text"/> </div>	

GUIDANCE NOTES ON COMPLETING HFEA FORMS EO Early Outcome FORM

Version 2007/1

Section 3	This form is recording early outcome forms for form T/I Please enter the original IVF Treatment (T) or Donor Insemination (I) form number which created this pregnancy outcome.																				
<table><tr><td data-bbox="217 386 695 443">4 Patient or donor number</td><td data-bbox="695 386 1427 443"><input type="text"/></td></tr><tr><td data-bbox="217 443 695 491">Patient surname</td><td data-bbox="695 443 1427 491"><input type="text"/></td></tr></table>		4 Patient or donor number	<input type="text"/>	Patient surname	<input type="text"/>																
4 Patient or donor number	<input type="text"/>																				
Patient surname	<input type="text"/>																				
Section 4	Patient Number Enter the patient ID assigned by your clinic to the person. Patient Name In order to verify the patient ID (by comparing it to the Registration and treatment record), please enter the patient name.																				
<table><tr><td colspan="4" data-bbox="217 806 1427 842">5 Early outcome (to be submitted to the HFEA within 2 months of treatment date)</td></tr><tr><td data-bbox="217 842 649 898">Not pregnant</td><td data-bbox="649 842 893 898"><input type="checkbox"/></td><td data-bbox="893 842 1136 898">Biochemical pregnancy only</td><td data-bbox="1136 842 1427 898"><input type="checkbox"/></td></tr><tr><td data-bbox="217 898 649 955">Heterotopic</td><td data-bbox="649 898 893 955"><input type="checkbox"/></td><td data-bbox="893 898 1136 955">Miscarriage</td><td data-bbox="1136 898 1427 955"><input type="checkbox"/></td></tr><tr><td data-bbox="217 955 649 982">Intrauterine fetal pulsation seen</td><td data-bbox="649 955 893 982"><input type="checkbox"/></td><td data-bbox="893 955 1136 982">Molar</td><td data-bbox="1136 955 1427 982"><input type="checkbox"/></td></tr><tr><td colspan="2"></td><td data-bbox="893 982 1136 1010">Number of gestational sacs</td><td data-bbox="1136 982 1427 1010"><input type="text"/></td></tr></table>		5 Early outcome (to be submitted to the HFEA within 2 months of treatment date)				Not pregnant	<input type="checkbox"/>	Biochemical pregnancy only	<input type="checkbox"/>	Heterotopic	<input type="checkbox"/>	Miscarriage	<input type="checkbox"/>	Intrauterine fetal pulsation seen	<input type="checkbox"/>	Molar	<input type="checkbox"/>			Number of gestational sacs	<input type="text"/>
5 Early outcome (to be submitted to the HFEA within 2 months of treatment date)																					
Not pregnant	<input type="checkbox"/>	Biochemical pregnancy only	<input type="checkbox"/>																		
Heterotopic	<input type="checkbox"/>	Miscarriage	<input type="checkbox"/>																		
Intrauterine fetal pulsation seen	<input type="checkbox"/>	Molar	<input type="checkbox"/>																		
		Number of gestational sacs	<input type="text"/>																		
Section 4	Early Outcome Please choose the appropriate option from the following: <ul style="list-style-type: none">• Not pregnant• Biochemical pregnancy only• Miscarriage• Ectopic• Heterotopic• Molar• Intrauterine pulsation seen If Intrauterine pulsation(s) are seen, then please supply the number of gestational sacs.																				

GUIDANCE NOTES ON COMPLETING HFEA FORMS EO Early Outcome FORM

Version 2007/1

Sample form

HFEA EDI (Training Centre 9004) - [New Early Outcome (New entry)]

File Forms Reports Utilities Window Help

Early Outcome Centre Form EO

1 This form: Is recording a new outcome Replaces all details previously supplied

This form replaces form EO

2 Form completed on

3 This form is recording early outcome for form T

This form is recording early outcome for form I

4 Patient or donor number

Patient surname

5 Early outcome (to be submitted to the HFEA within 2 months of treatment date)

Not pregnant	<input type="checkbox"/>	Biochemical pregnancy only	<input type="checkbox"/>	Miscarriage	<input type="checkbox"/>	Ectopic	<input type="checkbox"/>
Heterotopic	<input type="checkbox"/>			Molar	<input type="checkbox"/>		
Intrauterine fetal pulsation seen	<input type="checkbox"/>			Number of gestational sacs	<input type="text"/>		

If intrauterine fetal pulsation was seen please submit an outcome form in due course

Comments