Guide to *Your* Intrauterine Insemination (IUI) Cycle

Cette information est aussi accessible en français

Introduction

This guide is intended to help you along the way and to ensure you have the right information at the right time. Nurses and physicians are available to talk with you regularly during your treatment and will provide additional instructions as needed. Here is some basic information for you to remember.

Key Numbers to Remember	Phone/Ext
General Number	(613) 686-3378
Report Day 1 to start treatment, pay fees, treatment billing enquiries	Ext. 201
Clinic Nurse - Responds to all questions during treatment	Ext. 617
Treatment follow-up appointment scheduling/changes	Ext 208
Medical Emergencies (7:30am – 3:00pm)	(613) 686-3378 ext 9
Medical Emergencies (after hours) Ask for the IVF physician on call or go to the emergency department of the nearest hospital.	(613) 722-7000
Clinical Director (Danielle Dubois, RN)	Ext. 613
Health Psychologist (Dr Patricia Gervaize)	Ext. 315
Green Valley Pharmacy	(613) 688 – 5069

Your Medications

- ❑ Gonal F (injection)
- ❑ Puregon (injection)
- ❑ Luveris (injection)
- ❑ Repronex(injection)
- ❑ Cetrotide(injection)
- ❑ Serophene (oral)
- ❑ Femera (oral)
- ❑ Tamoxifen (oral)
- ❑ Ovidrel (injection)

Other Resources

Website: www.conceive.ca

Online forum: www.ofcconnect.ca

Fertility Matters Support Group: Ottawa.infertility.liason@gmail.com

Hours of Operation	Weekdays	Weekends
Clinic	7:00 – 3:30	By appointment only 7:30 – 3:00
Pharmacy	7:30 – 3:30	8:00 – 11:30

Like you, we celebrate the joy of children. However out of respect for the sensitivity of those attending our centre as well as for safety reasons, we kindly ask that you make childcare arrangements when attending appointments at the Centre.

OTTAWA FERTILITY CENTRE
CENTRE DE FERTILITÉ D'OTTAWA

955 Green Valley Crescent, Ottawa, Ontario K2C 3V4
Tel. 613-686-3378 | Fax. 613-225-9736 | www.conceive.ca

Book an appointment with your physician to sign consents for your IUI treatment

You (and your partner) **must read the handouts** given to you by your physician **prior to attending the consent visit**. During the consent visit, your physician will review the treatment plan and any adverse effects or risks of treatment. Please review all of the following materials **before you sign consents**:

- ❑ Superovulation Information Sheet (if applicable)
- ❑ IUI Information Sheet
- ❑ Information Sheet on "Consent to Use" Regulations
- ❑ Risks Associated with Twin Pregnancies
- ❑ Patient Consent Form

For patients using donor sperm, please also read:

- ❑ Therapeutic Donor Insemination Information Sheet
- ❑ Donor Sperm Ordering Information
- ❑ Donor Sperm Storage Agreement

Wait for the clinic to contact you

Once your physician has received all of your results and has written your IUI treatment orders, your chart will be forwarded downstairs to the clinical team. If using donor sperm, you must ensure the specimen is onsite and processed by OFC lab staff (approx. 2 weeks) prior to starting treatment.

If you are on an **unstimulated** cycle, one of our receptionists will email you information for planning your treatment cycle. Follow the instructions in the email to ensure you know what to do next.

If you are on a **stimulated** cycle, one of our receptionists will email you our online SO/IUI Educational Videos, which are also available on our web site under the 'Patient Resources' tab at **www.conceive.ca**. Follow the instructions in the email to ensure you know what to do next. You will need to review injection teaching videos for the medications your physician has checked off on the front of this Guide. If you do not know which medications, please ask.

If you have not received any information within 2 weeks, please call your physician's office.

Call the clinic with your next 'Day 1' to start treatment

Now that you have completed the online education session and injection training (*if applicable),* you may call the Clinic on 'Day 1' of your next menstrual cycle. An administrative staff member will ask you to pay the remainder of the fees owing before your treatment can start. Once your fees are paid, a nurse will call you back within 24hrs.

