INTRAUTERINE INSEMINATION (IUI)

Intrauterine insemination or artificial insemination as it is commonly known, involves the preparation of a semen sample in the laboratory followed by its direct placement into the uterine cavity for fertilization. IUI has been a method of infertility treatment utilized by physicians for the past several decades. Initially used only as a treatment for male factor infertility, the indications of IUI have broadened, as it is currently implemented for treatment of immunologic infertility (the presence of anti-sperm antibodies), unexplained infertility, cervical factor infertility, and as an adjunct to Clomid or FSH therapy.

COLLECTION AND PROCESSING OF A SEMEN SPECIMEN

For identification purposes, it is of vital importance that all semen samples collected are labeled with the subject's name and clinic ID number.

Under no circumstances will the lab accept unlabeled specimens!

The optimal method for semen sample collection is masturbation. Samples should be collected following 2-5 days of sexual abstinence. It is RMIA's preference that samples be collected on-site, but special conditions exist to facilitate off-site collection. All off-site collections require the use of a sterile container pre-tested for toxicity to sperm, which may be acquired from the RMIA lab staff. All samples should be delivered to the lab within 30 minutes of collection and kept protected from temperature extremes during delivery. It is extremely important that water, saliva, mineral oil, KY jelly, or any other form of lubricant do not contaminate the sample, as these materials are toxic to sperm. In specific instances where masturbation is not a viable option, the sample may be collected via sexual intercourse using a sterile, non-spermicidal condom obtained from the lab.

Lab appointments for both clinic and home collections must be made in advance so as to provide the lab with adequate time to prepare the sperm for insemination

After the semen sample has been collected, it is taken to the laboratory and analyzed for parameters such as sperm count, motility, and volume. The sample is then washed with a non-toxic media utilizing a gradient layering technique in order to separate the sperm from the collection of sugars, enzymes, and proteins which compromise the ejaculate or seminal plasma. Many of the formerly mentioned components of the seminal plasma, most specifically proglandins, can induce adverse effects in women if placed directly into the uterus without washing. Following the washing of the semen sample, further processing is performed in order to increase the concentration of motile sperm in the final insemination sample.

INTRAUTERINE INSEMINATION PROCEDURE

After the semen sample has been processed, it is loaded into a syringe and taken to the room where the patient is located. IUI's are performed by RN's. A speculum is placed into the vagina and the cervix is visualized. The catheter, which is a pediatric feeding tube containing the insemination sample, is maneuvered through the cervix and into the uterine cavity. No anesthesia is required for the procedure as the placement of the catheter may cause only mild

cramping, which generally abates within 1-2 minutes. The specimen is gently placed into the uterine cavity once any cramping has subsided. After the procedure, the patient is allowed to resume their normal daily activities.

INABILITY TO COLLECT A SPECIMEN

Occasionally patients are unable to collect a semen sample when scheduled. If collection problems are anticipated or your partner may be out of town on the day of insemination, there is an option to collect and freeze a specimen in advance of your procedure for possible backup. However, whenever possible, a fresh specimen is always the specimen of choice. If you wish to have a specimen cryopreserved and your partner tests positive for any infectious diseases, the specimen must be collected and stored at an outside facility. It is then your responsibility to have the specimens shipped to RMIA at least 3 working days before the insemination. Please be aware that the extra expenses may not be covered by insurance.
Please be advised: In the event a fresh sample is obtained and the cryopreserved sample is no longer needed, RMIA does not automatically discard the sample. RMIA must obtain a written consent in order to either discard the semen sample or have the sample transferred to a long term storage facility.

POSSIBLE COMPLICATIONS OF INTRAUTERINE INSEMINATION

Side effects, adverse reactions, and other possible complications from intrauterine inseminations are infrequent and rarely severe. The following is a list of possible complications a patient may encounter either during or following an IUI.

Uterine Cramping: Uterine cramping occurs in approximately 5% of all patients undergoing intrauterine insemination.

The suspected causes of uterine cramping are:

1. The catheter being introduced into the uterine cavity may act as a foreign body and cause a natural cramping reflex.
2. Disruption of a small portion of the endometrium (uterine lining) by the insemination catheter may cause the release of a prostaglandin, a hormone responsible for causing intrauterine cramps. This in turn may lead to cramping 2 to 4 hours following the procedure.
3. Residual seminal fluid prostaglandins remaining in the semen, despite the wash procedures may cause cramping within a few minutes following the insemination procedure.

