



**NYU Langone  
Fertility Center**

# IN VITRO FERTILIZATION

*New Patient Orientation*

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# Welcome to the NYULFC Orientation!

## Section 1: NYULFC Overview

*Critical Information for IVF Cycles at NYULFC*

## Section 2: The IVF Process

*Ovulation Induction – Egg Retrieval – Embryology*

## Section 3: The Embryo Transfer Process

*Fresh Embryo Transfer – Frozen Embryo Transfer – Pregnancy Monitoring*

## Section 4: Wellness

*Wellness and support for NYULFC patients*

## Section 5: Research

*Research studies and participation options*

# Meet Our Health Educators



Haley Penny, LMSW  
*Haley.Penny@nyulangone.org*



Eva Billik, LCSW  
*Eva.Billik@nyulangone.org*

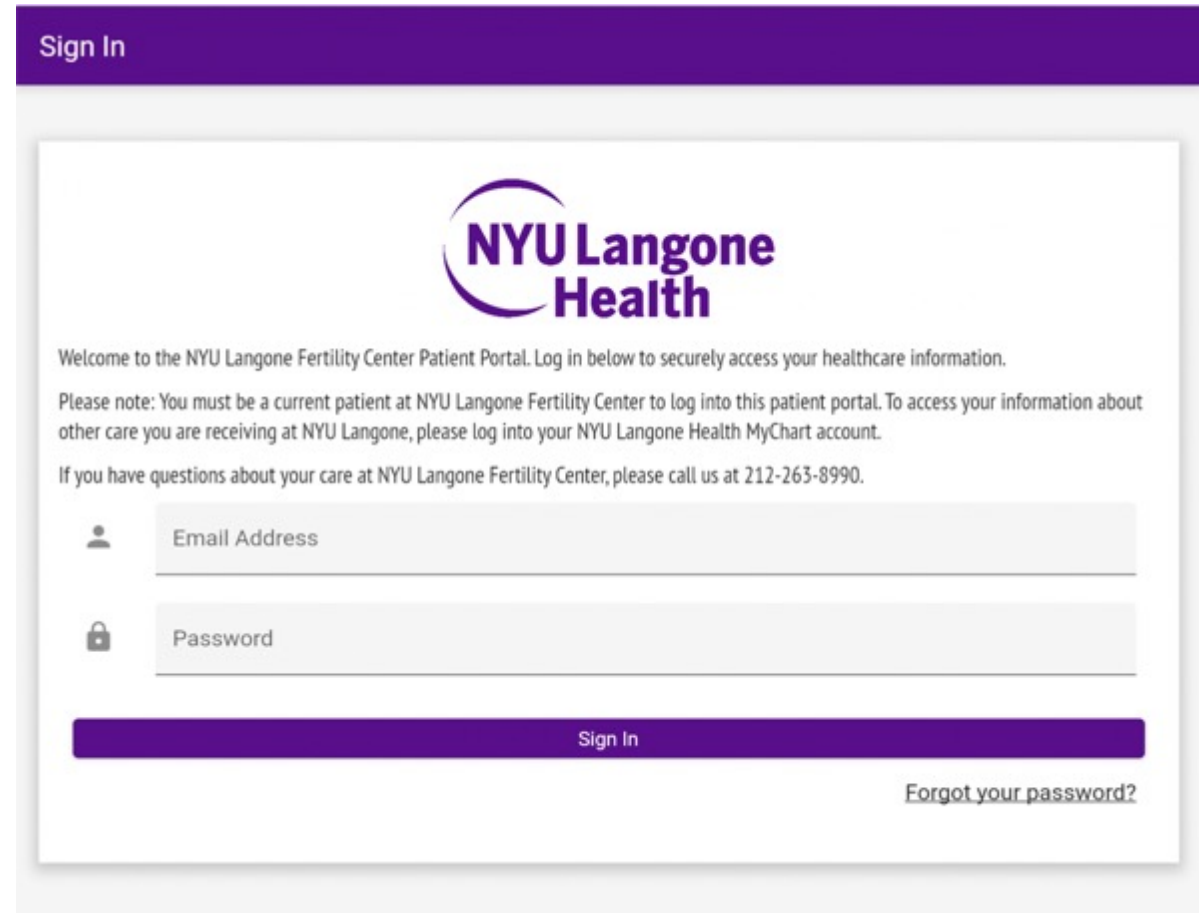
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# SECTION 1: NYULFC OVERVIEW

*Critical Information for IVF Cycles at NYULFC*

# Communication: Join Our Patient Portal

- NYU Langone Fertility Center utilizes a Patient Portal to communicate with all patients undergoing treatment.
  - NYULFC Patient Portal URL: <https://portal.fertilitycenterportal.com>
- If you do not already have a patient portal account, please email me or your Patient Care Coordinator – we will make sure your care team issues an invitation right away.
- The NYULFC Patient Portal is the primary method of communication for all patients. Please plan to check your Patient Portal messages daily during your cycle.
- *Please Note: The NYULFC Patient Portal is not connected to the Epic MyChart portal used throughout the NYU Langone Health system. Epic's electronic medical record does not support fertility cycle management at this time.*



The screenshot shows the 'Sign In' page for the NYU Langone Health Patient Portal. At the top, there is a purple header with the text 'Sign In'. Below this is the NYU Langone Health logo, which consists of a purple circle with a white swoosh and the text 'NYU Langone Health' in purple. The main content area is white and contains the following text: 'Welcome to the NYU Langone Fertility Center Patient Portal. Log in below to securely access your healthcare information.' Below this is a note: 'Please note: You must be a current patient at NYU Langone Fertility Center to log into this patient portal. To access your information about other care you are receiving at NYU Langone, please log into your NYU Langone Health MyChart account.' Underneath the note is another line of text: 'If you have questions about your care at NYU Langone Fertility Center, please call us at 212-263-8990.' There are two input fields: the first is labeled 'Email Address' and has a person icon to its left; the second is labeled 'Password' and has a lock icon to its left. Below the input fields is a purple button with the text 'Sign In'. In the bottom right corner of the white area, there is a link that says 'Forgot your password?'.

# NYULFC Office Locations



## Main Office

159 E 53rd St. Floor 3  
New York, NY, 10022

Phone: 212-263-8990



## NoMad Satellite

109 W 27th St, Floor 9  
New York, NY, 10001

Phone: 212-263-0040



## Westchester Satellite

132 Parkway Road, Floor 2  
Bronxville, NY 10708

Phone: 914-556-4900

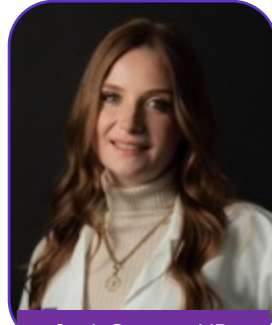
# Meet the NYULFC Physician Team



Alan Berkeley, MD



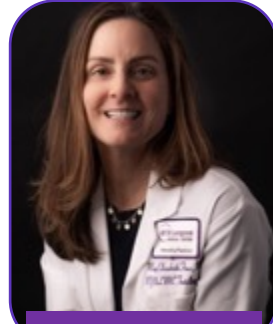
Jennifer Blakemore, MD



Sarah Cascante, MD



Shannon Devore, MD



Elizabeth Fino, MD



James Grifo, MD, PhD



Frederick Licciardi, MD



Jacqueline Shaw, MD



Brooke Wertz, MD, MPH

World Class Outcomes  
Expert & Exceptional Care  
Constant Collaboration

Our physicians have over 140 years collective experience performing fertility treatment cycles. Each member of the NYULFC physician team is dedicated to delivering exceptional clinical care, and all members of the team collaborate daily to deliver best-in-class outcomes for NYULFC patients.

NYULFC operates on a “Doctor-of-the-Day” model, which means one physician is assigned to perform all surgical procedures each day. You will see your physician throughout your treatment cycle, and your physician will direct your care plan (including medication dosage, monitoring frequency, and other clinical directives), however it is possible that your physician may not be the one assigned to perform surgery on the date of your procedure.

During your care at NYULFC, you may also meet our staff physician, Dr. Lisa Kump. While Dr. Kump is no longer accepting new patients, she provides outstanding care for all patients in-cycle at the Fertility Center.

# Reproductive Endocrinology Fellows



Nirali Shah Jain, MD



Amelia Kelly, MD



Emily Weidenbaum, MD



Carlos Parra, MD

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NYULFC is part of the Division of Reproductive Endocrinology and Infertility (REI) at NYU School of Medicine's Department of Obstetrics and Gynecology.

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We host a 3-YR fellowship training program in REI approved by the American Board of Obstetrics and Gynecology.

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Fellows are licensed physicians and have completed a 4-year residency in OB-GYN prior to sub-specializing in REI.

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Throughout your time at the NYULFC, you will interact with our fellows who provide clinical care and on-call support to patients (including emergencies).



# Genetic Counseling

Andria Besser and Hannah Green are Board-Certified Genetic Counselors at NYULFC.

Indications for Genetic Counseling include:

- Personal or family history of genetic disease
- Couples who both carry the same autosomal recessive genetic disease
- Carriers of X-linked diseases, autosomal dominant diseases, or heritable chromosome abnormalities

Genetic Counseling is available by appointment

- To schedule a phone consultation, please contact Maithili Patel at 646-754-2709 or [Maithili.patel@nyulangone.org](mailto:Maithili.patel@nyulangone.org).

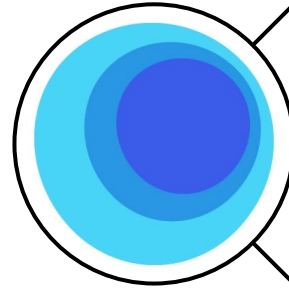


Andria Besser, MS, CGC



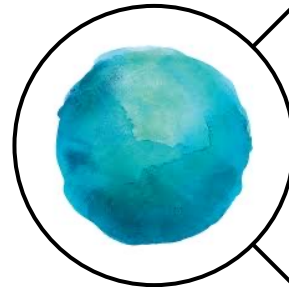
Hannah Green, MS, CGC

# Genetics at NYULFC



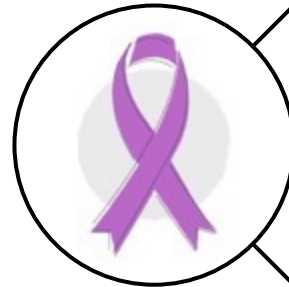
## Expanded Carrier Screening (ECS)

NYULFC uses the **LabCorp Inheritest/Beacon** test for genetic carrier screening, to assess the risk of having a baby with one of over 500 inherited conditions. Carrier screening is typically performed via blood sample and is recommended for everyone prior to embryo creation. Complimentary individualized genetic counseling about your results is provided by a LabCorp Board-Certified Genetic Counselor.



## Preimplantation Genetic Testing for Aneuploidy (PGT-A)

NYULFC uses the laboratory **CooperGenomics** to test embryos for chromosomal information. CooperGenomics provides complimentary live webinars and individualized genetic counseling for PGT-A education, which are strongly recommended prior to cycle start. Note that PGT-M (monogenic condition) and PGT-SR (structural rearrangement) may be approached differently through other laboratories.