The nurse will:

- ❑ Confirm you participated in the online education and injection teaching sessions (if applicable)
- ❑ Confirm your travel history to ensure you are not at risk for travel-related illnesses (ie: such as Zika)
- ❑ Inform you of your medication start date and dosage (if applicable)
- ❑ Ensure you have donor sperm units on-site and ready to use (if applicable). Donor units are not considered ready to use until they are processed by our lab. This could take 1-2weeks after the shipment arrives.
- ❑ Ensure partner sperm (fresh or frozen) will be available for the estimated IUI date (if applicable)
- ❑ Book your first set of treatment appointments as required or instruct you on your use of the ovulation detection sticks
- ❑ Send your prescription for treatment medications to the pharmacy & confirm with you details for pick-up (if applicable)

Start Medications & Monitoring

- **For patients who are NOT on medications:** You will either use an ovulation detection kit or come for blood work and ultrasounds. Your physician will advise you which method you will follow at the time of IUI Consents.
- **For patients who are on oral medications**: The nurse will review medications with you when you call with your 'Day 1'. Take the medication as instructed by your physician and dispensed by your pharmacist. The nurse will tell you how to properly detect ovulation for your cycle.
- **For patients who are on injectable medications**: Our physicians will begin to monitor your treatment cycle once you start daily injections. A nurse will schedule you for each blood test and vaginal follicle tracking ultrasound (called monitoring) over the next one to two weeks. We recommend that you record dates and times of your appointments on your treatment schedule which we will provide to you. Each monitoring visit will take place between 7:00am & 9:30am. If you are coming for a blood test only, please arrive Mon-Fri between 7:00 and 9:30am, and on weekends/holidays between 7:30am-9:30am. We recommend that you eat breakfast first.

Insemination (IUI) Day

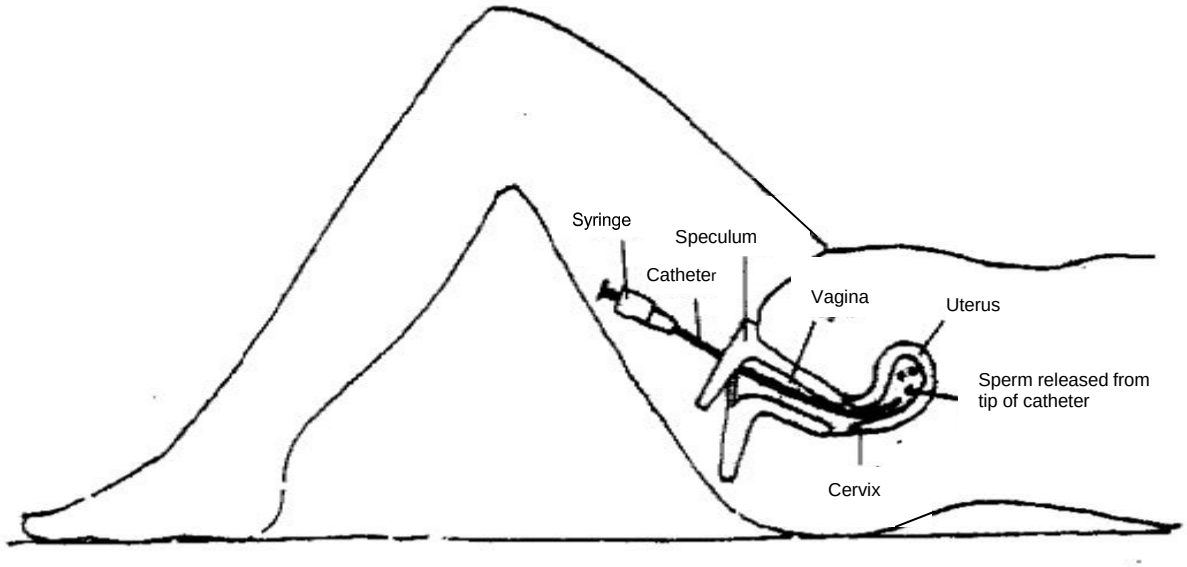
Your insemination procedure will be booked by a nurse. It is important that you **arrive on time** for your IUI procedure appointment. If using partner sperm, the male will be given a specific time to attend the clinic to produce his sample, usually between **7:30am and 8:30am.** If using donor sperm, you will need to check-in 30min prior to your IUI appointment in order to meet with the lab prior to the thawing of the specimen.

A nurse will complete the IUI.