Uterine cramping is not a serious problem and may be treated with acetaminophen or aspirin. Uterine cramping does not denote infection.

Mild Spotting: Mild spotting occurs in approximately 1% of all patients following intrauterine insemination. Spotting is a result of minor irritation to the cervical glands caused by the threading of the insemination catheter through the cervix and into the uterine cavity. Within several hours of the procedure, any bleeding will usually subside without treatment.

Gastrointestinal Upset: Mild nausea or diarrhea occurs in approximately 0.05% of all patients who have undergone intrauterine insemination. The presence of prostaglandins is responsible for

any gastrointestinal upset. Any discomfort usually subsides within a few hours of the completion of the insemination procedure.

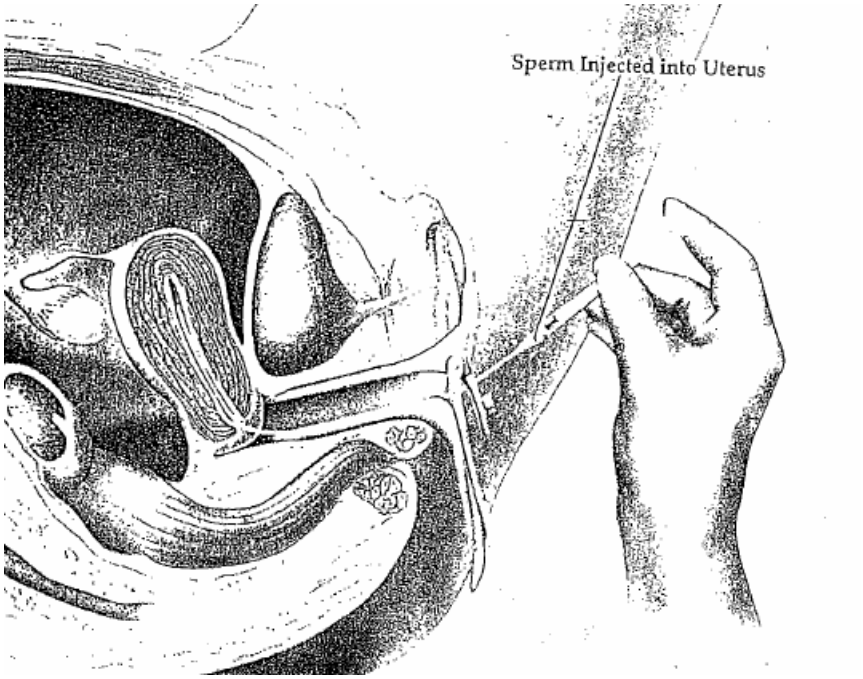
Pelvic Infection: Potentially, the most serious complication of intrauterine insemination is pelvic infection. Pelvic infection occurs in less than 0.2% of all patients who have undergone intrauterine insemination. Although uncommon, the results of this complication may be devastating. An infection of the uterine cavity can spread to the fallopian tubes and the surrounding structures, necessitating hospitalization and intravenous antibiotics. The infection may cause permanent scarring within the fallopian tubes and surrounding structures, possibly leaving the patient sterile.

Infection occurs when the normal mucus barrier of the cervix is broken at the time of the placement of the catheter. If aggressive bacteria are present in the cervical mucus or in the sperm placed into the uterine cavity, infection may occur. It appears that patients who have had previous pelvic infections or certain types of tubal surgery may be at an increased risk for infection. This increased risk is likely due to the decreased natural defense mechanism resulting from the previous tubal damage. Patients at an increased risk for infection should carefully weigh the risks posed by intrauterine insemination before proceeding.

The early symptoms of pelvic infection include fever, cervical or uterine tenderness during intercourse, lower abdominal pain made worse by movement, and a foul or bloody vaginal discharge. Symptoms generally begin within a few days to a week following the intrauterine insemination procedure. Should a patient begin experiencing any of the aforementioned symptoms of pelvic infection, they must notify their physician immediately.

Allergic Reaction: Allergic reactions to semen have been reported following sexual intercourse; therefore it is possible that there may be an allergic reaction to the sperm following an intrauterine insemination. Although this complication is extremely rare, it may be potentially fatal.

