

## Assisted Reproduction Case Data Form

Notification provided by : \_\_\_\_\_

Notification date : \_\_\_\_\_

I. Institution code: \_\_\_\_\_

## II. Recipient woman data:

1. Name: \_\_\_\_\_ 2. Date of birth: □□□□(y) /□□(m)/□□(d)  
 3. National ID card number: \_\_\_\_\_ 4. Nationality: \_\_\_\_\_  
 5. Alien resident certificate ID (Note): \_\_\_\_\_ 6. Foreigner passport number: \_\_\_\_\_  
 7. Case history number: \_\_\_\_\_

## III. Recipient man data:

1. Name: \_\_\_\_\_ 2. Date of birth: □□□□(y) /□□(m)/□□(d)  
 3. National ID card number: \_\_\_\_\_ 4. Nationality: \_\_\_\_\_  
 5. Alien resident certificate ID (Note): \_\_\_\_\_ 6. Foreigner passport number: \_\_\_\_\_

IV. Date of initiation □□□□(y) /□□(m)/□□(d)

## V. Data concerning assisted reproduction:

1.  Length of infertility (years, number round off)  
 2.  Number of times using assisted reproduction  
 3.  Reason for infertility:  
 (1) Fallopian tube factors (2) Ovarian factors (3) Endometriosis (4) Other uterine factors (5) Other female factors (Please specify \_\_\_\_\_) (6) Male factors (7) Multiple factors (9) Reason Unclear  
 4.  Method of assisted reproduction  
 (1) IVF/ET (2) GIFT (3) ZIFT/TET (4) AID (5) IVF/ET+GIFT  
 (9) Other (if multiple selection, please specify embryo surgery \_\_\_\_\_ )  
 5.  Ovarian stimulation method:  
 (1) Natural period (2) Oral drug stimulation (3) Short cycle drug stimulation (4) Long cycle drug stimulation (5) Ultra-long cycle drug stimulation (6) GnRH antagonist drug stimulation (7) Other (Specify \_\_\_\_\_ )  
 6.  Ovulation stimulation results, were oocytes obtained?  
 (1) Yes (2) No, reason: \_\_\_\_\_  
 7.  Micro-manipulation technique  
 (1) ICSI (2) Assisted ovulation (3) ICSI + assisted ovulation (4) PGS (5) PGD  
 (9) Other (Please Specify if multiple selection \_\_\_\_\_ )  
 8.  Source of sperm/oocytes:  
 (1) Donated sperm (2) Donated oocytes  
 Donor's national ID card number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Alien resident certificate ID (Note): \_\_\_\_\_ Foreigner passport number: \_\_\_\_\_  
 (3) Sperm and oocytes from couple  
 Own sperm  MESA  TESE  Other (Please specify \_\_\_\_\_ )  
 9.  Number of oocytes obtained? (Including immature oocytes)  
 10.  Number of normal fertilized oocytes  
 11.  Number of implanted oocytes (GIFT)  
 12.  Number of implanted fertilized oocytes (embryos)  
 Number of fertilized oocytes/embryos implanted on Day 2 of cultivation  
 Number of fertilized oocytes/embryos implanted on Day 3 of cultivation  
 Number of fertilized oocytes/embryos implanted on Day 4 of cultivation

- Number of fertilized oocytes/embryos implanted on Day 5 of cultivation
- Number of fertilized oocytes/embryos implanted on Day 6 of cultivation
- 13.  Number of fertilized oocytes (embryos frozen)
- 14.  Number of frozen oocytes
- 15.  Was sperm still in storage after this operation? (1) Yes (2) No
- 16.  Embryo type (1) Fresh (2) Frozen (3) Both
- 17. Implantation date  (y) /  (m) /  (d)
- 18.  Ovarian hyperstimulation syndrome  
(1) None (2) Mild (3) Moderate (4) Severe (9) Unclear
- 19.  Clinical pregnancy  (y) /  (m) /  (d)  
(1) Yes:  Number of embryo sacs,  Number of fetal hearts,  Ectopic pregnancy  
(2) No
- 20.  Reduction in embryos
- 21. Result of pregnancy  (y) /  (m) /  (d)  
 (1) Number of natural miscarriages (< 20 weeks)  
 (2) Number of ectopic pregnancies  
 (3) Number of induced miscarriages, reason \_\_\_\_\_  
 (4) Number of stillborn fetuses (20 - 27 weeks)  
 (5) Number of stillborn fetuses (>28 weeks)  
 (6) Number of live births
- 22.  Number of abnormal stillborn or miscarried fetuses; Please specify \_\_\_\_\_
- 23. Live born infant data

	Sex	Weeks to birth	Weight	Birth method	Physical conditions
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____

- \*Codes for birth method and physical condition of live infant
- (I) Birth method code  
(1) Vaginal birth (2) Vaginal forceps birth (3) Vaginal vacuum suction birth (4) Vaginal birth with caesarean birth history (5) First caesarean birth (6) Caesarean birth with caesarean birth history
- (II) Physical condition code  
(1) 000 No special condition: normal  
(2) Obvious visible congenital defect  
101 Nervous system 102 Eyes/face 103 Cardiovascular disease  
104 Digestive system 105 Kidney/urinary system  
106 Musculoskeletal system 107 Chromosomal abnormality  
108 Other (please specify \_\_\_\_\_)
- (3) Other abnormality  
201 Suspected infection 202 Jaundice requiring treatment  
203 Breathing difficulty (use of respirator >30 minutes)  
204 Birth injury 206 other (please specify) 207 Death of newborn

24. Operating physician: \_\_\_\_\_

Note: Aliens with no national ID card must fill out items 4 and 5; aliens with no alien resident certificate ID shall submit equivalent identification documents from their country of origin, and fill in the serial number on those documents.