After the IUI procedure, you will remain lying down for 15min after which you may resume your daily routine. Before leaving the clinic, confirm with the nurse whether or not additional medications have been ordered for you.

The nurse will give you a card with the date of your follow-up pregnancy test, approximately 17 days post IUI. If your cycle is unsuccessful, you may call the clinic with your next 'Day 1'. If on injectable medications, waiting one month in between treatment cycles may be required. The nurse will discuss this with you when you call with 'Day 1'.

You should have a follow-up appointment with your physician's office after 3 unsuccessful IUI attempts or as discussed in advance with your physician. To schedule a follow-up appointment with your physician, contact ext 208.



Communicating with the Clinic during your treatment cycle

Many people are involved in your care so it is important that we make it easy to communicate with the clinic. Here are some guidelines:

- ❑ Call ext. 617 to reach a nurse during treatment for treatment-related questions.
- ❑ At each appointment, leave a contact number at the reception desk. A clinic nurse will always contact you after "bloodwork only" appointments & only if there is a change to your plan after ultrasound appointments.
- ❑ If you are using the ovulation detection sticks during treatment, contact the clinic nurse ext. 617 with a positive result or the absence of a positive result after 7days of testing.
- ❑ For medical emergencies, please use the contact numbers listed on the first page of this guide.
- ❑ Call your physician's office for any medical questions unrelated to your IUI treatment.
- ❑ For your pregnancy, you must arrive between 7-9:30am for same day results. A nurse will call you by 3:30pm with your results.

Fees

A complete fee brochure is available. All fees are paid when you call with your 'Day 1' to start treatment Refunds are processed by the 8th of the month after treatment and are made using the same method of payment. Any fee related questions can be directed to our Clinic Services Administrator at: billing@conceive.ca

Please ensure you understand all applicable or potential fees associated with your treatment plan. Medications are always separate from any OFC fees and it is encouraged you check with either your pharmacy or the on-site Green Valley Pharmacy regarding your insurance coverage prior to starting your treatment.

If you are an Ontario resident with valid OHIP you may be eligible for funded IUI services under the Ministry of Health (MOH) Funded IUI Program, a separate signed consent form is required.

Questions or Comments about Fees

Once fees are paid, an invoice will be **e-mailed** to you. If you prefer, you may pick up the invoice or have it mailed.

Feedback.

Let us know how we are doing. Feel free to talk with one of the physicians or nurses if you have questions or concerns. You can also contact Danielle Dubois, Clinical Director at ext 613 (ddubois@conceive.ca)

Remember...

Your IUI cycle can be stressful. Here are some resources to help you along the way:

- ❑ Dr Patricia Gervaize, an independent reproductive health psychologist who works at the Centre. Call extension 315
- ❑ Fertility Matters Support Group at Ottawa.infertility.liaison@gmail.com held at Ottawa Fertility Centre
- ❑ OFC Web Site at www.conceive.ca or our online forum at www.ofcconnect.ca
- ❑ Fertility Matters – Canada's fertility resource www.fertilitymatters.ca
- ❑ Resource providing current, professional, and reliable information about fertility: www.myfertilitychoices.com
- ❑ Single Mothers by Choice: https://groups.yahoo.com/neo/groups/SMC-Ottawa/info
- ❑ LGBT2SQ Parenting Network: http://lgbtqpn.ca/
- ❑ Canadian Fertility & Andrology Society: https://cfas.ca/

Superovulation/Ovulation Induction Information Sheet

Those who choose Superovulation Therapy receive fertility drugs (orally or by injection) to stimulate the production and release of a number of eggs in the treatment cycle. If the number of eggs produced is increased, then the chance of fertilization and pregnancy increases as well. Pregnancy rates per cycle are patient specific and should be provided to you by your physician at the time of consenting. Ovulation Induction treatment is similar in nature however the goal is to induce ovulation of generally only one egg. This is used for patients who do not spontaneously ovulate in a natural cycle.

The Ontario Health Insurance Plan covers most costs associated with Superovulation/Ovulation Induction but it does not cover the cost of medications or other administration fees. The Quebec Health Insurance Plan does not cover this therapy and payment of physician fees will be arranged prior to treatment. Please refer to our Fee Guide for further information.

