

Pregnancy Outcome

Centre:

Form O

1. This form: * Is registering a new outcome Replaces all details previously supplied
Is notifying corrections to/replaces form O

2. Form completed on : day month year

3. Patient No.

Patient Surname

4. This form is reporting additional sacs to those recorded on form O

5. This outcome is a result of the following treatment type: * IVF Donor Insemination
Date of successful treatment cycle to which outcome relates: day month year

Alternatively IVF Treatment form T OR DI Treatment form I

6. Number of gestational sacs with detected fetal pulsation

7. Pregnancy terminated: Reason:

8. Lost to follow up * Reason

9. Pregnancy outcome * GESTATIONAL SAC	GESTATIONAL SAC	GESTATIONAL SAC
Sac number Gestation weeks Miscarriage * Ectopic pregnancy* Heterotopic pregnancy*		
10. Fetal reduction *		
Reason		
11. Baby born Baby 1 Live Birth * Still Birth * Neonatal Death * Weight (grammes) Sex* M F Delivery: dd mm yyyy NHS Number	Baby 2 M F dd mm yyyy	Baby 3 M F dd mm yyyy
12. Baby's forename(s)		
Registered surname		
13. Congenital abnormalities No anomaly observed * Uncertain - further review required * Yes - anomaly observed *	No anomaly observed Further review required Yes - anomaly observed	No anomaly observed Further review required Yes - anomaly observed

14. Baby's Town of birth

Country of birth