

# **SECTION 1**

# **INTENTION TO TREAT**

# **(to collect eggs)**

Version 2009

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**These guidance notes replace all previous versions**

# GUIDANCE NOTES ON COMPLETING HFEA FORMS ITT Intention To Treat (to collect eggs) FORM

Version 2009

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<b>Form submission</b>	<p>An Intention To Treat Form should be completed and sent to the HFEA in advance of IVF Treatment:-</p> <ul style="list-style-type: none"><li>• After stimulatory drugs are first administered to, or taken by, the patient</li><li>• <b>Via EDI within 3 calendar days of the drugs being administered</b></li><li>• For patients who will receive an unstimulated (natural) cycle, an Intention To Treat submission is also required stating the date of the patients last menstrual cycle</li></ul>
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<b>HFEA centre reference number</b>	This is the unique number issued to each physical clinic/centre by the HFEA upon receipt of an initial licence application. The centre number <b>must</b> be included on all forms returned to the HFEA. Centre numbers should be quoted in the format of four numerics – i.e. 0000. The EDI application will automatically populate this field.
<b>HFEA form number</b>	Each Early Outcome form has a single unique number to identify it, (top right hand corner starting with the letter ITT). <b>Unlike other HFEA forms/transactions, it is not possible to make corrections to a previous Intention To Treat forms.</b> Please submit another form. You can contact the HFEA or wait until an exception report is run for your clinic which highlights any anomalies which can be discussed with you. The EDI application will automatically populate this system.
Intention to Treat (Perform IVF Treatment)    Centre <input type="text" value="9004"/> Form ITT <input type="text"/>	
1 This form <input type="checkbox"/> Is recording a new intention to treat <input checked="" type="radio"/> Replaces all details previously supplied	
<b>Section 1</b>	<p><b>Recording a new Intention To Treatment or changes to a previous form</b></p> <p>By default, tick the “Is recording a new treatment” box.</p> <p>In the unlikely event that a mistake was made on a previously reported Intention To Treat, then please tick the “Replaces all details previously supplied” box and supply the ITT form which you are now correcting.</p>
2 This form is notifying corrections to form    ITT <input type="text"/>	
<b>Section 2</b>	<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. This number will automatically appear when you click on the ‘edit’ button on the original form on EDI.</p>
3    Form completed on <input type="text" value="__/__/__"/>	
<b>Section 3</b>	<p><b>Form completion date</b></p> <p>Ultimately this field should be completed automatically for the user, utilising the local computer’s system date. If this is not the case, today’s date should be entered into the field.</p>
4    Female Patient No. <input type="text"/>	
Current surname <input type="text"/>	

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<b>Section 4</b>	<b>Female Patient Number</b>  These fields are mandatory. The Patient number should remain constant throughout all treatments and it should always be quoted in the same format on the registration and any subsequent treatment or outcome forms. The number given to a patient, partner or donor must be unique within each licensed centre. Never give the same number to two different people.  <b>Current Surname</b>  The surname written here must match exactly the surname specified on the Patient Registration form for this patient number. If it does not match, the form will be returned for correction.
5 Stimulatory drug administration date OR date of last menstrual period for natural cycles <input type="text" value="//"/>	
<b>Section 5</b>	<b>Stimulatory drug administration date (or last menstrual period for natural cycles)</b>  Enter the date that the stimulatory (as opposed to down regulating or other) drugs were administered either by the clinic or the patient. Note: this entry must be within 3 calendar days of a drug administration.
6 Treatment Centre <input type="text"/> Leave blank if this treatment is being conducted at the current centre	
<b>Section 6</b>	<b>Treatment Centre</b>  If the centre administering the drugs is not the centre performing the egg collection or embryo transfer please supply the details of the centre where the treatment is intended to take place.

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## Sample form

The screenshot shows a software window titled "HFEA EDI (Training Centre 9004) - [Intention to Treat (Perform IVF Treatment) (New entry)]". The window has a menu bar with "File", "Forms", "Reports", "Utilities", "Window", and "Help". The main area contains the following fields:

- 1 This form: A dropdown menu with options "Is recording a new intention to treat" (selected) and "Replaces all details previously supplied".
- 2 This form is notifying corrections to form: A dropdown menu with "ITT" selected.
- 3 Form completed on: A date field with slashes for day, month, and year.
- 4 Female Patient No.: A text input field.
- Current surname: A text input field.
- 5 Stimulatory drug administration date OR date of last menstrual period for natural cycles: A date field with slashes for day, month, and year.
- 6 Treatment Centre: A dropdown menu with a note: "Leave blank if this treatment is being conducted at the current centre".