Medications:

a) **Clomiphene Citrate/Letrozole/Tamoxifen (tablets taken orally) -** These oral fertility tablets are frequently used to initiate maturation of one or more follicles. It is simple to administer and less expensive than other medications. They act in an anti-estrogen way, which tells the brain that estrogen levels are low. This causes the release of LH and FSH from the pituitary which stimulates follicle development in the ovary. The medication is well tolerated but can lead to hot flashes and in some instances breast tenderness, bloating and mood swings. Occasionally patients will have visual symptoms including flashing lights. If any visual symptoms occur, the medication must be stopped and the physician should be contacted.

b) **Gonadotropins: Puregon/Gonal F (FSH), Repronex (HMG) and Luveris (LH) -** Gonadotropins are injections used to directly stimulate the ovary causing one or more egg(s) to develop. These medications can be used alone or in combination with each other or oral fertility medications as described above. The greatest danger with gonadotropin therapy is multiple pregnancy. The ovaries may become overstimulated resulting in Ovarian Hyperstimulation Syndrome.While on these medications there will be careful monitoring of serum estrogen levels and ultrasound examinations for ovarian assessment.

c) **Human Chorionic Gonadotropins (hCG or Ovidrel) -** This medication is given once the correct number of mature eggs has been identified. It will trigger the release of the eggs in approximately 36 hours after injection.

Each woman taking medications will be monitored by blood tests and ultrasounds to help determine the optimal daily dose of drugs. Correct timing of the ovulatory trigger with Human Chorionic Gonadotropin (HCG) is also determined by the blood LH, estrogen levels, and ultrasound tests. The patient may be required to perform daily home urine tests to detect a spontaneous or natural ovulation (LH surge). Intrauterine insemination (or intercourse) is done once and timed to coincide with ovulation.

Patients who do not become pregnant following the first cycle will be offered up to three cycles if they wish. However, because of the Superovulation effect on the ovaries and the possible carry-over effect of the medication, a one-month “rest” is necessary between treatment cycles. If pregnancy has not been achieved after three treatment cycles, the couple may want to consider other treatments such as in vitro fertilization; however, the ultimate decision on what further treatments you will undergo will be up to you and your Doctor.

Risks

If pregnancy occurs, there is an increased chance of a multiple pregnancy. In some cases, the ovaries are so responsive to stimulation that they enlarge with multiple painful post-ovulation cysts. It’s also important to understand that the physician may decide to withhold hCG or cancel stimulation if he/she feels there is an excessive risk due to over-response of the ovaries. In general, the Ottawa Fertility Centre does not recommend proceeding with treatments if 5 or more follicles are found to be mature(> or = 15mm) To minimize the risk of these complications, ultrasound and blood tests are performed frequently throughout treatment.

Patients should realize that this treatment is in no way guaranteed, has significant costs, carries some risk and is time-consuming.

Intrauterine Insemination (IUI) Information Sheet

Under normal conditions, large numbers of sperm are left in the vagina after intercourse. A small portion of these, perhaps a few thousand at most, swim into the cervical canal. The mucus in the canal serves as a reservoir, holding most of the sperm and gradually releasing them in small amounts into the uterus and the tubes. Sperm usually live and are able to fertilize an egg for at least 48 hours and the egg can usually be fertilized for 24 or more hours.

IUI is a form of artificial insemination and it is used as treatment to ensure that maximum amounts of sperm reach the fallopian tubes where fertilization occurs. It has long been recognized that placing the sperm as close as possible to the egg is an improvement in pregnancy rates. IUI bypasses the cervical mucus barrier depositing concentrated sperm directly into the uterus.

Sperm used in IUI are 'washed' by the lab because placing raw semen into the uterus carries potentially infectious organisms and prostaglandins which can cause severe uterine cramping and other serious reactions.

Procedure:
To accomplish intrauterine insemination, a soft thin tube is used to place the prepared sperm into the uterus. Only 0.2 – 0.5 cc of highly concentrated sperm suspension is needed. The procedure takes only a few minutes and may cause mild discomfort. You will be encouraged to remain lying down for 15 min and then return to your daily routine. Your partner is welcome to be present during the insemination. After IUI, you may have a small amount of spotting; you will be provided with a panty liner.

