UNiTY Non-Trial Treatment Form

UNiTY is using direct data entry on REDCap. These paper CRFs are available to use if there is no immediate online access.

Please complete one CRF per non-trial fertility treatment

Couple Trial ID: ☐☐☐☐ / ☐☐☐

Section 1 - Treatment Details

What type of treatment did the couple receive?   ◯ IUI   ◯ IVF/ICSI   ◯ FET   ◯ OI + TSI

[If Randomisation allocation is "IVF" AND "What type of treatment did the couple receive?" is answered **IUI**, OR **FET** OR **OI+TSI** AND an IVF CRF has not been entered, show the following instructional text]

Please complete an IVF CRF for this couple or if they have not received IVF as part of the trial please complete a Protocol Deviation Form

[If Randomisation allocation is "IUI" AND "What type of treatment did the couple receive?" is answered **IVF/ICSI**, OR **FET** OR **OI+TSI** AND <3 IUI CRFs have been entered, show the following instructional text]

Please complete 3x IUI CRFs for this couple or if they have not received 3x IUI treatments as part of the trial please complete a Protocol Deviation Form

[If "What type of treatment did the couple receive?" is answered **IUI**, show "IUI Details" section]

Section 2 - IUI Details

First day of last period   D D - M M M - Y Y Y Y

Date of insemination   D D - M M M - Y Y Y Y

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

Please complete a Post-Treatment CRF

[If "What type of treatment did the couple receive?" answered **IVF/ICSI**, show "IVF/ICSI Details" section]

Section 3 - IVF/ICSI Details

What type of treatment was delivered?   ◯ IVF   ◯ ICSI

Did egg collection take place?   ◯ Yes   ◯ No

[If "Did egg collection take place?" answered **Yes**, show "Date of egg collection" AND "If yes, were any embryos transferred?"]

Date of egg collection   D D - M M M - Y Y Y Y

How many embryos developed?	___ ___

How many embryos were frozen for future use?	___ ___

Were any embryos transferred?	◯ Yes ◯ No

[If "If yes, were any embryos transferred?" answered **Yes**, show "Date of embryo transfer" AND "How many embryos were transferred" AND "Were these embryos confirmed euploid by PGTA?" AND instructional text"]

Date of embryo transfer	D D - M M M - Y Y Y Y

How many embryos were transferred?	___

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

Please complete a Post-Treatment CRF

[If "What type of treatment did the couple receive?" is answered **FET**, show "FET" section]

Section 4 - FET Details

Were these embryos from the **trial IVF** cycle?	◯ Yes ◯ No

Date of transfer	D D - M M M - Y Y Y Y

Number of days of culture of embryos transferred	___

Number of embryos transferred	___

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

Please complete a Post-Treatment CRF

[If "What type of treatment did the couple receive?" answered **OI + TSI**, show "OI + TSI" section]

Section 5 - OI + TSI

First day of last period	D D - M M M - Y Y Y Y

How was ovulation induced? *Tick one*	◯ Clomifene ◯ Letrozole ◯ Other

[If "OI + TSI, how was ovulation induced?" is answered "Other", show the question "If other, please specify details"]

If other, please specify details	_____

Please complete a Post-Treatment CRF

Section 6 - Sign off

Name	Date	D D - M M M - Y Y Y Y
_____		