Intrauterine Insemination (IUI)



DONOR INSEMINATION

The use of cryopreserved donor sperm for intrauterine inseminations is a relatively common practice. If you are planning to use donor sperm during your treatment at RMIA there are a few details with which you should familiarize yourself prior to your scheduled insemination.

As a patient of RMIA, you are free to obtain cryopreserved donor sperm from the cryobank of your choosing. However, as all cryobanks are not the same in terms of their standards, it becomes your responsibility to thoroughly investigate any cryobanks, which you may be considering. For example, you must ensure that all specimens from a particular cryobank are free from infectious disease, etc. You must also be aware that most cryobanks offer both "standard" and "pre-washed" specimens. There is no obvious advantage to choosing either of these options, as the price for sperm preparation and intrauterine insemination at RMIA is the same for both.

RMIA does not advocate any particular cryobank. We do however receive a majority of our donor sperm from Cryogenic Laboratories, a local facility. If you are interested in this facility as a possible source for donor sperm, please call their toll free number at either (651) 489-8000 or (800) 466-2796. Information for Cryogenic Laboratories may be found on the internet at the following web address: www.cryolab.com

When ordering cryopreserved sperm for your intrauterine insemination, please order only one vial. RMIA is not a long-term storage facility, and subsequently cannot store unused donor sperm for any longer than one cycle at a time. It is imperative that any cryopreserved sperm arrives at RMIA at least 3 working days prior to any scheduled intrauterine insemination. RMIA is not responsible for shipping delays, so please be certain to allow sufficient time for arrival of the specimen. Any delay in the arrival of the cryopreserved sperm may cause the patient to miss a cycle of intrauterine insemination. A good rule of thumb is to order your sample when you start your medication.

Cryopreserved donor specimens are prepared differently from fresh specimens, as the more advanced sperm washing techniques, such as gradient separation cannot be utilized due to the limited survivability of sperm after the thawing process. Consequently, the final number of motile sperm recovered for intrauterine insemination is generally somewhat less when using frozen donor sperm as opposed to fresh sperm.

Reproductive Medicine & Infertility Associates

CLOMID/HCG PROTOCOL

Patient Education Cycle Schedule

PRIOR TO CYCLE START:

- Contact insurance provider to determine coverage
- Attend injection teaching class
- Complete infectious disease testing for both partners (it is preferred that blood is drawn at RMIA but if you are an out-of-town patient, it may be drawn at your local clinic. In either case, the blood must be sent to Memorial Blood Centers for testing).
- Begin/continue 81mg baby Aspirin (unless contraindicated)
- Begin/continue multivitamin with 400mcg folic acid

DAY 1:

- First day of normal menstrual flow
- Schedule clinic appointment for baseline ultrasound to occur cycle day 1, 2, 3 or 4.
  NOTE: Baseline ultrasounds are not performed on weekends. If you get your period on the weekend, leave a message on the clinic voice message system and a support staff member will contact you to schedule an appointment.

Day 1, 2, 3 or 4:

- Obtain prescriptions from pharmacy.

DAY 3-7:

- Take prescribed Clomid tablets at the same time each day. Your exact dosage will be determined by a member of the RMIA medical staff

DAY 9-12:

- Attend your scheduled clinic appointment for the ultrasound and estradiol blood test (The exact day you schedule your appointment will be predetermined for you by a member of the RMIA medical staff)
- Depending upon your response to the medication, you may need to return to the clinic for additional ultrasounds/estradiol blood tests until follicular maturation has occurred

LH BLOOD TEST:

- If your follicles are a mature size or are approaching maturation, a blood LH test will be ordered at the same time that your estradiol blood test is drawn. Based on your ultrasound and blood tests you will be advised to take either:
  - Ganerelix Acetate or Cetrotide to prevent premature spontaneous ovulation

    OR
  - HCG to induce ovulation

GANERELIX ACETATE /CETROTIDE (250 mcg):

- A subcutaneous injection taken between 7-9 PM.

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HCG:

- Pregnyl or Novarel (10,000 IU) is an intramuscular or subcutaneous injection. Mix the vial of medication with 1.0cc of diluent (liquid) and inject entire mixture.
- Ovidrel (250 mcg) is a prefilled subcutaneous injection.