Timing of the procedure:
Accurate timing for IUI is crucial to its success. Two methods are generally used to time the procedure for best results; blood testing for the LH surge and home urine LH detection kits. Urine LH kits detect the LH hormone which is released when the pituitary gland sends a signal to the ovary telling the follicle to release the egg. When an LH surge is detected, ovulation normally occurs within 24-36 hours and insemination will be timed accordingly. Ensure you obtain proper instructions from a nurse on using the LH kit if proceeding with this method.

Sperm:
If using fresh sperm, your male partner is to arrive at a designated time and produce the specimen in a collection room on-site with the same instructions used for the semen analysis test. If there are any concerns in regards to production, speak with your physician prior to proceeding with the IUI plan of care.

If using frozen sperm, the specimen will be thawed prior to your scheduled IUI appointment. It is critical you arrive at your designated check-in time as instructed to you by the nurse.

Success Rate:
The success rates for IUI vary widely according the reason for its use. Our clinic IUI pregnancy rates are available at www.conceive.ca. Your physician will provide you with information on your expected success rate at the time of IUI consenting.

Risks:

Your physician will discuss all relevant risks pertinent to your personal situation at the time of IUI Consenting. These include risks of: infection, pain/cramping, bleeding, prostaglandin reaction, risk of miscarriage, risk of ectopic pregnancy and risk of multiple pregnancy.

Information Sheet on 'Consent To Use'
Section 8 of the Assisted Human Reproduction Act

The *Assisted Human Reproduction* Act (AHR Act) provides a mechanism to oversee activities such as *in vitro* fertilization and research related to assisted human reproduction, and prohibits ethically unacceptable activities such as human cloning. The Act helps protect the health and safety, human rights and dignity of Canadians. The purpose of section 8 of the AHR Act is to ensure that human reproductive material for creating embryos and *in vitro* embryos are used only with the donor's written consent.

As of December 1, 2007, section 8 of the AHR Act requires all persons (e.g., clinics, physicians, nurses and laboratory personnel) making use of human reproductive material (sperm or eggs) to create an embryo, or making use of an *in vitro* embryo (an embryo that exists outside the human body) for any purpose, to have the written consent of the individual (i.e., the "donor") providing the human reproductive material or *in vitro* embryo. In addition, the regulations require that a person making use of the human reproductive material or *in vitro* embryo must have a document signed by the donor acknowledging that the donor received certain written information prior to the donor giving their consent to such use.

Human reproductive material (sperm or eggs) used to create an embryo - The human reproductive material used to create an embryo will be used only in accordance with the consent to use of the donor, for one or more of the following purposes:

- the donor's own reproductive use,
- following the donor's death, the reproductive use of the person who is, at the time of the donor's death, the donor's spouse or common-law partner,
- the reproductive use of a third party,
- improving assisted reproduction procedures,
- providing instruction in assisted reproduction procedures.

Withdrawal of Consent to Use - For a withdrawal of consent to use to be effective, the following conditions must be met:

- the withdrawal must be in writing,
- the clinic, physician, researcher or other person who will be using the human reproductive material or *in vitro* embryo must be notified of the withdrawal.
- For withdrawing consent to the use of human reproductive material for one's own reproductive use or that of the spouse or common-law partner, or improving or providing instruction in assisted reproduction procedures, the notice must be received before the material is used.
- For withdrawing consent to the use of human reproductive material for the reproductive use of a third party, the notice must be received before the third party has acknowledged in writing that the material has been designated for their reproductive use.

Posthumous donations - Before a physician can remove human reproductive material from a donor's body after death for the purpose of creating an embryo, the physician must have a written document signed by the donor, stating that before consenting to the removal of human reproductive material after death, the donor was informed in writing that:

- The human reproductive material will be removed after death only in accordance with the donor's consent to use the material to create an embryo, for one or more of the following purposes:
  - the reproductive use of the person who is, at the time of the donor's death, the donor's spouse or common-law partner,
  - improve assisted reproduction procedures,
  - provide instruction in assisted reproduction procedures.
- The donor may withdraw their consent to the posthumous removal and:
  - the withdrawal must be in writing,
  - the withdrawal is effective only if the person who intends to remove the human reproductive material is notified of the withdrawal before the removal of the material.
- Before removing the human reproductive material from a donor's body after death for a purpose above, in addition to the signed acknowledgement of information relating to removal on death, the physician must have both:
  - the donor's written consent to remove the human reproductive material; and
  - the donor's written consent to use of the human reproductive material.