## Genetic Testing for Inherited Cancers

NYULFC partners with the NYU Perlmutter Cancer Center (646-754-1376) for cancer-related genetic testing, such as BRCA1/BRCA2. Please note that NYULFC does not provide genetic counseling or testing for hereditary cancer.

# Patient Care Coordinators

Your Patient Care Coordinator serves as your point person throughout your treatment cycle. Your Coordinator can be reached via phone, email or NYULFC Patient Portal. When emailing your Coordinator, you may also want to include the Coordinator group, which provides coverage when team members are out of office: [FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org).

| Provider Name | Coordinator Name           | Coordinator Phone | Coordinator Email                         |
|---------------|----------------------------|-------------------|---|
| Dr. Berkeley  | Tatiana Nova               | 914-556-4910      | Tatiana.Nova@nyulangone.org               |
| Dr. Blakemore | Joanna Zielinska           | 646-501-8653      | Joanna.Zielinska@nyulangone.org           |
| Dr. Cascante  | Kianna Thompson            | 212-263-3395      | Kianna.Thompson@nyulangone.org            |
| Dr. Devore    | Lisa Valentine             | 212-263-0064      | Lisa.Valentine@nyulangone.org             |
| Dr. Fino      | Joanna Marrero-Constantine | 212-263-7976      | Joanna.Marrero-Constantine@nyulangone.org |
| Dr. Grifo     | Maribel Feliciano          | 212-263-7967      | Maribel.Feliciano@nyulangone.org          |
| Dr. Licciardi | Kylene Alexander           | 212-263-7973      | Kylene.Alexander@nyulangone.org           |
| Dr. Shaw      | Kianna Thompson            | 212-263-3395      | Kianna.Thompson@nyulangone.org            |
| Dr. Wertz     | Kimown Peters              | 646-754-1253      | Kimown.Peters@nyulangone.org              |



# Annual Laboratory Schedule

The NYULFC embryology, andrology, and endocrinology laboratories are located at our main office: 159 E 53<sup>rd</sup> St, Floor 3.

NYULFC's laboratories close for 10 days each December to perform extended cleaning and maintenance.

We refer to this as “December Downtime”

NYULFC continues to provide monitoring, consultations, and non-IVF procedures during the closure periods.

Please contact your Patient Coordinator with any questions you have regarding the laboratory downtime period.

Your Coordinator will make sure you schedule your cycle so it will be completed prior to or start after Downtime.

# Prerequisite Testing & Appointments



## Pre-Day 2/3 Checklist

To ensure your health is optimal as you proceed through a treatment cycle, results of all screening tests/appointments must be completed in advance of your Day 2/3 start. With the exception of semen analysis, genetic testing, and psychological consultation, testing may be performed at your preferred laboratory/provider.

Fax to (212) 263-4821. Attn: Patient Coordinator

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Partner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

| Female Requirements                | Need | Male Requirements   | Need  | Both Partners                                    | Need |
|------------------------------------|------|---|-------|--|------|
| Hepatitis B Surf Antigen Ag        |      | Hepatitis B Surface Ag  |       | Psychological consult (if using donor sperm/egg) |      |
| Hepatitis C Virus Antibody Ab      |      | Hepatitis C Virus Ab  |       | Driver's License or Passport                     |      |
| Syphilis (RPR, VDRL)               |      | CBC**   |       | Prescription Card                                |      |
| HIV 1 / HIV 2                      |      | High Electrolytes   |       | Insurance Card                                   |      |
| Medical Clearance                  |      | Syphilis (RPR, VDRL)  |       | Authorization for Procedure                      |      |
| Measles Ab IgG                     |      | HIV 1 / HIV 2   |       | Authorization for Medications                    |      |
| Varicella Ab IgG                   |      | Medical Clearance   |       | Contact Nurse to Order Medications               |      |
| Rubella Ab IgG                     |      | Semen Analysis  |       |  |      |
| High Electrolytes                  |      | Sperm Frozen  | Y / N | Contact Pharmacy to Deliver/ Pick-up Medications |      |
| Blood Group & Rh                   |      | Is Specimen at NYULFC?  | Y / N |  |      |
| Comprehensive Genetic Screening    |      | Comprehensive Genetic Screening   |       | PGSPGD Consultation                              |      |
| Blood Type Anti-Body               |      | Orientation/Consents  |       |  |      |
| CBC**                              |      | <b>Insurance and Medication Authorizations:</b>                               |       |  |      |
| Prostate (if males 35+ days)       |      | Joanne Healy (212) 263-0037   |       |  |      |
| TSH                                |      | Michelle Healdy (212) 263-2707  |       |  |      |
| FSH / LH (AM)                      |      | Nail Marie (212) 263-0392   |       |  |      |
| Ash                                |      | Vicki Salinas (212) 263-0375  |       |  |      |
| Cervical Culture: Chlamydia        |      | <b>Patient Coordinators:</b>  |       |  |      |
| Cervical Culture: Gonorrhea        |      | Maribel Feliciano (212) 263-7967  |       |  |      |
| Cervical Culture: Pap Smear (B)    |      | Kinowan Peters (212) 263-8652   |       |  |      |
| Sounding                           |      | Charmaine Chestnut (212) 263-6498   |       |  |      |
| Hysterosalpingogram (HSG) or Femur |      | Denise Wynn (212) 263-0029  |       |  |      |
| Mammogram (C)                      |      | <b>Andrology Lab Coordinator:</b>   |       |  |      |
| Orientation/Consents               |      | Rose Pulzura (212) 263-0079   |       |  |      |
|                                    |      | Main Office (All Hours): (212) 263-8990                                       |       |  |      |
|                                    |      | Billing Department: (212) 263-8847  |       |  |      |
|                                    |      | After Hours Record-Only (When you start your menstrual cycle): (212) 263-8999 |       |  |      |
|                                    |      | Psychological Appointment: (212) 263-0054                                     |       |  |      |
|                                    |      | <b>Marriage Monitoring Hours:</b> 7-8am, seven days a week                    |       |  |      |
|                                    |      | <b>Blood Testing Hours:</b> Monday through Friday, 10am to Noon and 1-3pm     |       |  |      |
|                                    |      | CooperGenomics (877) 262-3112   |       |  |      |

(A) Day 2 un-medicated FSH/LH is required for insurance authorization (B) Within 3 years or unless indicated (C) Baseline 40 years and older, then as required \*\* Required every 6 months

Please note, all required tests (i.e. “checklist”) and insurance pre-certification **must be completed** prior to the start of your cycle. **Failure to complete all checklist items or consents will delay your treatment.**

Please inform us if you or your partner have any medical conditions or allergies; or if you are on any prescription medications or herbal supplements. Some medical conditions will require documented clearance from your personal physician prior to treatment. *(Cardiology, Nephrology, etc.)*

Your “Advance Directive” (if you have one) should be provided at the start of treatment. Information is available from your MD’s assistant.

# Consent Forms

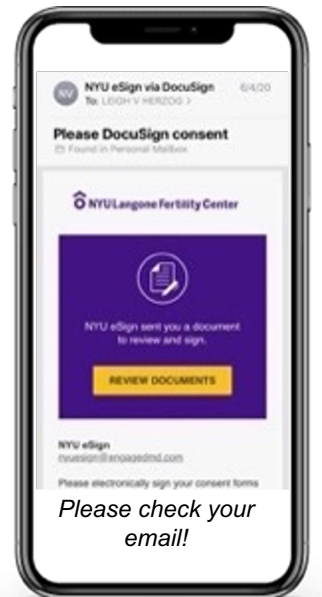
NYULFC partners with **EngagedMD** to deliver consent forms and video education modules directly to your email inbox.

**SENDER: NYULFC**

You will receive your consent forms via email. If you don’t see them in your email inbox, search for keywords: “**NYULFC**” or “**EngagedMD**”.

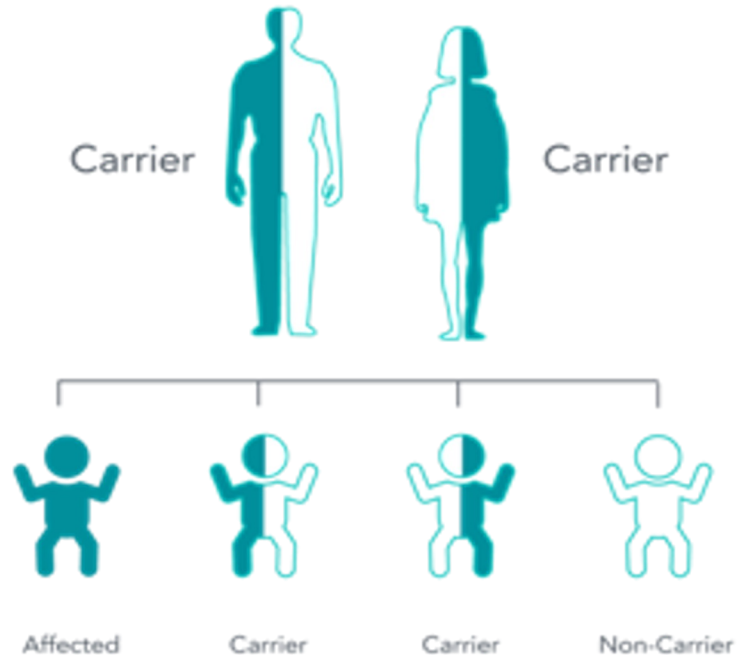
To gain access, you will be required to verify your identity with photo ID. You will be asked to scan your driver’s license or passport using your phone. If you have any trouble, please contact your Coordinator.

All consents must be complete prior to cycle start. **This is strictly enforced.**



# Genetic Carrier Screening

Carrier screening is strongly recommended for all patients and/or couples creating embryos. If performed, results must be received prior to cycle start.



- Carrier screening involves a blood or saliva test to analyze 500+ genes to detect if an individual is at risk of having a baby with a specific inherited genetic disorder.
- Most diseases tested are autosomal recessive, meaning there is only a high risk if **both** people contributing the egg and the sperm are carriers for the **same** disease.
- A few diseases are X-linked, and female carriers alone can have a high risk.
- If a high risk is identified, our Genetic Counselors will meet with you to discuss your options
- Most people (regardless of age, family history, or other health indicators) will be identified as carriers for at least one disease. Carriers are typically asymptomatic; however, carrier status for some conditions may be associated with increased health risks.
- *Please be aware that routine embryo testing (PGT) will NOT test for these conditions, which is why it is important to perform carrier screening prior to embryo creation.*
- NYULFC uses the **LabCorp Inheritest/Beacon** test for carrier screening. Complimentary individualized genetic counseling about your results is provided by a LabCorp Board-Certified Genetic Counselor and is strongly recommended prior to cycle start.

## Anesthesia Evaluation

The Egg Retrieval is performed using monitored anesthesia care. In some cases, NYULFC will require an anesthesia clearance.

Anesthesia clearance is required:

- If a patient's BMI is 38 or greater OR
- If a patient has an illness that may compromise their airway or ability to breathe

In these cases, the patient must see the anesthesiologist for an examination of the airway and to determine intravenous access **before starting cycle medications**.

If the anesthesiologist concludes the airway is compromised or IV access cannot be determined, the patient will **NOT** be cleared for anesthesia.

In these cases, the procedure may be cancelled, or the patient may have to undergo the egg retrieval without anesthesia. Alternatively, the patient may be asked to delay treatment until sufficient weight can be lost, or until medical clearance can be obtained.