INSEMINATIONS:

- Based on your follicle size, estradiol and LH blood test and the timing of your HCG injection, you will be scheduled for 1 insemination either 1 or 2 days after the HCG injection.
- If you have chosen to utilize donor sperm, you must have 1 insemination unit shipped to the RMIA lab at least 2-3 days prior to the insemination. DO NOT ORDER EXTRA VIALS FOR FUTURE CYCLES!

INTERCOURSE:

- If your treatment plan does not include inseminations, you will be instructed when to have intercourse based on the timing of the HCG injection and ovulation.

LUTEAL PHASE SUPPORT:

- Once ovulation induction has occurred, you will be instructed to take progesterone, a medication designed to support the post-ovulation phase of your cycle.
- Do not begin taking progesterone until instructed to do so.

Reproductive Medicine & Infertility Associates

SUPEROVULATION PROTOCOL

Patient Education Cycle Schedule

PRIOR TO CYCLE START:

- Contact insurance provider to determine coverage
- Attend injection teaching class
- Complete infectious disease testing for both partners (it is preferred that blood is drawn at RMIA but if you are an out-of-town patient, it may be drawn at your local clinic. In either case, the blood must be sent to Memorial Blood Centers for testing).
- Begin/continue 81mg baby Aspirin (unless contraindicated)
- Begin/continue multivitamin with 400mcg folic acid

DAY 1:

- First day of normal menstrual flow, call to schedule baseline ultrasound
- Schedule clinic appointment for baseline ultrasound to occur cycle day 1, 2 or 3.
  NOTE: Baseline ultrasounds are not performed on weekends. If you get your period on the weekend, leave a message on the clinic voice message system and a support staff member will contact you to schedule an appointment.

DAY 1, 2, 3 or 4:

- Pick up prescriptions from your pharmacy.

DAY 3-7:

- Administer your stimulation medications (Gonal F, Follistim, Menopur or Bravelle) daily as a subcutaneous injection between the hours of 7:00 and 9:00pm. A member of the RMIA medical staff will determine your exact dosage.

DAY 7 or 8:

- Attend your scheduled clinic appointment for the ultrasound and estradiol blood test.
- Specific instructions regarding medication and possible return appointments will be given by a member of the RMIA medical staff either immediately following the ultrasound or later that same day.
- Depending upon your response to the medication, you may need to return to the clinic for additional ultrasounds/estradiol blood tests until follicular maturation has occurred.
- Continue all daily injections as instructed

LH BLOOD TEST:

- If your follicles are a mature size or are approaching maturation, a blood LH test will be ordered at the same time that your estradiol blood test is drawn. Based on your ultrasound and blood tests you will be advised to take either:
- Ganerelix Acetate or Cetrotide to prevent premature spontaneous ovulation

OR

- HCG to induce ovulation

GANERELIX ACETATE / CETROTIDE (250 mcg):

- A subcutaneous injection taken between 7-9 PM.

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HCG:

- Pregnyl or Novarel (10,000 IU) is an intramuscular or subcutaneous injection. Mix the vial of medication with 1.0cc of diluent (liquid) and inject entire mixture.
- Ovidrel (250 mcg) is a prefilled subcutaneous injection.

INSEMINATIONS:

- Based on your follicle size, estradiol and LH blood test and the timing of your HCG injection, you will be scheduled for 1 insemination either 1 or 2 days after the HCG injection.
- If you have chosen to utilize donor sperm, you must have 1 insemination unit shipped to the RMIA lab at least 2-3 days prior to the insemination. DO NOT ORDER EXTRA VIALS FOR FUTURE CYCLES!

INTERCOURSE:

- If your treatment plan does not include inseminations, you will be instructed when to have intercourse based on the timing of the HCG injection and ovulation.

LUTEAL PHASE SUPPORT:

- Once ovulation induction has occurred, you will be instructed to take progesterone, a medication designed to support the post-ovulation phase of your cycle.
- Do not begin taking progesterone until instructed to do so.