For additional information & definitions, refer to http://www.ahrc-pac.gc.ca/v2/legislation/consent-consentement/section8-section8-eng.php#toc_7

OTTAWA FERTILITY CENTRE
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FEES FOR FERTILITY SERVICES

The Ontario Health Insurance Plan (OHIP) covers most fertility related physician consultations and diagnostic tests. The Ontario Fertility Program (www.ontario.ca/fertility) is a seperate government-funded program which covers some fertility treatments under specific eligibiliy criteria and is seperated from Private-Pay fees below under the column "MOH Funded". Patients are encouraged to understand our fees and fee policies prior to payment. Information about our fees is available on our web site at www.conceive.ca or through email: billing@conceive.ca.

Intrauterine Insemination (IUI)	Private-Pay	MOH Funded
Private-Pay patients pay for additional services that are not covered by OHIP. These services include: follicle tracking ultrasound exams, blood work, and the insemination procedure.Typically, 1 day of full monitoring is about $295		
Insemination Procedure	$200	-
IUI with partner sperm – sperm washing (sperm separation)	$850	$850
IUI with Donor Sperm - Handling - If not pre-washed $850 fee will apply - does not include cost of the donor sperm	$300 / unit	$300 / unit

In-Vitro Fertilization (IVF)	Private-Pay	MOH Funded *
** Costs not covered by the MOH Funding Program.* *** For a private-pay IVF cycle, a non-refundable $500 enrollment fee will be collected at your Physician's appointment before your IVF chart is given to the Schedule Nurse. This fee is to cover the costs of chart and prescription preparation, IVF education, cycle scheduling, reservation of a treatment start date, and nurse consultation.* *- Private-Pay patients pay for the ultrasound exam to confirm pregnancy and/or to rule out an ectopic pregnancy, physician assessments, and any additional blood tests beyond the first pregnancy test.*		
IVF – Stimulated Cycle **	$9,000	-
IVF – Natural Cycle **	$7,500	-
IVF – Conversion from IUI	$7,500	-
IVF – Known Egg Donor or Gestational Carrier **	$12,100	-
IVF – Previously Frozen Eggs (ICSI included)	$8,000	
IVF/PGT - with ICSI and embryo biopsy (additional fees from Cooper Genomics - see brochure)	$13,100	$1,800
ICSI (if MOH funded - $2000 fee applies if male does not have OHIP)	$2,000	$2,000
ICSI with TESE/PESA sperm (if MOH funded - $2500 fee applies if male does not have OHIP)	$2,500	$2,500
Surgical Sperm Retrieval at OFC (PESA or TESE) including freeze (determined at time of procedure)	$3,000	$700 if PESA $3000 if TESE
Surgical Sperm Retrieval at The Ottawa Hospital (Micro TESE) - OFC fee only	$3,500	$3,500
Sperm Freezing (1st year of storage included)	$700	$500
Embryo Freezing (1st year of storage included)	$1,000	-
Egg Freezing Cycle (non medical reason)	$9,000	-
Egg Freezing Cycle (Non OHIP Cancer)	$7,000	$500
Embryo Freezing Cycle (medical reason) + ($2000 ICSI if required)	$7,300	$3,300
Frozen Embryo Transfer Cycle (FET)	$2,500	-
Egg, Sperm or Embryo Storage (annual fee)	$500	$500
Third Party Reproduction Screening Fee (per patient)	$1,500	$1,500

Refund policy		Private-Pay	MOH Funded
IVF - Enrollment fee ($500) is non-refundable once paid	Cycle cancelled after IVF enrollment[A]	$8,500	-
	Cycle cancelled after 1st ultrasound[A]	$8,000	-
	Cycle cancelled before egg retrieval[A]	$7,500	-
	No Embryo Transfer	$700	-
Egg Freezing (non medical reason)	Cycle cancelled before egg retrieval[A]	$7,500	-
Egg Donation or Gestational Carrier Cycle	Cycle cancelled after scheduling visit; prior to start of monitoring[A]	$11,100	-
	Cycle cancelled before egg retrieval[A]	$9,000	-
	No Embryo Transfer	$700	-
Surgical Sperm Retrieval	No sperm available for freezing	$700	-
Sperm Washing	Cancelled prior to sperm wash. Fees applied to subsequent cycle	$850	-
Sperm Freezing	No sperm found to freeze or inadequate sample for freezing	$500	-

