PLEASE WRITE CLEARLY IN BLACK INK USING BLOCK CAPITALS

HUMAN FERTILISATION & EMBRYOLOGY AUTHORITY

Early Outcome Form **Centre:** **Form EO**

1. This form: * Is registering a new outcome ☐ Replaces all details previously supplied ☐
   This form replaces form **EO**

2. Form completed on day ☐☐ month ☐☐ year ☐☐☐☐

3. This form is reporting the early outcome for a IVF treatment form **T**

OR This form is reporting the early outcome for a DI treatment form **I**

4. Patient details
   Patient or Donor No.
   Patient Surname

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

Not pregnant ☐ Biochemical pregnancy only ☐ Miscarriage ☐ Ectopic ☐ Heterotopic ☐ Molar ☐

Intrauterine fetal pulsation seen ☐ No. of gestational sacs seen ☐

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

v2007

*** Tick as applicable**