

Reproductive Medicine and Infertility Associates

IVF Program Criteria

Criteria	FCWP < 39 (with or without PGT-A)	FCWP < 35 (100%) or HOPE (with or without PGT-A)	FCWP using GC (with or without PGT-A)	FCWP Donor Egg (with or without PGT-A)	Reg IVF with Own Eggs or IVF with PGT	Reg IVF with GC	Reg IVF with Donor Egg	FET	Egg Freezing
Age <i>(Single patients >55 or couples with a combined age of >110 will be excluded. Single patients >50 and couples with a combined age of >100 will be considered on a case by case basis)</i>	< 39 (Treatment anticipated to start within 30 days of consent signing)	< 35 (Treatment anticipated to start within 30 days of consent signing)	< 39 (if using own eggs)	< 51 (45-50 requires clearance from a perinatologist before doing any prescreening at RMIA) (Patients up to age 55 may be considered on a case by case basis after medical clearance by Maternal fetal medicine and a cardiology evaluation.)	< 43 (43-45 considered on a case by case basis)	< 43 (if using own eggs)	< 51 (45-50 requires clearance from a perinatologist before doing any prescreening at RMIA) (Patients up to age 55 may be considered on a case by case basis after medical clearance by Maternal fetal medicine and a cardiology evaluation.)	< 51	< 40
BMI	≤ 35.0	> 19 and < 33.0	≤ 35.0	≤ 37.0	≤ 35.0	≤ 35.0	≤ 37.0	≤ 37.0	≤ 35.0
FSH	≤ 10	≤ 10	≤ 10	N/A	≤ 12	≤ 12	N/A	N/A	N/A
AMH	AMH ≥ 1, or normal ovarian response (or AFC)	AMH ≥ 1.5, or normal ovarian response (or AFC)	AMH ≥ 1, or normal ovarian response (or AFC)	N/A	≥ 0.5	≥ 0.5	N/A	N/A	N/A
Motile Sperm	≥ 100,000	≥ 100,000	≥ 100,000	≥ 100,000	any live sperm	any live sperm	N/A	N/A	N/A
Uterine cavity	normal	normal	normal	normal and normal response to HRT	normal	normal	normal	normal	N/A
Previous unsuccessful IVF cycles	requires approval from RMIA physician	none	requires approval from RMIA physician	N/A	N/A	N/A	N/A	N/A	N/A
Miscarriages	> 2 miscarriages requires approval from RMIA physician. Additional testing may be needed.	> 2 miscarriages requires approval from RMIA physician. Additional testing may be needed.	> 2 miscarriages requires approval from RMIA physician. Additional testing may be needed.	N/A	N/A	N/A	N/A	N/A	N/A
Corrective surgery for: <ul style="list-style-type: none">• Distal tubal occlusion• Tubal disease associated with ≥ 1 tubal pregnancy• 2 tubal pregnancies, irrespective of tubal status	Corrective surgery needed	Corrective surgery needed	N/A	Corrective surgery needed	Corrective surgery needed	N/A	Corrective surgery needed	Corrective surgery needed	N/A
Conditions that will predictably decrease success rate: <ul style="list-style-type: none">• Smoking *• High risk for poor obstetrical outcome• Some medications• Chromosome anomalies and/or PGD need	No	No	No	No	No	No	No	No	No
	No	No	No	No	N/A	N/A	N/A	N/A	N/A
	No	No	No	No	N/A	N/A	N/A	N/A	N/A
	No	No	No	No	N/A	N/A	N/A	N/A	N/A

*ALL patients (female and male) must quit all tobacco use (cigarette, cigar, pipe) and vaping one month prior to consent signing. Nicorette gum is permitted.