## Anesthesia and BMI

Because Oocyte (Egg) Retrievals are performed under anesthesia, we want to make you aware of our anesthesia consult requirements related to Body Mass Index (BMI)

### Pre-Cycle: BMI 38 or Greater:

An Anesthesia Consultation is required prior to clearance for an Egg Retrieval procedure. This must be done prior to cycle start.

During the Anesthesia Consultation, comorbidities such as hypertension, cardiovascular disease, asthma, obstructive sleep apnea, cancer, and other issues are also considered.

### Day of Retrieval: BMI ≤ 41.99

Retrieval may be performed with usual sedation as determined by Anesthesiologist.

### Day of Retrieval: BMI 45 – 49.99

Patient may only receive monitored anesthesia care without any type of sedation.

### Day of Retrieval: BMI 42 – 44.99

Patient may be eligible for mild sedation. Patient may have recall of and will likely move during the procedure.

### Day of Retrieval: BMI ≥ 50

Patient shall not undergo a procedure at NYULFC.

# Cycle Start Reservation

## Reservation Requirement

A **Cycle Start Reservation** is required for all patients undergoing care at NYU Langone Fertility Center.

## Reservation Timing

To account for variation in menstrual cycle timing, all Cycle Start Reservations are honored within a 7-day window of the confirmed date.

Ex: if your reservation for “Day 2” Start is confirmed for the 14th of a month, your reservation will be honored between the 7th and the 21st.

## Making a Reservation

Please contact your Patient Care Coordinator to make a Day 2 Cycle Start Reservation.

Your Coordinator will book your Cycle Start Reservation. A Coordinator will also call you ~2 weeks prior to your anticipated menses to confirm your Reservation.

# What is a “Day 2”

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**Day 1** of your menstrual cycle is considered full flow menstrual period before midnight (not staining or spotting).

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**Day 2 is the second day of full flow.**

*Note: if your period arrives at night, do not call the overnight emergency service. In the morning, please call our office at 212-263-8990 for Day 3 cycle start instructions.*

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If you are taking birth control, “Day 2” will be the fourth day after your last active pill.



## Ready to Start?



On **Day 1** of your period, please call the **Main Office** number (212-263-8990) to schedule your **Day 2 Cycle Start**.



You will be scheduled to visit our office between 7AM – 9AM for your Day 2 Cycle Start Morning Monitoring appointment for baseline bloodwork and an ultrasound.



When you call to schedule this appointment, you may initially reach our call center. **Do not worry!** Our team is always looking out for calls to schedule Day 2 Cycle Start appointments and we'll get back to you shortly!



If you get your period after hours (after 5PM) you will not reach a staff member. Again, *do not worry!* Call us on your cycle Day 2 to schedule your **Cycle Start** appointment for **Day 3**. It is absolutely fine to start your cycle medications on Day 3 of menstruation.

*Note: If your periods are irregular or you do not get periods at all, you will make an alternative Cycle Start plan with your Coordinator.*

## Cycle Monitoring

- On average, patients need **10-12 days** of injectable stimulation medications, however this will vary based on your body's individual response to the medications.
- Following your Day 2 visit, you will receive a phone call from a Nurse with medication instructions. The nurse will notify you if you can begin injectable medications that evening. Your medications, the dosage, and the number of days until you return for your second morning monitoring visit have been predetermined by your doctor. **You will receive your individualized cycle calendar on Day 2.**
- In the afternoon after every morning monitoring visit, you will receive instructions from a nurse, as your medication dosage may change throughout your cycle depending on your body's individual response to the medications.

# Example Egg Retrieval Cycle Calendar

| S  | M   | T   | W   | Th   | F   | S   |
|--|---|---|---|--|---|---|
| CYCLE DAY 1  | CYCLE DAY 2   | CYCLE DAY 3   | CYCLE DAY 5   | CYCLE DAY 5  | CYCLE DAY 6   | CYCLE DAY 7   |
| <p>MENSES DAY 1 –</p> <ul style="list-style-type: none"> <li>Call main office to schedule Day 2 Cycle Start Appointment</li> </ul> | <p>DAY 2 CYCLE START:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> <li>Individualized Cycle Calendar</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*PM Start Gonadotropins</b></p> | <p><b>*PM Gonadotropins</b></p>                           | <p><b>*PM Gonadotropins</b></p>   | <p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork only</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*PM Gonadotropins</b></p>  | <p><b>*PM Gonadotropins</b></p>   | <p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*PM Antagonist</b><br/><b>*PM Gonadotropins</b></p> |
| CYCLE DAY 8  | CYCLE DAY 9   | CYCLE DAY 10  | CYCLE DAY 11  | CYCLE DAY 12   | CYCLE DAY 13  | CYCLE DAY 14  |
| <p><b>*AM Antagonist</b><br/><b>*PM Gonadotropins</b></p>  | <p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*AM Antagonist</b><br/><b>*PM Gonadotropins</b></p>                   | <p><b>*AM Antagonist</b><br/><b>*PM Gonadotropins</b></p> | <p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*AM Antagonist</b><br/><b>*PM Gonadotropins</b></p> | <p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> </ul> <p>Afternoon call from Nursing</p> <ul style="list-style-type: none"> <li><b>Trigger Shot Instructions</b></li> <li><b>Procedure date/time</b></li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*AM Antagonist</b><br/><b>*PM TRIGGER SHOT</b><br/><b>Administer at exact time</b></p> | <p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork only</li> </ul> <p><b>*No Medications</b></p> | <p>EGG RETRIEVAL PROCEDURE</p> <p>Release to the care of an adult to escort you home. <b>Rest for the remainder of the day.</b></p> <p>We will call you with fertilization results the following day.</p>   |

# Morning Monitoring at NYULFC

## WHEN & WHERE

Morning Monitoring services, including bloodwork and ultrasound, are available at all of our three offices (Main Office, NoMad, and Westchester).

Morning Monitoring occurs between **7AM – 9AM**, 7 days per week.

**Appointments are required for Morning Monitoring.**

## AFTERNOON PORTAL MESSAGES

Expect a portal message or (in rare cases) phone call from a Nurse in the afternoon following your morning monitoring visit.

Please be sure to check your NYULFC Patient Portal account each day for important medication instructions!

As a back-up, please provide us with the best phone number (with voicemail!) to reach you between 12PM – 5PM.

Please follow all instructions delivered by your Nurse.

## CONTACT US

Questions?

Please message your care team using the NYULFC Patient Portal or call the main office at **212-263-8990**.

The best time to reach our nursing staff is between 10AM – 5PM ET.

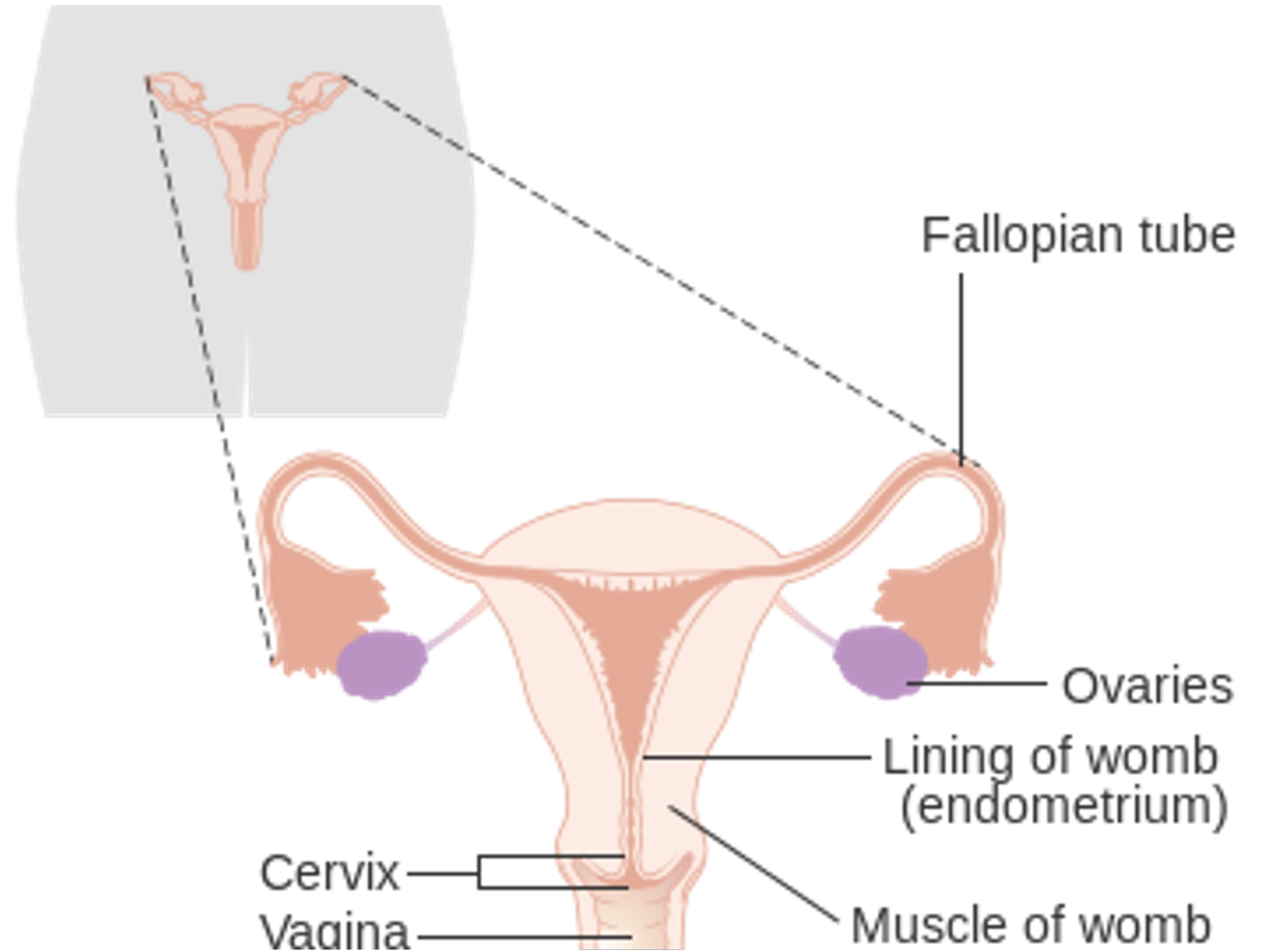
For urgent matters after business hours, our main office number (212-263-8990) becomes an emergency like monitored by our Fellows.

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# SECTION 2: THE IVF PROCESS

*Ovulation Induction – Egg Retrieval – Embryology*

# The Reproductive System



# IVF Medications

## Day 2 Start

- The decision to start medication is based on Day 2 or Day 3 bloodwork and ultrasound results, as well as approval from your insurance carrier.
- If you purchase your medications in advance, and your cycle is cancelled, you will not be able to return medications to the pharmacy.
- If stored properly, medications can usually be stored safely for one year.

## Insurance Coverage

- If you do not have insurance coverage, please notify an IVF nurse of your pharmacy of choice and when you would like the medication order to be placed.
- If you have insurance coverage, we must abide by the carrier's guidelines as to drug selection, dosage, and location of pharmacy. Please arrange for pick-up/delivery of your medications ahead of time, especially if your carrier requires a mail-order pharmacy.