Instruction: Assisted reproduction cases and results of confirmed clinical pregnancy for the previous quarter shall be reported online using this form before the end of February, May, August, and November.

# Instructions for Assisted Reproduction Case Data Form

- I. Institution code: Please provide the institution code assigned by the competent authority after the medical care institution applied to establish an assisted reproduction institution.
- II. Recipient woman data:
  1. Name: Please provide the name of the recipient woman.
  2. Date of birth: Please provide the birth date (Western year in A.D.) of the recipient woman.
  3. National ID card number: Please provide recipient woman's ROC national ID card number. Leave this field blank if not an ROC citizen.
  4. Nationality: For foreign recipient women, record the country of origin.
  5. Alien resident certificate (ARC) ID: A foreign recipient woman without an ROC national ID card must fill in the ARC ID number on a relevant document issued by the ROC; if the woman has no ARC ID number, a relevant document from her country of origin shall be presented to the medical care institution for checking, and the ID number filled in. Leave this field blank if the recipient woman has an ROC national ID card.
  6. Foreign passport number: Apart from providing the foregoing numbers, a recipient woman without an ROC national ID card must also provide her passport number. Leave this field blank if the recipient woman has an ROC national ID card.
  7. Case history number: Please provide recipient woman's case history number at the operating institution.
- III. Recipient man data:
  1. Name: Please provide the name of the recipient man.
  2. Date of birth: Please provide the birth date (Western year in A.D.) of the recipient man.
  3. National ID card number: Please provide recipient man's ROC national ID card number.  
Leave this field blank if not an ROC citizen.
  4. Nationality: For foreign recipient men, record the country of origin.
  5. Alien resident certificate (ARC) ID: A foreign recipient man without an ROC national ID card must fill in the ARC ID number on a relevant document issued by the ROC; if the man has no ARC ID number, a relevant document from his country of origin shall be presented to the medical care institution for checking, and the ID number filled in. Leave this field blank if the recipient man has an ROC national ID card.
  6. Foreign passport number: Apart from providing the foregoing numbers, a recipient man without an ROC national ID card must also provide his passport number. Leave this field blank if the recipient man has an ROC national ID card.
- IV. Date of initiation: Please provide the Western date on which the recipient woman began use of ovulation induction drugs. If the recipient woman has not used ovulation induction drugs, but has used frozen embryos or calculation of natural period, please provide the date on which the recipient woman received a reproductive system examination and entered a treatment cycle.
- V. Data concerning assisted reproduction:
  1. Period of infertility: Period during which a woman who has a normal sex life

- and does not use birth control fails to become pregnant. Calculated in years; please round off.
2. Number of times using assisted reproduction: Number of times using assisted reproduction prior to this instance of use of ovulation induction drugs (or treatment cycle); does not include number of instances of artificial insemination (AIH) between spouses.
  3. Reason for infertility: Please provide the following reason codes:
    - (1) Fallopian tube factor (2) Ovarian factors (3) Endometriosis (4) Other uterine factors (5) Other female factors (Please specify\_\_\_\_\_)(6) Male factors (7) Multiple factors(9) Reason unclear

Please provide code (7) if there is more than one reason for infertility; do not write code for primary reason.
  4. Method of assisted reproduction: This field must be filled in for each case and each treatment cycle (including treatment cycles completed without acquisition or implantation of oocytes). The field may be filled as soon as a case enters a treatment cycle and the method of assisted reproduction is known. If the method is changed during this treatment cycle at the time of implantation, please change to show the method actually employed. Please provide the relevant assisted reproduction technique code:
    - (1)IVF/ET; (2)GIFT; (3)ZIFT/TET; (4)AID;(5) IVF/ET+GIFT; (9) Other (please specify \_\_ )
  5. Ovarian stimulation method: Please provide ovarian stimulation method code for recipient woman (or oocyte donor):
    - (1) Natural period (2) Oral drug stimulation (3) Short cycle drug stimulation (4) Long cycle drug stimulation (5) Ultra-long cycle drug stimulation (6) GnRH antagonist drug stimulation (7) Other (Specify\_\_\_\_\_)
  6. Were oocytes obtained: Please provide code indicating whether oocytes were obtained after recipient woman (or oocyte donor) was injected with ovulation induction drugs:
    - (1) Yes;(2) No.

