

## UNiTY Frozen Transfer CRF

[If "Was a fresh embryo transfer performed" is answered **No** AND "Is a frozen embryo transfer planned?" is answered **Yes** on the Laboratory CRF show this form]

Please complete this CRF if the first IVF cycle results in frozen embryos.

Couple Trial ID  /

## Section 1 - Frozen transfer

## Procedure details

Did the cycle progress to a frozen embryo transfer?

☐ Yes ☐ No

[If "Did the cycle progress to a frozen embryo transfer?" answered **No**, show "If the cycle did not progress to a frozen embryo transfer, please provide the reason." AND Sign off section]

If the cycle did not progress to a frozen embryo transfer, please provide the reason.

Endometrium unsuitable ☐ Yes ☐ No

Last frozen embryo didn't survive thaw ☐ Yes ☐ No

Couple withdrawal ☐ Yes ☐ No

Other ☐ Yes ☐ No

[If "If the cycle did not progress to a frozen embryo transfer, please provide the reason." answered **Couple withdrawal**, show the following instructional text]

Please complete a Change of Status form

[If "If the cycle did not progress to a frozen embryo transfer, please provide the reason." answered **Other**, show "If other please provide details"]

If other, please provide details

[If "Did the cycle progress to a frozen embryo transfer?" answered **Yes**, show "Frozen embryo cycle type" AND "Date of embryo transfer" AND "Number of embryos thawed" AND "Number of embryos transferred" AND "Number of days of culture of embryo(s) transferred" AND "Were these embryos confirmed euploid by PGTA?" AND "Was luteal support provided?"]

Frozen embryo cycle type ☐ Medicated ☐ Natural

Date of embryo transfer  -  -

Number of embryos thawed

Number of embryos transferred ☐ 1 ☐ 2

[If "Number of embryos transferred" is answered **2**, show the question "Reason for 2 embryos"]

Reason for 2 embryos

Number of days of culture of embryo(s) transferred ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Were these embryos confirmed euploid by PGTA? ☐ Yes ☐ No

Was luteal support provided? ☐ Yes ☐ No

[If "was luteal support provided?" answered **Yes** show "If yes, what type?"]

If yes, what type? ☐ Vaginal pessary ☐ Rectal pessary ☐ Injection ☐ Combined injection and pessary

## Section 2 - Sign off

Must be completed by someone who has signed the Site Signature and Delegation Log

Name

Date  -  -