## Medication Types

Gonadotropins  
(FSH, HMG)

GnRH Antagonists

GnRH Agonist

Ovulation  
Trigger Shot

## Medication Pricing

- Scan below to access discounted medication pricing available for NYULFC patients at **Apthorp, Metro Drugs,** and **Schrafts** specialty pharmacies.
- When you receive your medications, please open the package to be sure everything was included in your order. Read storage instructions carefully.



# Insurance Coverage vs. Self-Pay

If you have **insurance coverage** for medications...

- You will receive medications from your insurance-mandated, mail-order pharmacy
- You may still have an out-of-pocket cost depending on your plan's co-pays/deductible
- You will purchase all medication upfront (except trigger(s)) – they will arrive in one big box.  
*Please open and review storage instructions*
- You will be instructed to order your trigger shot(s) half-way through your cycle to ensure on-time arrival.

If you **do not** have insurance coverage for medications (aka **self-pay**)...

- You can select a pharmacy based on medication pricing or pharmacy location – NYULFC patients at **Apthorp, Metro Drugs**, and **Schrafts** specialty pharmacies
- We recommend picking up HALF of your medications prior to cycle start, then picking up the rest as needed. We don't want you to overspend on medications you don't end up using. Selecting a pharmacy that is convenient for you will help simplify this process!
- You will be instructed to order your trigger shot(s) half-way through your cycle to ensure you have them on-hand. It is possible you will only need ONE (rather than two) trigger shots. They are approx. \$150 each. If you prefer not to spend the money upfront, be sure your schedule is flexible toward the end of your cycle, so you can pick up your trigger shot(s) the day you need them.

# Gonadotropins (FSH, HMG)

## Purpose:

Gonadotropins are used to stimulate the ovaries to mature multiple follicles simultaneously.

## Types:

- FSH – Gonal F® or Follistim® administered via the “Pen”
- HMG – Menopur® administered via subcutaneous injection with the short needle

## Possible Side Effects:

Breast tenderness, rash or swelling at injection site, mood swings, depression, abdominal bloating or discomfort, hyperstimulation syndrome (<1%)

## Special Instructions:

Once you begin ovarian stimulation using gonadotropins, limit exercise to low-impact. Stay well hydrated and eat plenty of protein.

## Please Note:

Gonal F® and Follistim® are the same medication (different manufacturers). You may be required by your insurance carrier to use a specific medication. If NYULFC does not participate with your insurance, you may wish to shop around for either medication from several pharmacies to find the lowest price. It is best to do this in advance, then tell us where you would like us to send your prescription.





# Hot Topic: Exercise Before, During, After Cycles

## Exercise + Ovarian Stimulation

### Before you start your ovarian stimulation:

- Your normal exercise routine is permitted
- Guidelines generally recommend 150 min/week of moderate-intensity aerobic activity plus muscle strengthening exercises  $\geq 2$  times per week.

### During ovarian stimulation (for Egg Freeze or IVF)

- Exercise is permitted from Cycle Day 2 when you start injections until Cycle Day 5 (three days of injections).

### Cycle Day 5 until Retrieval

- **Significant exercise restriction at this time**
- Hand weights and walking permitted but other exercise activity should cease as this is the most concerning time for ovarian torsion

### From retrieval until 10 days after the retrieval

- **Significant exercise restriction at this time**
- Hand weights and walking permitted but other exercise activity should cease as this is the most concerning time for ovarian torsion.

## Exercise + Frozen Embryo Transfer

### Before your Embryo Transfer

- Your normal exercise routine is permitted
- Guidelines generally recommend 150 min/week of moderate-intensity aerobic activity plus muscle strengthening exercises  $\geq 2$  times per week.

### From the start of your FET Cycle to Transfer

- Your normal exercise routine is permitted

### From Embryo Transfer until Pregnancy Test

- Limit high-intensity exercise
- Moderate intensity exercise permitted including walking, jogging, yoga (avoid hot yoga), Pilates and light strength training

### During Pregnancy

- Your normal exercise routine is permitted - **confirm your exercise plan with your Ob**
- Guidelines generally recommend 150 min/week of moderate-intensity aerobic activity plus muscle strengthening exercises  $\geq 2$  times per week.

## GnRH Antagonists

**Purpose:**

GnRH Antagonists are used to suppress the release of lutenizing hormone (LH), which helps to prevent premature ovulation.

**Types:** Cetrotide® or Ganirelix Acetate®

**Administration:** Subcutaneous injection

**Cycle Day Started:**

Typically, patients begin GnRH Antagonists between Cycle Day 7-9, depending on the individual's response to gonadotropin injections. Once begun, this medication is continued up to and including the day of the trigger shot.

**Possible Side Effects:** (Incidence <5%)

Abdominal bloating, bruising or reaction at injection site, headache, nausea, vaginal bleeding.

**Please Note:**

Please notify nurse if you have a latex allergy.

## GnRH Agonist

**Purpose:**

The GnRH Agonist is used to suppress the natural hormone cycle and to prevent premature ovulation.

**Types:** Lupron® (Leuprolide Acetate)

**Administration:** Subcutaneous injection

**Cycle Day Started:**

Usually begun on Cycle Day 21 of the cycle prior to gonadotropin treatment, however this depends on your normal menstrual cycle length. Menses usually follow in 8-10 days post-injection.

**Possible Side Effects:**

Bloating, bruising at injection site, hot flashes, headache, mood swings, insomnia, vaginal dryness. Most of these effects happen only after menses has occurred.

# Ovulation Trigger Shot(s)

## **Purpose:**

The trigger shot mimics the natural surge of lutenizing hormone (LH) in the body and matures the oocytes (eggs).

Your trigger medication will be determined based upon your response to the stimulation medications. While most cycles are triggered using Ovidrel®, if your physician deems it appropriate, you may receive instructions for Lupron® (Leuprolide Acetate) or Lupron® **AND** hCG/Ovidrel® as the triggers to cause the induce maturation of the eggs.

**Types:** Ovidrel® (Human Chorionic Gonadotropin – hCG) **AND/OR** Lupron® (Leuprolide Acetate)

**Administration:** 2 subcutaneous Ovidrel® injections must be taken **within 10 minutes of the scheduled time and in the exact dose instructed**. Failure to perform the trigger shot appropriately may result in the cancellation of the egg retrieval. **(PLEASE – SET YOUR ALARM CLOCK!)**

If Lupron® is used as a trigger, it will be administered as a 40 units dose and the Ovidrel® dose may be lowered. Lupron® is also administered subcutaneously.

## **Possible Side Effects:**

Headache, bloating, irritability, pain at the injection site, ovarian hyperstimulation syndrome.

## **Please Note:**

Ovidrel® is a controlled substance in New York State and only certain pharmacies will dispense the drug. Please check to confirm if your pharmacy can accept an electronic prescription for Ovidrel®/hCG.



*If you do not have insurance coverage for medications, we recommend waiting to buy the trigger injection(s) until it is clear which type you will need – Ovidrel, Lupron, or a combination trigger. We do not want you to pay for medication you may not end up needing.*

# Injection Training Videos

| Cycle Type      | Brand Names                             | Medication Type    | Purpose  | Training Video   |
|-----------------|---|--------------------|--|--|
| IVF, Egg Freeze | <b>Gonal-F OR Follistim</b>             | Gonadotropin (FSH) | Ovarian Stimulation                                | Gonal-F:<br><a href="https://youtube.com/watch?v=K_MvNC3y1t0">youtube.com/watch?v=K_MvNC3y1t0</a><br><br>Follistim:<br><a href="https://youtube.com/watch?v=0iz5zu13Gnk">youtube.com/watch?v=0iz5zu13Gnk</a>   |
| IVF, Egg Freeze | <b>Menopur</b>                          | Gonadotropin (HMG) | Ovarian Stimulation                                | Menopur:<br><a href="https://youtube.com/watch?app=desktop&amp;v=iz0m1TPk6PU">youtube.com/watch?app=desktop&amp;v=iz0m1TPk6PU</a>  |
| IVF, Egg Freeze | <b>Cetrotide or Ganirelix Acetate</b>   | GnRH Antagonist    | Prevent Premature Ovulation                        | Cetrotide:<br><a href="https://youtube.com/watch?v=UZIMyra_WNc">youtube.com/watch?v=UZIMyra_WNc</a><br><br>Ganirelix:<br><a href="https://youtube.com/watch?v=m1pDSK-1pHM">youtube.com/watch?v=m1pDSK-1pHM</a>   |
| IVF, Egg Freeze | <b>Ovidrel OR Pregnyl AND/OR Lupron</b> | Trigger Injections | Mature follicles & release eggs (TIMED CAREFULLY!) | Ovidrel:<br><a href="https://youtube.com/watch?v=mmD_Fi4LcS0">youtube.com/watch?v=mmD_Fi4LcS0</a><br><br>Pregnyl:<br><a href="https://youtube.com/watch?v=RtC49jsxcUc">youtube.com/watch?v=RtC49jsxcUc</a><br><br>Lupron:<br><a href="https://youtube.com/watch?v=g6prIFXWDIU">youtube.com/watch?v=g6prIFXWDIU</a> |

# Oocyte (Egg) Retrieval



Your egg retrieval procedure will be scheduled **34-36 hours** after your ovulation trigger injection time.

**You may not eat or drink within 8 hours of arrival for your egg retrieval.**

Do not take aspirin, NSAIDs (Motrin, Aleve, Advil, Naprosyn) or any medication, supplement or other substance that may interfere with platelet function during your treatment cycle. Doing so may increase your risk of bleeding complications from the egg retrieval.



If using **frozen** partner or **donor sperm**, it must be in the laboratory prior to starting your cycle. If a partner will be providing a **fresh sperm specimen**, please ensure partner will be available on the day of the retrieval so the fresh semen specimen may be produced.



In Pre-Op, you will be introduced to the Anesthesiologist who will administer intravenous sedation. The egg retrieval generally takes **5-10 minutes** and you will be sedated for the duration of the procedure.



Recovery typically takes **1 hr**, but may take longer, if needed. You will be evaluated for pain and given post-operative instructions. Because the egg retrieval is performed with anesthesia, you **must be discharged to the care of adult who will escort you home safely.** This is mandated by NYU Langone Medical Center.

