

## PENINSULAR CENTRE FOR REPRODUCTIVE MEDICINE

### Investigations Sheet

*(please fill this in with the help of your GP or previous specialist)*

|                      |               |                  |                    |                    |
|----------------------|---------------|------------------|--------------------|--------------------|
| (Woman's)<br>surname | First<br>name | Year of<br>birth | Height<br>(ft/ins) | Weight<br>(st/lbs) |
|                      |               |                  |                    |                    |

Current menstrual pattern:  
Regular/Irregular

Cycle length: (    /    ) days

| TEST   | Result or<br>POS/NEG | Requested?<br>Y/N | date |
|--|----------------------|-------------------|------|
| Blood Group  |                      |                   |      |
| Hb   |                      |                   |      |
| Day 21 progesterone (optional)                                 |                      |                   |      |
| FSH/ LH (during 1st 5 days of cycle)                           | /                    |                   |      |
| Varicella (only if no history of chicken pox)                  |                      |                   |      |
| Prolactin  |                      |                   |      |
| Rubella antibodies   |                      |                   |      |
| Chlamydial antibodies  |                      |                   |      |
| Hepatitis B & C, HIV (woman)*                                  |                      |                   |      |
| Hepatitis B & C, HIV (man)*                                    |                      |                   |      |
| Lupus DRVVT* (2 green coagulation tubes)                       |                      |                   |      |
| Anticardiolipid IgG & IgM* (brown<br>biochemistry tube)        |                      |                   |      |
| Thyroxin*  |                      |                   |      |
| Endocervical swab/HVS (including chlamydia<br>and anaerobes) . |                      |                   |      |

**Basic semen analysis:** *In cases where the man's sperm count is less than 1m/ml it may be advisable for him to have a blood test to check for karyotype and the cystic fibrosis gene*

|                         | Result 1 | Result 2 | Test                               |  |
|-------------------------|----------|----------|------------------------------------|--|
| Volume (ml)             |          |          | Temperature chart biphasic?        |  |
| Count (million/ml)      |          |          | LH surge kit (incl. 'Persona')     |  |
| % motility              |          |          | PCT (best result, any progressive) |  |
| % normal forms          |          |          | Laparoscopy normal?                |  |
| (total effective count) |          |          | PCO on ovarian scan                |  |

#### **HIV Screening**

*Handling biological specimens from people at risk of HIV or active Hepatitis requires special facilities. In view of this and since these infections can be passed on to others (including the baby) it may be necessary to screen for these conditions with a blood test after appropriate counselling. Screening of both the man and woman is a requirement for couples undergoing assisted conception treatment.*