Please provide the following reason code if no oocytes were obtained:

    - (1) Poor ovarian stimulation.
    - (2) Sperm could not be obtained.
    - (3) Reason attributable to the female patient, such as high fever, discomfort, failure to give injection, etc.
    - (4) Ovulation had already occurred.
    - (5) Other.
  7. Micro-manipulation technique: Please provide the combination of sperm and oocytes, and the use of micro-manipulation techniques, during the current cycle; fill out 0 if no micro-manipulation technique was used.
    - (1) ICSI; (2) Assisted ovulation; (3) ICSI+ assisted ovulation;(4)PGS; (5) PGD; (9) Other (Please specify if multiple selection )
  8. Source of sperm/oocytes: Please provide the sperm/oocyte source code applicable to the current cycle:
    - (1)Donated sperm; (2) Donated oocytes; (3) Sperm and oocytes from couple

If (1) or (2) is selected, enter the ID number of the donor. If the donor is a foreigner, enter his/her country of origin, ARC number, and passport number.

If (3) is selected, please check one of the following  Own sperm   
MESA  TESE  Other (Please specify\_\_\_\_\_)

9. Number of oocytes obtained: Please provide the number of oocytes obtained after ovulation induction drugs were given to the recipient woman (or oocyte donor); includes immature oocytes. Fill in 0 if no oocytes were obtained.
10. Number of normal fertilized oocytes: Please provide the number of normal fertilized oocytes in the current course of treatment.
11. Number of implanted oocytes (GIFT): Please provide the number of implanted oocytes in this field when using the GIFT method.
12. Number of implanted fertilized oocytes (embryos): Please provide the number of implanted embryos or fertilized oocytes of different days of cultivation in the current cycle.
13. Number of fertilized oocytes (embryos) frozen: Please provide the number of embryos or fertilized oocytes that were frozen and not implanted during the current cycle.
14. Number of frozen oocytes: Please provide the number of oocytes that were frozen and not implanted during the current cycle.
15. Was sperm still in storage after this operation: Please check the appropriate code indicating whether sperm was in storage after the cycle:  
(1) Yes; (2) No
16. Embryo type: This field must be filled in for each case and each treatment cycle (including treatment cycles completed without acquisition or implantation of oocytes). The field may be filled as soon as a case enters a treatment cycle and the type of embryo is known. If the method is changed during this treatment cycle at the time of implantation, please change to show the type actually employed. Please provide the relevant code for the type of embryo (fertilized oocyte) implanted or expected to be implanted: (1) Fresh; (2) Frozen; (3) Both
17. Implantation date: Please provide the Western date of embryo, fertilized oocyte, or oocyte and sperm implantation. Please provide the date of the first implantation if two implantations were attempted in the same treatment cycle.
18. Ovarian hyperstimulation syndrome: Please provide the appropriate code indicating whether the recipient woman (or oocyte donor) had ovarian hyperstimulation syndrome:  
(1) No; (2) Mild; (3) Moderate; (4) Severe; (9) Unclear
19. Clinical pregnancy: Please indicate whether clinical pregnancy occurred after implantation, and provide the date of clinical pregnancy or the date on which the treatment cycle was ended following either induction of ovulation but not obtaining any oocytes or obtaining oocytes but not performing implantation. A date must be provided in this field to facilitate computer processing.  
Clinical pregnancy codes and reporting tasks are as follows:
  - (1) If clinical pregnancy has occurred, please provide code (1) and date of confirmation of clinical pregnancy.  
Provide the number of embryo sacs, fetal pulses, and ectopic pregnancies. Fill in result of pregnancy fields if the result of pregnancy has been confirmed. Otherwise, fill in the following result of pregnancy in the quarter in which the result of pregnancy has been confirmed.
  - (2) Please provide code (2) and date of confirmation of no clinical pregnancy or end of treatment cycles when any of the following three circumstances has occurred:
    - ① Implantation, but no clinical pregnancy.

- ② Induction of ovulation, but the treatment cycles was ended without acquisition of oocytes.
- ③ Oocytes were obtained, but the treatment cycle was ended without implantation.

Reporting of treatment cycles data ends here in these three circumstances.

20. Reduction in embryos: Please fill in the reduction in the number of embryos; put 0 if there was no reduction.
21. Result of pregnancy: Please fill in the result of pregnancy code, and write the date on which the result of pregnancy was confirmed. Also provide the number of pregnancy results in accordance with the result of pregnancy. For instance, write the number of natural miscarriages in the appropriate field in the case of natural miscarriage. A part from providing the number of artificial miscarriages, please provide the reason for artificial miscarriage. Multiple responses may be provided.
22. Number of abnormal stillborn or miscarried fetuses: Please provide the number of abnormal stillborn or miscarried fetuses and fill in the appropriate congenital defect code(s).
23. Live infant data: Please provide the sex (male, female), weeks of pregnancy (in weeks, eliminate remainder), weight (in grams), birth method, and physical condition code(s) for live born infants at the time of birth.
24. Operating physician: Please fill in the blank with the name of the physician performing assisted reproduction.