**Plan to rest at home for the full day of your egg retrieval!**

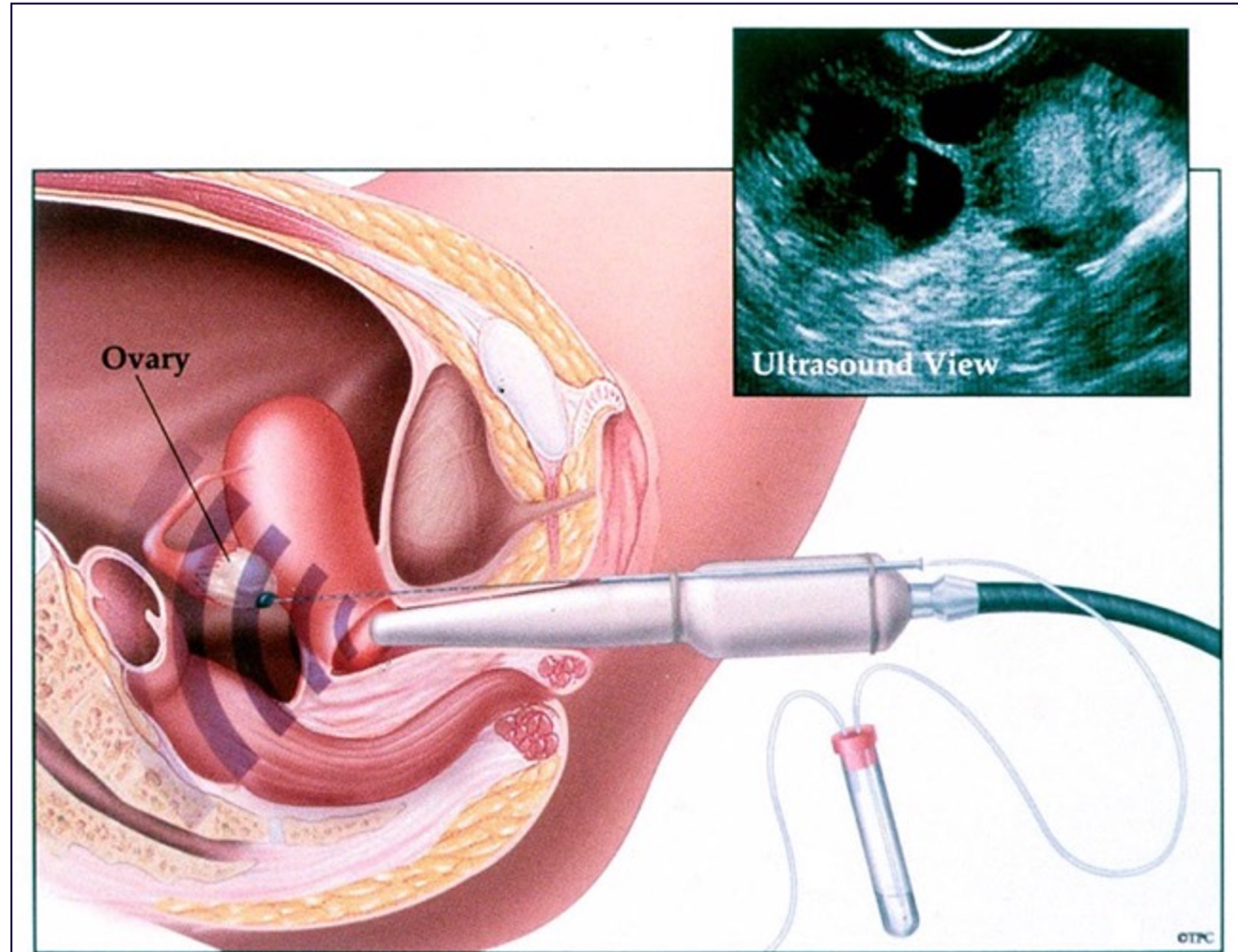


# Oocyte (Egg) Retrieval: Reminders

- Retrievals typically begin at 7:30AM ET each day and are scheduled every 20-30 minutes until all are complete for the day.
- Your retrieval will occur **34-36 hours** after your trigger injection. *Your trigger shot injection time will correlate exactly with your procedure time.*
  - Your trigger injection must be taken within 10 minutes of the scheduled time and in the exact dose instructed.
  - **Please set your alarm clock for your trigger injection!**
- When you wake up on the morning of your scheduled egg retrieval, please remember that you **may not eat or drink for a minimum of 8 hours prior to your egg retrieval procedure arrival time.**
  - If directed, take your medications with a sip of water.
- Small lockers are available onsite, but please do not bring any valuables. **Come as you are!** Please do not wear jewelry, make-up, or contact lenses to your egg retrieval procedure.
- When you arrive at 159 53<sup>rd</sup> Street, Floor 3, you will check in at the front desk then you will be directed to the Procedure sub-waiting room.
  - Our nursing team will perform an intake evaluation and prepare you for the egg retrieval.
  - You will be introduced to the Anesthesiologist who will administer intravenous sedation.
- The egg retrieval procedure typically takes 5-10 minutes. You will be sedated for the duration of the procedure.
- Recovery generally takes 1 hour, but may take a little longer depending on how you're feeling Post-Op.
  - During the recovery period, you will be evaluated for pain and given post-operative instructions.

Because you will receive anesthesia, **you must be discharged to the care of a responsible adult** who will bring you home safely and remain with you for **12-24 hours post-discharge**. Your escort will need to enter our office to pick you up, and while onsite they will be required to sign discharge instructions. This is a safety measure mandated by NYU Langone Medical Center and AAAASF. **No Escort. No Retrieval.**

# Oocyte (Egg) Retrieval



Using ultrasound to view the ovary, the physician inserts the needle through the wall of the vagina into the ovary and removes the egg for use in IVF

# Embryology and Andrology



At retrieval, eggs will be evaluated by an Embryologist

In routine cases, sperm are added to the dish containing eggs and a special medium.

In nonroutine cases, ICSI is performed.

The dish is placed in an incubator where normal fertilization may occur. Any resulting embryos are cultured further and evaluated.

If a patient has chosen to perform genetic testing (PGT-A, PGT-M), embryo biopsies are performed. Embryos are cryopreserved at this point to await PGT results, which typically take 2 weeks.

If a patient chooses to cryopreserve eggs, embryos, or sperm, all frozen tissue is stored onsite at NYU Langone Fertility Center. All NYULFC patients will receive an account with our tissue management and cryostorage billing partner, Prelude Cryopreservation. Patients may log in to the Prelude Cryo portal at any time to manage their cryostored tissue (online education, bill-pay, disposition management, and more).



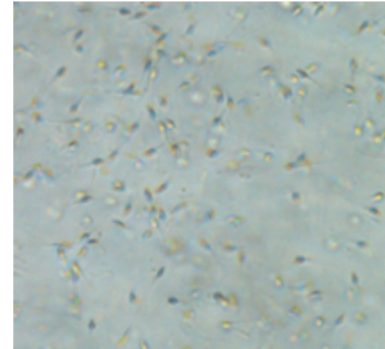
# Embryo Development



Egg with surrounding cells immediately after retrieval



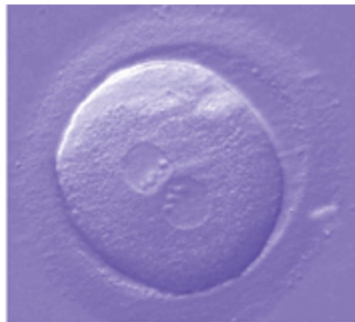
Mature egg with surrounding cells removed



Semen are processed to concentrate motile cells



Embryo that has reached the blastocyst stage



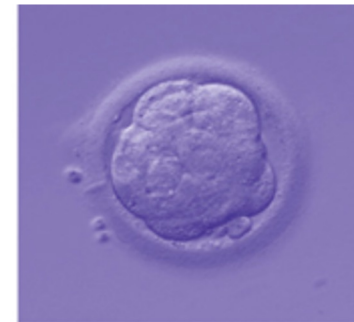
**Day 1**  
Fertilisation



**Day 2**  
4 cell



**Day 3**  
8 cell



**Day 4**  
Morula



**Day 5**  
Blastocyst

# Intracytoplasmic Sperm Injection (“ICSI”)

Intracytoplasmic Sperm Injection is when a single sperm is injected into the egg to assist fertilization.

ICSI is indicated for certain types of genetic tests, when sperm is cryopreserved prior to fertilization, and/or if the partner contributing sperm:

- Has low sperm count and/or motility when semen specimen is analyzed
- Has a clinical history of poor fertilization efficiency
- Uses any of the following:
  - Calcium channel blockers (*Procardia®*, *Norvasc®*, *Adalat®*, *Calan®*, *Verelan®*, *Tiazac®*, *Dilacor®*, *Sular®*, *Caduet®*)
  - Testosterone or other bodybuilding enhancers
  - Any other medications known to effect sperm number or function
- Has an acute drop in motility following sperm preparation on the day of egg retrieval

# Preimplantation Genetic Testing (PGT)

PGT refers to genetic testing performed on an embryo in the early stages of embryonic development.

There are different types of PGT, which can be used to assess embryos for different types of abnormalities or conditions.

PGT and the subsequent transfer of a single, euploid (chromosomally “normal”) embryo increases the chance of successful implantation and, ultimately, increases the chance of a successful pregnancy.

PGT requires the removal of a small number of cells from the developing embryo in a process called an “**embryo biopsy**.” The biopsy is performed by skilled embryologists at NYULFC. The embryos are then frozen and stored onsite at NYULFC, while the sample of cells removed is sent to a genetic testing lab, to perform PGT analysis.

## TYPES OF PREIMPLANTATION GENETIC TESTING

### **PGT-A (Aneuploidy)**

**PGT-A is the most common type of PGT and is available to all patients creating embryos.** PGT-A tests for chromosomal abnormalities that occur spontaneously (e.g. are not inherited in families).

Chromosomal abnormalities are very common (often present in >50% of embryos) and usually result in failed implantation and miscarriage.

PGT-A does not test for inherited genetic diseases (this is why NYULFC recommends carrier screening), or birth defects, autism, or developmental issues.

### **PGT-M (Monogenic)**

PGT-M tests for inherited genetic conditions if there is a known high risk of having an affected pregnancy.

PGT-M always requires prior review by a specialized PGT lab and development of a custom test, which typically takes 3-4 months prior to cycle start.

### **PGT-SR (Structural Abnormality)**

PGT-SR tests for inherited chromosomal abnormalities (e.g. balanced translocations).

PGT-SR always requires prior review by a specialized PGT lab. Some cases also require a custom test to be developed prior to cycle start.

## **FET REQUIREMENT**

PGT requires that embryos are cryopreserved (frozen) while the embryo biopsy is sent to the genetics lab for analysis. Once results are received, patients can schedule an embryo transfer occurring in a separate cycle (a frozen embryo transfer, or “FET” cycle).

## **COOPERGENOMICS**

CooperGenomics is NYULFC’s PGT-A provider. PGT-A education is available through CooperGenomics’ board-certified genetic counselors and includes both complimentary live webinars and individualized genetic counseling, which are required prior to cycle start.

Contact 877-282-3112 for scheduling.

**Please be aware:** PGT incurs additional lab fees that are separate from NYULFC fees. PGT fees are paid directly to the PGT lab. Learn more on the following slide.

# Important Consent Form: Embryo Biopsy for PGT

Preimplantation Genetic Testing (PGT) involves two fees billed by two separate entities:

1. **Embryo Biopsy billed by NYULFC:**
  - a. \$415 biopsy fee (per embryo)
  - b. \$450 shipping fee (flat fee, per cycle)
  
2. **Preimplantation Genetic Testing (PGT) billed by external PGT Laboratory (CooperGenomics):**
  - a. \$225 (per embryo)

**NYULFC's policy is to collect payment of \$4,600 for 10 embryo biopsies prior to cycle start.** This fee is itemized out to \$415 per biopsy and a flat shipping and handling fee of \$450. If fewer than 10 biopsies are performed, you would be entitled to a credit of \$415 for each biopsy not done. If more than 10 biopsies are performed there will be an additional charge of \$415 per biopsy.