Reproductive Medicine & Infertility Associates

SLOW PROTOCOL

Patient Education Cycle Schedule

PRIOR TO CYCLE START:

- Contact insurance provider to determine coverage
- Attend injection teaching class
- Complete infectious disease testing for both partners (it is preferred that blood is drawn at RMIA but if you are an out-of-town patient, it may be drawn at your local clinic. In either case, the blood must be sent to Memorial Blood Centers for testing).
- Begin/continue 81mg baby Aspirin (unless contraindicated)
- Begin/continue multivitamin with 400mcg folic acid

DAY 1:

- First day of normal menstrual flow, call to schedule baseline ultrasound
- Schedule clinic appointment for baseline ultrasound

DAY 1, 2, 3 or 4:

- Pick up prescriptions from your pharmacy

DAY 3-9:

- On a daily basis, begin administering Gonal F, Follistim, and/or Menopur, Bravelle via subcutaneous injection between the hours of 7:00 to 9:00pm. A member of the RMIA medical staff will determine the amount of medication used.

DAY 10:

- Attend your scheduled clinic appointment for the ultrasound and estradiol blood test.
- Specific instructions regarding medication and possible return appointments will be given by a member of the RMIA medical staff either immediately following the ultrasound or later the same day.
- Depending upon your response to the medication, you may need to return to the clinic for additional ultrasounds/estradiol blood tests until follicular maturation has occurred.
- Continue all daily injections as instructed

LH BLOOD TEST:

- If your follicles are a mature size or are approaching maturation, a blood LH test will be ordered at the same time that your estradiol blood test is drawn. Based on your ultrasound and blood tests you will be advised to take either:
  - Ganerelix Acetate or Cetrotide to prevent premature spontaneous ovulation

    OR
  - HCG to induce ovulation

GANERELIX ACETATE /CETROTIDE (250 mcg):

- A subcutaneous injection taken between 7-9 PM.

HCG:

- Pregnyl or Novarel (10,000 IU) is an intramuscular or subcutaneous injection. Mix the vial of medication with 1.0cc of diluent (liquid) and inject entire mixture.
- Ovidrel (250 mcg) is a prefilled subcutaneous injection.

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INSEMINATIONS:

- Based on your follicle size, estradiol and LH blood test and the timing of your HCG injection, you will be scheduled for 1 insemination either 1 or 2 days after the HCG injection.
- If you have chosen to utilize donor sperm, you must have 1 insemination unit shipped to the RMIA lab at least 2-3 days prior to the insemination. DO NOT ORDER EXTRA VIALS FOR FUTURE CYCLES!

INTERCOURSE:

- If your treatment plan does not include inseminations, you will be instructed when to have intercourse based on the timing of the HCG injection and ovulation.

LUTEAL PHASE SUPPORT:

- Once ovulation induction has occurred, you will be instructed to take progesterone, a medication designed to support the post-ovulation phase of your cycle.
- Do not begin taking progesterone until after the insemination has taken place.

Reproductive Medicine & Infertility Associates

STEP DOWN PROTOCOL

Patient Education Cycle Schedule

PRIOR TO CYCLE START:

- Contact insurance provider to determine coverage
- Attend injection teaching class
- Complete infectious disease testing for both partners (it is preferred that blood is drawn at RMIA but if you are an out-of-town patient, it may be drawn at your local clinic. In either case, the blood must be sent to Memorial Blood Centers for testing).
- Begin/continue 81mg baby Aspirin (unless contraindicated)
- Begin/continue multivitamin with 400mcg folic acid

DAY 1:

- First day of normal menstrual flow
- Schedule clinic appointment for baseline ultrasound

DAY 1, 2, 3 or 4:

- Obtain prescriptions at time of ultrasound if not received at a prior appointment.

DAY 3-5:

- Administer your stimulation medication (Gonal F, Follistim, Repronex or Bravelle) daily as a subcutaneous injection between the hours of 7:00 to 9:00pm. A member of the RMIA medical staff will determine your exact dosage.

DAY 6:

- Attend your scheduled clinic appointment for the ultrasound and estradiol blood test.
- Specific instructions regarding medication and possible return appointments will be given by a member of the RMIA medical staff either immediately following the ultrasound or later the same day.
- Depending upon your response to the medication, you may need to return to the clinic for additional ultrasounds/estradiol blood tests until follicular maturation has occurred.
- You may be asked to either increase or decrease your medication doses by ½ ampule (Please be certain you understand how to mix the medication following this change in dosage)
- Continue all daily injections as instructed

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LH BLOOD TEST:

- If your follicles are a mature size or are approaching maturation, a blood LH test will be ordered at the same time that your estradiol blood test is drawn. Based on your ultrasound and blood tests you will be advised to take either:
  - Ganirelex Acetate or Cetrotide to prevent premature spontaneous ovulation

    OR
  - HCG to induce ovulation

GANIRELEX ACETATE/CETROTIDE (250 mcg):

- A subcutaneous injection taken between 7-9 PM.

