

## Information form for the immune uterine profiling

### Patient

Name: .....  
Surname: .....  
Date of Birth: .....  
Postal address: .....  
E-mail: .....

### Endometrial immune evaluation (Only biopsy performed in the mid luteal phase are valid +++)

Date of biopsy: .....  
Day of the cycle: .....  
Usual cycle length: .....  
Endometrial thickness on the day of biopsy: .....

### Preparation

Natural cycle- Sending to « centre de pathologie » (for histological datation) :  yes  no  
 HRT

### Immunotherapy applied during the cycle

NONE  
 Corticoids  
 LMHW  
 Intralipids  
 Others

### Indication of endometrial immune evaluation

*Implantation failure in IVF/ICSI*  
 *Implantation failure in oocyte donation*  
 *Repeated miscarriages / Before IVF, ICSI, egg donation*

### Next planned ART

IVF/ICSI: ..... FERC: ..... OR: ..... IUI: ..... TSI: .....

### Clinical history

Aetiology of infertility: .....AMH: .....

Beginning of infertility (year): .....

Infertility:

Primary  
 Secondary

Number of miscarriage: .....Number of live births: ..... Medical interruption: .....

Number of previous ART attempts: IUI: .... IVF: .... ICSI: .... IMSI: .... IUI-D: .... IVF-D: .... IVF-OR: ....

Total number of previous embryos transferred: Day2-3: .... Day5-6: .... / After OR: Day2-3: .... Day5-6:....

Quality of previous embryos transferred: Top: ..... Good-Average: ..... Poor: .....

Consultant's name: ..... Consultant's signature: .....

E- mail : .....