While we recommend the biopsy and testing of all available embryos, **this is both a clinical and a financial consideration.**

This table is provided as an **example** of PGT-A fees (with CooperGenomics) based on the number of embryos you elect to biopsy. Please use this information while completing the consent form entitled

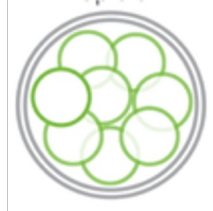
## **Number of Embryos to Biopsy for Preimplantation Genetic Testing**

| Embryos Biopsied | NYUFC Fee (biopsy + shipping) | CooperGenomics PGT-A Fee | Total PGT Cost |
|------------------|-------------------------------|--------------------------|----------------|
| 1                | \$865                         | \$225                    | \$1,090        |
| 2                | \$1,280                       | \$450                    | \$1,730        |
| 3                | \$1,695                       | \$675                    | \$2,370        |
| 4                | \$2,110                       | \$900                    | \$3,010        |
| 5                | \$2,525                       | \$1,125                  | \$3,650        |
| 6                | \$2,940                       | \$1,350                  | \$4,290        |
| 7                | \$3,355                       | \$1,575                  | \$4,930        |
| 8                | \$3,770                       | \$1,800                  | \$5,570        |
| 9                | \$4,185                       | \$2,025                  | \$6,210        |
| 10               | \$4,600                       | \$2,250                  | \$6,850        |
| 11               | \$5,015                       | \$2,475                  | \$7,490        |
| 12               | \$5,430                       | \$2,700                  | \$8,130        |
| 13               | \$5,845                       | \$2,925                  | \$8,770        |
| 14               | \$6,260                       | \$3,150                  | \$9,410        |
| 15               | \$6,675                       | \$3,375                  | \$10,050       |
| 16               | \$7,090                       | \$3,600                  | \$10,690       |
| 17               | \$7,505                       | \$3,825                  | \$11,330       |
| 18               | \$7,920                       | \$4,050                  | \$11,970       |
| 19               | \$8,335                       | \$4,275                  | \$12,610       |
| 20               | \$8,750                       | \$4,500                  | \$13,250       |

**Note: These fees apply to PGT-A only and do not apply to PGT-M or PGT-SR cases, which are billed differently.**

# PGT-A: Possible Results

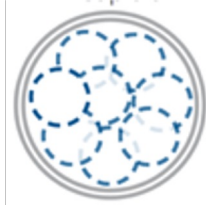
## EUPLOID “NORMAL”



A euploid or “normal” result means that 23 pairs of chromosomes were detected in the embryo biopsy.

These embryos have the highest chance of resulting in a live birth and the lowest chance of miscarriage.

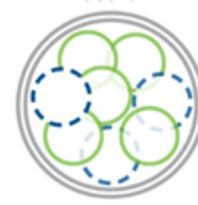
## ANEUPLOID “ABNORMAL”



A whole chromosome aneuploid or “abnormal” result means that at least one extra or missing chromosome was detected in the embryo biopsy and is believed to be present in all tested cells.

NYULFC does not recommend transferring whole chromosome aneuploid embryos, as they very rarely result in healthy pregnancies.

## MOSAIC/SEGMENTAL ANEUPLOID



A “mosaic” result means there may be extra or missing chromosomes in **some** cells in the embryo biopsy.

A “segmental aneuploid” result means there may be extra or missing **pieces of** chromosomes in the embryo biopsy.

Embryos with these results sometimes result in healthy live births, but do so at a lower rate than euploid embryos, and may have additional risks.

If you are considering transfer of a mosaic or segmental aneuploid embryo, NYULFC requires a consultation with our Genetic Counselor prior to initiating your FET cycle.

## INCONCLUSIVE “NO RESULT”



An “inconclusive” result means the genetic testing laboratory was unable to obtain a clear result from the biopsy.

This occurs in approximately 2-5% of embryos and does not necessarily indicate a problem with the embryo – it is simply a known limitation of testing a small amount of genetic material.

An embryo with inconclusive results may be able to undergo re-biopsy, in an effort to obtain a result.

# Storage of Frozen Embryos

**NYULFC will continue to store all frozen embryos, regardless of PGT results, until the patient submits a completed consent form for embryo disposition.**

The first year of storage is included in standard cycle fees. Any embryos stored after the first year will incur annual storage fees for which the patient is responsible.

If a cycle does not produce any embryos that may be transferred based on PGT results (see table below), we recommend signing a disposition consent as soon as possible to avoid incurring future storage charges.

| PGT Result                    | Maintained in Cryostorage until Disposition Consent Received | Option to Transfer for attempted pregnancy? (FET Cycle) | Option to re-biopsy embryo for re-testing?<br><i>(Additional fees may apply)</i> |
|-------------------------------|--|---|--|
| Euploid (Normal)              | ✓  | ✓   | ✗  |
| Whole Aneuploidy (Abnormal)   | ✓  | ✗   | ✗  |
| Mosaic or Segmental Aneuploid | ✓  | Genetic Counseling Required                             | ✗  |
| Undiagnosed (Inconclusive)    | ✓  | ✓   | ✓  |

## CRYOSTORAGE BILLING:

### PRELUDE CRYOPRESERVATION

All frozen tissue is stored onsite at NYULFC.

All NYULFC patients will receive an account with our tissue management partner, Prelude Cryopreservation.

Patients may log in to the Prelude Cryopreservation portal at any point after cryopreservation to manage their cryostored tissue (disposition consents, online education, bill pay, etc.).

**You will receive a Welcome Email from Prelude Cryopreservation once there is tissue associated with your account. You will be asked to create a profile and set up auto-pay for annual storage billing.**

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# Section 3: EMBRYO TRANSFER

*Fresh Embryo Transfer – Frozen Embryo Transfer – Pregnancy Monitoring*

# Similarities: Fresh & Frozen Embryo Transfers

## Progesterone

### Purpose:

Progesterone is used to enhance the uterine lining's ability to sustain embryo implantation and pregnancy. Progesterone is required to perform either a fresh or a frozen embryo transfer cycle.

### Administration:

Intramuscular injections or vaginal suppositories.



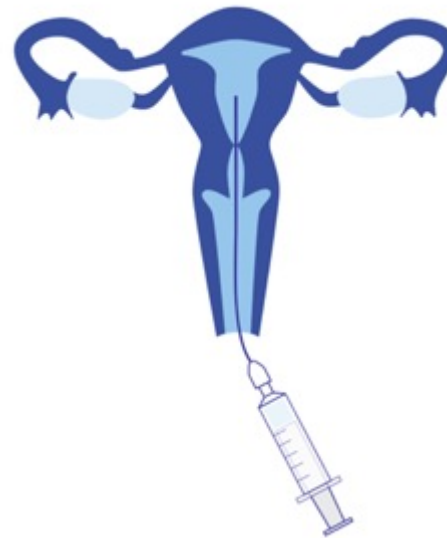
Do not stop taking progesterone unless instructed to do so by a staff member at NYULFC.

### Possible Side Effects:

Cramping, headache, nausea, breast tenderness, mood swings, or vaginal irritation.

### Important Note:

Please notify your physician and nursing if you have any nut allergies – injections are typically prepared in sesame oil but can be prepared in olive oil if you have an allergy.



## Fresh or Frozen Embryo Transfer Procedure

The selected embryo is transferred directly into the uterus during a 5-15 minute procedure; sedation is not usually required and there is no recovery period.

You will be allowed to get up and depart immediately after the embryo transfer procedure!



# Frozen Embryo Transfer (FET)

**>90% of our patients  
will have an FET  
(Frozen Embryo Transfer)**

During your IVF cycle, your embryos will be cryopreserved after reaching the blastocyst phase.

We will freeze embryos after they are biopsied for PGT, to await **PGT results** which typically take 2 full weeks.

If you opt out of PGT, you may still cryopreserve embryos at the blastocyst phase to store for future.

## Cycle Reservation and Preparation

When you return for your FET cycle, you will need to discuss your treatment plan with your physician prior to initiating the cycle. Your physician will provide guidance on your medication protocol. You will then reconnect with your **Patient Care Coordinator** to make a **Cycle Reservation for the (estimated) Day-2 of your next menses** to begin your FET.

Insurance authorization, consent forms, and prerequisite blood tests may also be required. At your Day-2 appointment, we will perform bloodwork and an ultrasound. Following your visit, a nurse will notify you if you are cleared to start.

## FET Cycles at NYULFC

Patients at NYULFC typically undergo “Hormone-Replaced” or “**Programmed**” FET cycles. This enables predictability and scheduling safety for a successful cycle. **Prior to your FET, you will need prescriptions for Estrace and Progesterone supplementation.** After you are cleared to start, you will be instructed to begin Estrace.

You will be instructed to visit NYULFC around day 12 for another blood test and a sonogram. After this visit, a nurse will send you a portal message with instructions regarding the start date for Progesterone, instructions for the embryo transfer procedure, and the date of your scheduled FET.

## Embryo Thaw & Transfer

On the date of your FET, the embryo selected for thaw and transfer will be based on the following criteria in this order:

1. Results of PGT testing (if applicable)
2. Embryo sex, if you wish to know. This will be part of PGT results and can be redacted if you do not want to know the sex of your embryo(s)
3. Best-quality embryo as graded by the laboratory  
(Information about embryo grading is provided on a handout in your orientation materials)

# 2+ Month Process...

## SAMPLE IVF Cycle

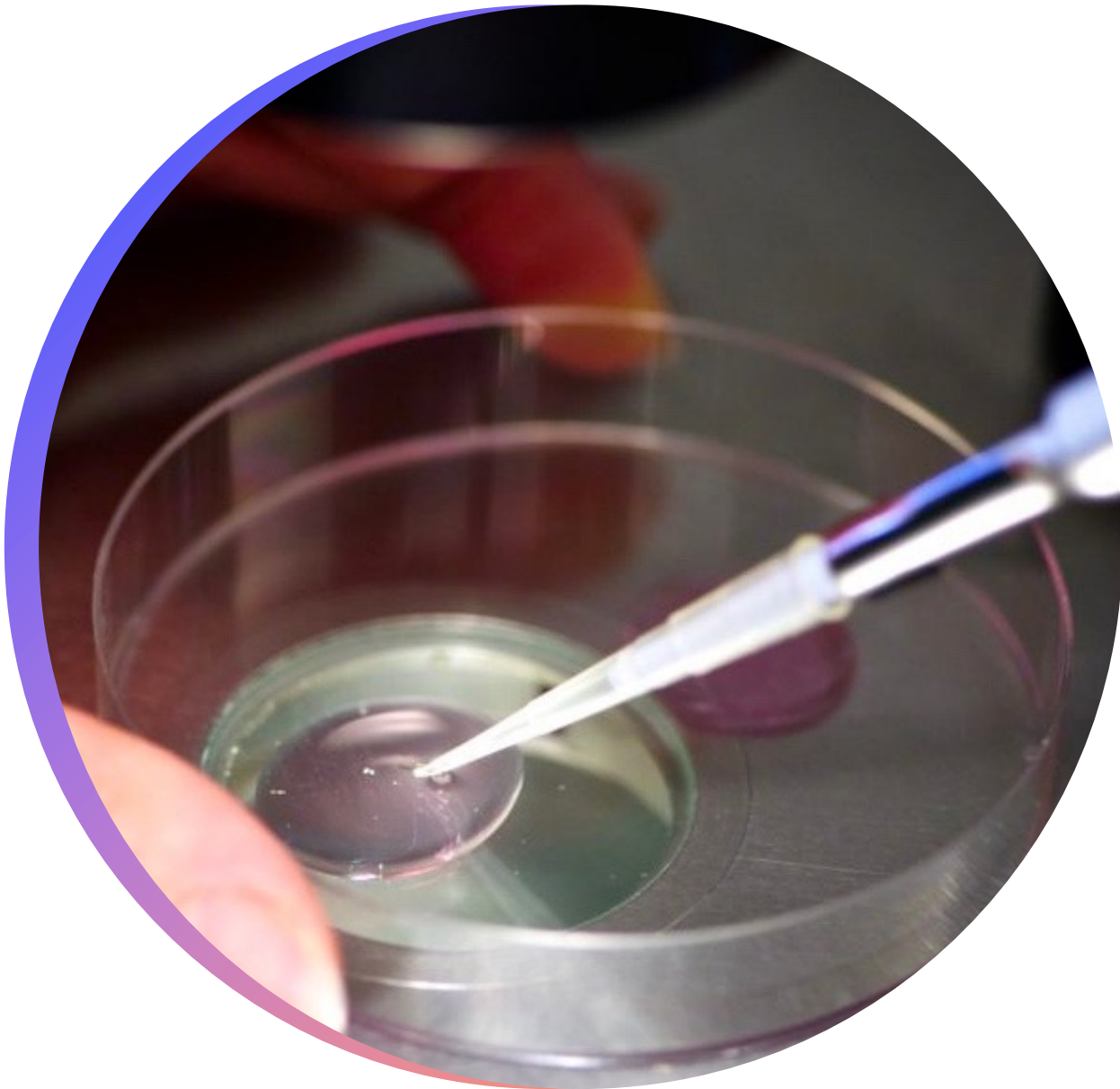
and at least 1-2 menstrual cycles later...

