

The Fertility Center of Oregon

Infertility • Reproductive Endocrinology

590 Country Club Parkway, Suite A • Eugene, OR 97401 • (541) 683-1559 • Fax (541) 683-1709
Douglas Austin, MD • Christine Hurst, FNP • Gisella Sherrill, RN

Description of Preliminary Tests

All couples undergoing a cycle of IVF or ART (advanced reproductive technology) are required to undergo some preliminary testing prior to beginning. Once the testing is completed and results are obtained, appropriate therapy may begin.

Day 3 Labs: E2 and FSH Blood Levels

These levels are required on all patients preparing for an art procedure. Blood is drawn on day 2 or 3 of your menstrual cycle. Baseline E2 and FSH levels help the physician determine your ovarian reserve, how well you will stimulate and assist in determining the correct medication dosage for you. Elevated levels can indicate a diminished ovarian reserve and a possible decrease in success rate. We require that these labs are performed at our facility for more accurate and timely results.

HIV, Hepatitis Panel, Syphilis, Blood Type, CMV, CBC AND Rubella

Both patient and partner are required to have current STD testing (within the past year) these tests must be completed prior to beginning cycle. You may have these tests drawn on at our facility or elsewhere. If you have had these labs performed elsewhere within the past year, written documentation is required. Rubella, CMV and CBC screening as well as blood typing will also be drawn on the patient. If she is rubella non-immune, she will be given the opportunity to be vaccinated, she must wait at least 1 month after vaccination to try and conceive.

Hysteroscopy

This test is done for the female. It is required that all women have a diagnostic hysteroscopy performed prior to their IVF cycle. Diagnostic hysteroscopy is used to examine the inside of the uterus. This procedure will assist in diagnosing any abnormal uterine conditions which could interfere with implantation. All hysteroscopies must be current (within the past year). It is generally performed in the office. Anesthesia is not necessary; however, we do recommend taking a nonsteroidal anti-inflammatory agent one hour prior to the procedure. If an abnormality is found, it may be taken care of in the office, or it may be necessary to perform further corrections in the hospital. This will be discussed at the time of the diagnostic hysteroscopy.

Mock Transfer

This test is done for the female and usually coincides with the diagnostic hysteroscopy. This test is considered a "mock run" of the real embryo transfer day and gives the physician a "heads up" if any problems or difficulties with the transfer were to arise. The procedure is usually painless. It involves a **full bladder**, which allows an abdominal ultrasound to assist in guiding the transfer catheter into the uterus.

ART Workup

This test is for the male. All partners are required to have an extensive semen analysis completed at our center prior to starting art. This test gives our embryologist an opportunity to look at the sperm and anticipate any problems it may have in fertilizing the egg. The embryologist will be specifically looking at the sperm motility and count, as well as any abnormalities in the sperm itself. In addition, if so desired a portion of the sperm will be frozen as a backup if an unavoidable situation occurs at retrieval and the partner is not available. If the embryologist or physician are concerned with the initial semen analysis it may be required to repeat it and have a more specialized test performed called an **SPA (sperm penetration assay)**. The SPA test can determine how well the sperm can penetrate an egg to aid in fertilization.