HCG:

- Pregnyl or Profasi (10,000 IU) is an intramuscular or subcutaneous injection. Mix the vial of medication with 1.0cc of diluent (liquid) and inject entire mixture.
- Ovidrel (250 mcg) is a subcutaneous injection. Mix the vial of medication with the entire vial of diluent (liquid) enclosed within the package and inject entire mixture.

INSEMINATIONS:

- Based on your follicle size, estradiol and LH blood test and the timing of your HCG injection, you will be scheduled for 1 insemination either 1 or 2 days after the HCG injection.
- If you have chosen to utilize donor sperm, you must have 1 insemination unit shipped to the RMIA lab at least 2-3 days prior to the insemination. DO NOT ORDER EXTRA VIALS FOR FUTURE CYCLES!

INTERCOURSE:

- If your treatment plan does not include inseminations, you will be instructed when to have intercourse based on the timing of the HCG injection and ovulation.

LUTEAL PHASE SUPPORT:

- Once ovulation induction has occurred, you will be instructed to take progesterone, a medication designed to support the post-ovulation phase of your cycle.
- Do not begin taking progesterone until after the insemination has taken place.

Reproductive Medicine & Infertility Associates

MICRODOSE LUPRON FLARE PROTOCOL

Patient Education Cycle Schedule

PRIOR TO CYCLE START:

- Contact insurance provider to determine coverage
- Attend injection teaching class
- Complete infectious disease testing for both partners (it is preferred that blood is drawn at RMIA but if you are an out-of-town patient, it may be drawn at your local clinic. In either case, the blood must be sent to Memorial Blood Centers for testing).
- Begin/continue 81mg baby Aspirin (unless contraindicated)
- Begin/continue multivitamin with 400mcg folic acid

NOTE: IF YOU WERE INSTRUCTED TO TAKE BIRTH CONTROL PILLS BEFORE STARTING THE MICRODOSE LUPRON, PLEASE FOLLOW THE "DAY 1" INSTRUCTIONS PRECEDED BY AN ASTERIK (*). OTHERWISE FOLLOW THE REGULAR "DAY 1" INSTRUCTIONS.

***DAY 1:**

- First day of normal menstrual flow
- Telephone RMIA to obtain a prescription for birth control pills. You will begin taking these pills on Day 3 of your period and continue taking them daily as instructed.
- Your baseline ultrasound should be scheduled for the day after your last pill. (It is possible not to have your period at the time of the ultrasound)
- You will need to pick up your prescription for Microdose Lupron and other injectable medications. The day on which you begin administering the medication will be referred to as "Day 2." (Please refer to the "Day 2" instructions below, and follow the remainder of the protocol as written.)

DAY 1:

- First day of normal menstrual flow. Schedule appointment for baseline ultrasound. This must be done either cycle days 1 or 2.
- Pick up your prescription for Microdose Lupron and other injectable medications.

DAY 2:

- Twice daily, begin administering 0.2 cc (20units on insulin syringe) of Microdose Lupron via subcutaneous injection until instructed to stop. The last dose will be administered the morning of the HCG injection.

DAY 4 or per MD order:

- On a daily basis, begin administering Gonal F, Follistim, Menopur or Bravelle via subcutaneous injection. A member of the RMIA medical staff will determine the amount of medication used.
- Administer morning injections between the hours of 6:00 to 10:00am, and evening injections between the hours of 7:00 and 9:00pm
- Continue administering doses of Microdose Lupron twice daily

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DAY 8:

- Attend your scheduled clinic appointment for the ultrasound and estradiol blood test.
- Specific instructions regarding medication and possible return appointments will be given by a member of the RMIA medical staff either immediately following the ultrasound or later that same day.
- Depending upon your response to the medication, you may need to return to the clinic for additional ultrasounds/estradiol blood tests until follicular maturation has occurred.
- Continue all daily injections as instructed

DAY OF HCG:

- A member of RMIA's medical staff will inform you of when to administer your HCG injection. The decision is based upon whether ultrasound findings and estradiol results are consistent with optimal follicle size and adequate thickness of the uterine lining. The HCG injection will induce ovulation approximately 36-40 hours later.