## SAMPLE FET Cycle

| S                              | M  | T                              | W                              | Th  | F   | S   |
|--------------------------------|--|--------------------------------|--------------------------------|---|---|---|
| CYCLE DAY 1                    | CYCLE DAY 2  | CYCLE DAY 3                    | CYCLE DAY 5                    | CYCLE DAY 5                                       | CYCLE DAY 6                                       | CYCLE DAY 7                                       |
| First Day of Menses            | <b>RETRIEVAL CYCLE DAY 2 START</b>                               | STIMULATION MEDS AS INSTRUCTED | STIMULATION MEDS AS INSTRUCTED | STIMULATION MEDS AS INSTRUCTED                    | STIMULATION MEDS AS INSTRUCTED                    | STIMULATION MEDS AS INSTRUCTED                    |
| CYCLE DAY 8                    | CYCLE DAY 9  | CYCLE DAY 10                   | CYCLE DAY 11                   | CYCLE DAY 12                                      | CYCLE DAY 13                                      | CYCLE DAY 14                                      |
| STIMULATION MEDS AS INSTRUCTED | STIMULATION MEDS AS INSTRUCTED                                   | STIMULATION MEDS AS INSTRUCTED | STIMULATION MEDS AS INSTRUCTED | TRIGGER SHOT(S) AS INSTRUCTED                     |   | <b>EGG RETRIEVAL PROCEDURE</b>                    |
|                                |  |                                |                                |   |   |   |
|                                |  |                                |                                | EMBRYO DEV DAY 5: POSSIBLE EMBRYO BIOPSY FOR PGT* | EMBRYO DEV DAY 6: POSSIBLE EMBRYO BIOPSY FOR PGT* | EMBRYO DEV DAY 7: POSSIBLE EMBRYO BIOPSY FOR PGT* |
|                                | CYCLE DAY 1  |                                |                                |   |   |   |
|                                | Post-retrieval period typically arrives 7-10 days post Retrieval |                                |                                |   |   |   |

| S                            | M                            | T                            | W                            | Th                            | F                                | S   |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|----------------------------------|---|
| CYCLE DAY 1                  | CYCLE DAY 2                  | CYCLE DAY 3                  | CYCLE DAY 5                  | CYCLE DAY 5                   | CYCLE DAY 6                      | CYCLE DAY 7   |
| First Day of Menses          | <b>FET CYCLE DAY 2 START</b> | ESTRACE                      | ESTRACE                      | ESTRACE                       | ESTRACE                          | ESTRACE   |
| CYCLE DAY 8                  | CYCLE DAY 9                  | CYCLE DAY 10                 | CYCLE DAY 11                 | CYCLE DAY 12                  | CYCLE DAY 13                     | CYCLE DAY 14  |
| ESTRACE                      | ESTRACE                      | ESTRACE                      | ESTRACE                      | RETURN FOR MORNING MONITORING | ESTRACE + PROG AS INSTRUCTED     | ESTRACE + PROG AS INSTRUCTED  |
| CYCLE DAY 15                 | CYCLE DAY 16                 | CYCLE DAY 17                 | CYCLE DAY 18                 | CYCLE DAY 19                  | CYCLE DAY 20                     | CYCLE DAY 21  |
| ESTRACE + PROG AS INSTRUCTED | ESTRACE + PROG AS INSTRUCTED | ESTRACE + PROG AS INSTRUCTED | ESTRACE + PROG AS INSTRUCTED | ESTRACE + PROG AS INSTRUCTED  | <b>EMBRYO TRANSFER PROCEDURE</b> | CONTINUE MEDS AS INSTRUCTED   |
| CYCLE DAY 22                 | CYCLE DAY 23                 | CYCLE DAY 24                 | CYCLE DAY 25                 | CYCLE DAY 26                  | CYCLE DAY 27                     | CYCLE DAY 28  |
| CONTINUE MEDS AS INSTRUCTED  | CONTINUE MEDS AS INSTRUCTED  | CONTINUE MEDS AS INSTRUCTED  | CONTINUE MEDS AS INSTRUCTED  | CONTINUE MEDS AS INSTRUCTED   | CONTINUE MEDS AS INSTRUCTED      | CONTINUE MEDS AS INSTRUCTED<br><b>BLOOD PREG TEST NEXT DAY &gt;</b> |

\*PGT results return in approx. 2 weeks. As a result, there is typically a one-month gap between Retrieval and Transfer cycles.



# Fresh Embryo Transfer

If your plan is a fresh embryo transfer, your fresh embryo transfer will be scheduled for **5 days** after the oocyte retrieval.

The embryo selected for transfer is based on the embryo grading system used by the NYULFC embryology laboratory.

# Single Euploid Embryo Transfer

NYULFC strongly encourages the transfer of a **single, chromosomally normal (euploid) embryo** to increase the chance of a healthy pregnancy and live birth

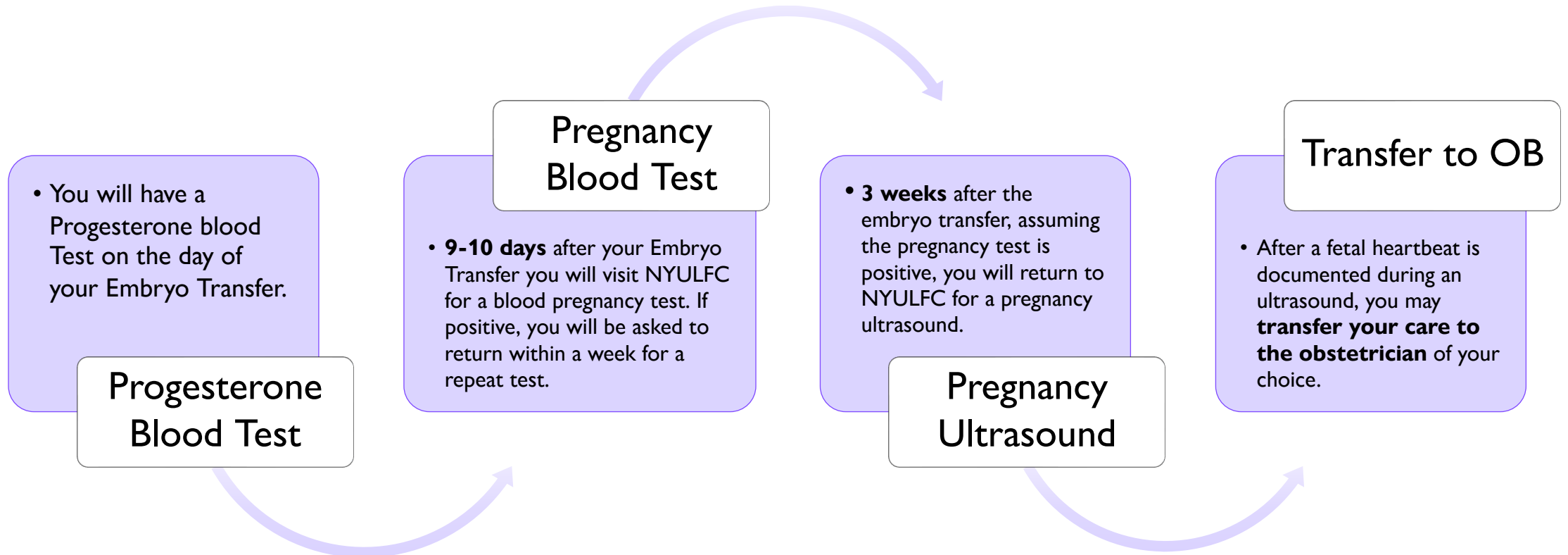
## Risks of Multiple Gestation Pregnancies

The risk of perinatal death in twins is **4 times** higher than for singletons.  
The risk of perinatal death in triplets is **10 times** higher than for singletons.

Other risks associated with twin pregnancies include

- higher likelihood to develop pre-eclampsia
- higher likelihood to be hospitalized during pregnancy
- higher likelihood to have preterm labor (average gestation for twins: 35 weeks)
- more likely to require a Caesarian section
- stress on parents and siblings; divorce rate is higher in parents of twins
- twins have a 7 times higher rate of Cerebral Palsy
- rate of learning disability is increased for multiples, even near-term
- long-term costs associated with minor and major handicaps

# Luteal Monitoring (Post-Transfer)



# FET Medication Info & Resources

| Cycle Type | Brand Names  | Purpose  | Training Video   |
|------------|--|--|--|
| FET        | <b>Estrace</b>   | Estrace is used to to build the uterine lining in preparation for embryo transfer. You will start Estrace tablets on Day 2 when instructed to do so by a nurse. You will continue this medication through the 10th week of pregnancy.  | Partner receiving FET will typically be instructed to start Estrace tablets on cycle Day 2 and will continue taking Estrace through 10 <sup>th</sup> week of pregnancy. Estrace is taken orally.   |
| FET        | <b>Crinone suppository</b> or<br><b>Progesterone Injection</b> in <b>Sesame Oil</b> or in <b>Olive Oil</b> | Progesterone is used to help support pregnancy. Progesterone is given in the form of a vaginal suppository or intramuscular injection to be started upon instruction when your embryo transfer has been scheduled by the embryology lab. You will continue this medication through the 10th week of pregnancy. | Crinone Suppository:<br><a href="https://www.mdrusa.com/wp-content/uploads/Crinone-Instructions-1.pdf">https://www.mdrusa.com/wp-content/uploads/Crinone-Instructions-1.pdf</a><br><br>Progesterone in Oil:<br><a href="https://www.youtube.com/watch?v=jr1Y5o7C6a4">https://www.youtube.com/watch?v=jr1Y5o7C6a4</a> |

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# Section 4: WELLNESS

*Wellness and support for NYULFC Patients*

# Mind & Body Support

## ACUPUNCTURE SERVICES



Acupuncture services are provided by **Lara Rosenthal, L.Ac.**

Acupuncture can be safely used prior to and concurrently with fertility medications and procedures.

