Intention To Treat (Perform IVF Treatment)

Centre: ☐ **Form ITT** ☐

1. This form: * Is recording a new ITT ☐ Replaces all details previously supplied ☐

2. This form is notifying corrections to form **ITT** ☐

3. Form completion date: day month ☐ year ☐

4. Female Patient No. ☐

   Current surname: ☐

5. Start date of stimulation:

   day ☐ month ☐ year ☐ or last menstrual period (natural cycle)

6. Treatment centre (for satellites) ☐