HCG:

- Profasi, Pregnyl or Novarel (10,000 IU) is an intramuscular injection. Mix the vial of medication with 1.0cc of diluent (liquid) and inject entire mixture.
- Ovidrel (250 mcg) is a prefilled subcutaneous injection.

INSEMINATIONS:

- Two days after HCG administration you will have one insemination
- If you have chosen to utilize donor sperm, you must have 1 insemination unit shipped to the RMIA lab at least 2-3 days prior to the insemination. DO NOT ORDER EXTRA VIALS FOR FUTURE CYCLES!

INTERCOURSE:

- If your treatment plan does not include inseminations, you will be instructed when to have intercourse based on the timing of the HCG injection and ovulation.

LUTEAL PHASE SUPPORT:

- Once ovulation induction has occurred, you will be instructed to take progesterone, a medication designed to support the post-ovulation phase of your cycle.
- Do not begin taking progesterone until after the insemination has taken place.

SAMPLE INTEGRITY

We at Reproductive Medicine & Infertility Associates are totally committed to providing you the best chance for success in your efforts to achieve a pregnancy. Part of our efforts rest in ensuring that all samples are handled appropriately and in a timely manner. This process begins with sample identity. As you progress through the program, you will notice that there will be several points at which you will be asked identifying information such as name, clinic ID #, and/or birthdate.

One of the most critical points when you will be asked this information is when a semen sample is collected on site, or delivered to the lab from off site for processing. At this point, a chain of custody system is put in place so the sample can be identified and tracked throughout each process while in the lab. This tracking system begins with patient verification ensuring that the specimen being presented is authentic. Several measures are then taken to ensure the care and integrity of samples while in the laboratory. For example, all sample tubes, syringes, etc. are color coded and labeled with name and unique identifying numbers prior to use. All of this information is re-checked throughout each step of sample processing.

At times, these information requests may seem a bit impersonal and/or redundant. But keep in mind; these efforts are solely to ensure that you not only receive appropriate treatment, but also to maximize your safety. These detailed measures are our safeguard to ensure that your samples are handled appropriately.

INTRAUTERINE INSEMINATION PREPARATION

Patient Information Sheet

Intrauterine insemination preparations are procedures designed to achieve an optimal motile fraction of sperm by removing the seminal plasma and non-motile sperm from the ejaculate.

IMPORTANT NOTE: This laboratory procedure is billable through Infertility Laboratory and Surgery Center Associates (ILSCA) which does NOT participate with any insurance carriers. You will need to pay in advance before this procedure can be performed. The cost for an IUI Preparation is $100 for a fresh specimen and $100 for a frozen specimen. A claim will be filed to your insurance carrier on your behalf. Any payments for these services will be applied to your account(s) or refunded in account(s) balances are in good standing.

1. All intrauterine insemination preparations must be scheduled in advance by calling RMIA.

2. Intrauterine insemination preparations are performed in the Reproductive Biology Laboratory. The preparations are performed Monday-Saturday. Times do vary, so please consult with the receptionist for exact times.

3. Depending upon your individual clinical situation, you may be asked to abstain from ejaculation for a specified time period prior to your appointment. Please consult a nurse or physician for any specific requirements. No other restrictions are necessary.

4. The preferred collection location is on site in the Reproductive Biology Laboratory. You will receive specific information regarding specimen collection at the time of your appointment.

5. If you choose to collect the specimen off site, you must obtain a collection kit from the Reproductive Biology Laboratory, during normal business hours (Monday through Friday, 7:00 am – 3:00 pm). The kit will include a collection container, patient information sheet, specimen collection instructions, and transport bag.

6. If problems occur and you are unable to provide a specimen, your appointment can be rescheduled. If you are on site, please inform the lab staff and they will assist you in rescheduling your appointment. If you are off site, please call the RMIA main number and the receptionist will reschedule your appointment.

7. Results of your intrauterine insemination preparation will be discussed with you and/or your spouse at the time of the insemination.