If you are interested in acupuncture for fertility, please call 212-807-6769.

## MIND-BODY SUPPORT



NYULFC patients have access to a Mind-Body Support Group provided by **Helen Adrienne, LCSW, BCD.**

Mind-Body support is offered as a series of individual classes, a one-day group program, or on an individual consultation basis. The main goal of Mind-Body support is to help patients realize that while they cannot control infertility, they can control how they navigate it.

If you are interested in Mind-Body support, please call 212-758-0125.

## YOGA FOR FERTILITY



Yoga for Fertility is provided by **Barrie Raffel.**

Yoga for Fertility is safe to practice at any time during your fertility treatment cycle.

If you are interested in Yoga for Fertility, please contact Barrie at [barrieraffel@gmail.com](mailto:barrieraffel@gmail.com)

## NUTRITION FOR FERTILITY

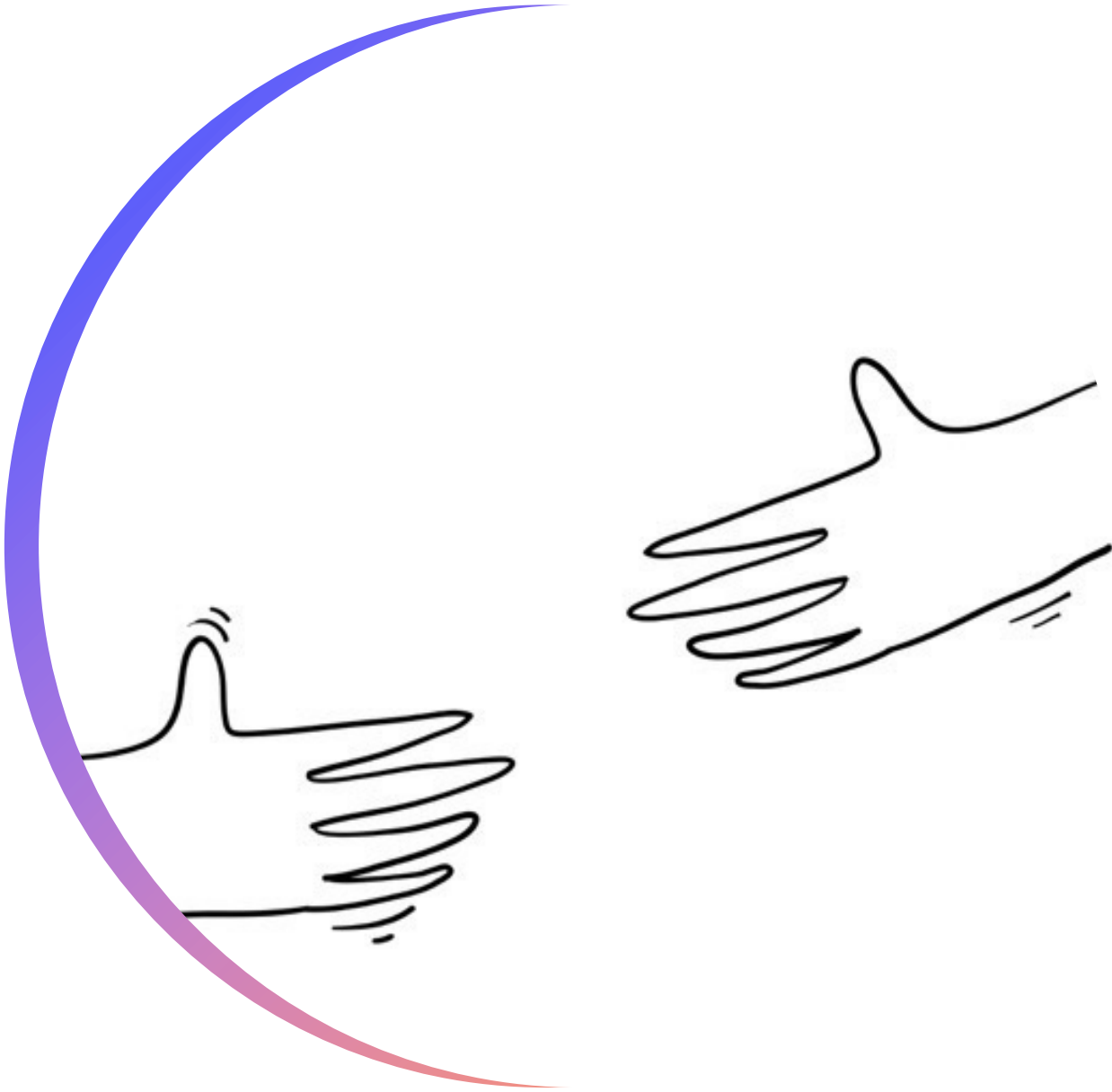


Nutrition for Fertility is provided by dietitians at **Rooted Wellness.**

Nutrition for Fertility can be started at any time during your fertility treatment cycle.

If you are interested in Nutrition for Fertility, please email Sarah Rueven: [sarah@rootedwellness.com](mailto:sarah@rootedwellness.com) OR Claire Virga: [claire@rootedwellness.com](mailto:claire@rootedwellness.com)





# Psychological Support Services

NYULFC patients have access to offsite psychologists, all of whom have decades of experience helping couples to navigate the stressors created throughout the fertility treatment journey.

Consultations, treatment, and support sessions are available for couples and/or individuals.

Consultations are mandatory for all patients using donor gametes.

If you are interested in psychological support, we work with a number of mental health professionals -- please contact your Patient Care Coordinator for further information.

# Information & Support

We recognize that you have a choice in care providers, and we are committed to providing compassionate, individualized, and cost-effective service.

We're happy to go at your pace and answer any questions you may have. Ask questions during your visits, or call us at **212-263-8990**. We're here for you.

Information resources are available online at

- [ASRM.org](https://www.asrm.org)
- [Resolve.org](https://www.resolve.org)
- [SART.org](https://www.sart.org)
- [cdc.gov/art](https://www.cdc.gov/art)

Visit our website at [www.FertilityNY.com](https://www.fertilityny.com) for more information, including a **Patient Resources section** with patient forms, orientation slides, and Injection Training videos.

# Issues to Consider Prior to IVF

## Potential Health Risks & Side Effects of IVF

Severe ovarian hyperstimulation (OHSS) which can result in hospitalization.

- Depending on a woman's sensitivity to fertility medications, moderate to severe hyperstimulation can occur, and may require frequent monitoring or changes to the cycle, including cancelation or postponement of the embryo transfer, or hospitalization.
- Please call our office immediately if you feel very bloated or have a rapid weight gain. Consult the OHSS information sheet in your patient information packet for details.

Adverse reaction to medications

- Anesthesia medication may cause constipation. Colace® is available over-the-counter for this side effect.
- Allergic reaction to anesthesia or fertility medications.

## Cryopreservation of Additional Embryos

The decision to cryopreserve embryos is an important one that should be considered carefully between patient and partner (if applicable) before creating embryos.

- Embryo custody in the event of death or divorce
- Embryo disposition: Discard? Donate to Research?

## Number of Embryos to Transfer

Multiple pregnancy and associated risks; elective reduction of multi-fetal pregnancy; pre-term labor and Cesarean delivery; prematurity.

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# Section 5: RESEARCH

*Research Studies and Participation Opportunities*

# Research Studies at NYULFC

**NYULFC is dedicated to the mission of advancing science and improving healthcare through scientific discovery.**

As a leading center in academic research, our faculty and staff are actively engaged in multiple research studies at any time which we hope will advance and improve infertility benchmarks and fertility treatment options.

The purpose of our sample collection and repository is to enable the research use of superfluous biospecimens, which are not needed for diagnostic or clinical use, and which would otherwise be discarded

**Participation in research studies is voluntary**, which means it is your choice if you would like to participate or not.

Your decision as to whether or not to participate will not affect the care you receive during your treatment cycle.

**Providing consent for research does not impact your medical treatment in any way.** Research consents must be witnessed by an NYU Langone Fertility staff member.

**Our research studies follow a transparent process of independent Institutional Review Board (IRB) evaluation and careful informed consent.** The IRB reviews all proposed studies and ensure that they are conducted in a manner which safeguards and promotes the health and welfare of subjects.

# Research Studies at NYULFC

**The goal of our research is to optimize fertilization, embryo development and culture, in vitro maturation, cryopreservation, understanding egg and embryo viability as well as other clinical indications of infertility.**

**Our research studies use biological material** (procedural by-products, non-viable specimens or materials deemed non-usable to create live-born pregnancies) from your cycle that would normally be discarded during the routine course of your cycle.

**Discarded biological materials may include** collection of minimal residual sample from sperm preparations, granulosa cells, cumulus cells, fluids from the ovarian follicles that are harvested during oocyte retrieval, immature oocytes, abnormally fertilized oocytes or embryos of such poor quality that are not suitable for transfer.

**Tissue donated to research is never transferred to human subjects.** NYULFC will only collect, use, and store de-identified specimens that are donated for research. Donated research specimens – including DNA material – will not be used to identify patients and will be destroyed once research has been done.

**Research conducted using these otherwise discarded biological materials** will help us learn more about factors of fertility and infertility in order to better understand various reproductive disorders.

If you have questions about the research or your participation, please e-mail [IVF-Research@nyulangone.org](mailto:IVF-Research@nyulangone.org)

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IN CONCLUSION...

# Five Major Takeaways

- 1) In the coming days, you will receive...
  - A call from a Nurse to review and order your medications
  - Communication from Billing to review cycle costs
- 2) Call on Day 1 of the period that corresponds with your **Cycle Reservation** to make your **Day 2 (or 3) Cycle Start Morning Monitoring Appointment**
  - If you do not get a monthly period or your cycle plan includes pre-cycle medication, you will make an alternative cycle start plan with your Coordinator
  - Call our main office: 212-263-8990
  - If you get your period after hours (after 5PM) you will not reach a staff member. *Do not worry!* Call us on your cycle Day 2 to schedule your **Cycle Start** appointment for **Day 3**. It is absolutely fine to start your cycle medications on Day 3 of menstruation.
- 3) You will receive your personalized protocol at your **Day 2/3 Cycle Start** visit
- 4) If pursuing pregnancy right away, the vast majority of patients will have a **Frozen Embryo Transfer (FET)**
  - Embryos will be cryopreserved while we await PGT results, and a single embryo will be thawed for embryo transfer
- 5) The path to pregnancy is *at least* a **two-month process**
  - Ovarian Stimulation and Egg Retrieval will happen in one menstrual cycle, and Embryo Transfer will occur in a separate, subsequent menstrual cycle

**Need Assistance?**  
Reach our team via the Fertility  
Center Patient Portal!

T: 212-263-8990  
F: 212-263-7853



# Questions?