[A]$100 will be credited to patient's next IVF cycle, if funds are kept at OFC

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FEES FOR FERTILITY SERVICES

Fee Policy
1. Full payment of fees is due when patients call with their “Day 1” of menses to initiate treatment.
2. Blue Cross patients are required to pay IVF fees before start of treatment unless pre-authorized by Military MD.
3. Pay invoices online by creating the "Ottawa Fertility Centre" as a bill payment payee with your bank or, for invoices less then $2000, pay using your credit card on our website (https://conceive.ca/fees/). For Patients preferring to pay by cheque, please arrange for a certified cheque made payable to the “Ottawa Fertility Centre”.
5. Refunds are processed in the same manner as payment was made and are deposited or mailed to you by the 8th business day of the month following treatment.
6. Fees may change without advanced notice.

Satellite Monitoring	Private-Pay
The Ottawa Fertility Centre (OFC) will only monitor patients in those cases wherein the service cannot be offered at the OFC or where a physician from the OFC has specifically referred the patient to another centre. Satellite monitoring fees are not billable to OHIP	
Consultation with OFC Physician	$355
Satellite Coordination fee (per cycle)	$500
Ultrasound and Blood Monitoring	Fee per service

Additional Fees (Ontario Medical Association Rate)	Private-Pay
Private-Pay fees apply to patients without an OHIP card, satellite monitoring and if the Ontario Fertility Program budget has reached its limit	
Consultation / Surgical Consultation	$355
Physician Follow-Up	$60
IVF Consent Fee	$200
Injection by a nurse	$25
Complete Pelvic Ultrasound	$346
Sperm Freeze and transfer to third party (includes shipping & handling fee)	$700
Saline Infusion or Tubal Patency test	$392
Follicle Tracking	$173
Obstetrical Ultrasound (up to 10 weeks)	$346
Blood Draw	$7
Pregnancy Test (ß-hCG plus progesterone)	$66
DHEAS	$45
Estradiol	$63
FSH	$25
LH	$20
TSH	$21
Progesterone	$32
Prolactin	$32
Testosterone	$32
AMH	$70
NIPS	$25
Semen Analysis – CASA	$65
Semen Analysis – Detailed (Morphology or Viability test)	$300

Fee Policy
1. Patient missed appointments are subject to a “no show” fee of $100.00. Two business days’ notice is required to cancel an appointment.
2. Fees may change without advanced notice.

To enquire about our fees, request a refund, or obtain a statement of your account, please call our billing office at 613 686-3378 ext 201 or e-mail billing@conceive.ca. We will respond within 2 business days.

Ontario Fertility Program

Patient Information

Questions? Please visit:
www.ontario.ca/fertility

Overview

Access to government-funded fertility services is available to eligible patients for all forms of infertility, including medical and non-medical infertility, such as for single people or same sex couples. It is also open to those who require a donor or surrogate. Access to the program is not based on gender, sexual orientation or family status.

Under the Ontario Fertility Program, the government contributes to the funding of:

- Unlimited cycles of artificial insemination (AI), including intra-uterine insemination (IUI)
- One cycle of fertility preservation (FP) for medical reasons (sperm or egg preservation), per patient per lifetime
- One cycle of in vitro fertilization (IVF) per patient per lifetime
  - Exception of one additional cycle of IVF per lifetime if patient has acted or is acting as a surrogate.

Artificial Insemination (AI) / Intra-Uterine Insemination (IUI)

Am I eligible for funded AI/IUI?

You must hold a valid Ontario health card.

How do I receive funded AI/IUI?

- Contact a participating clinic (listed at www.ontario.ca/fertility) and meet with a physician to set an appropriate treatment plan
- Sign a consent form with a participating clinic
- Participating clinic will confirm your eligibility. Please note, being placed on a wait list does not indicate eligibility.

Can I use a donor?

Yes, the program covers services for patients using donor sperm but does not cover the cost to purchase donor sperm.

What services are covered?

- Physician/nurse assessments and counselling
- Cycle monitoring
- Certain blood and urine tests
- Certain ultrasounds
- Insemination procedure (but not sperm washing).

What services are not covered?

- Any drugs or medications
- Sperm washing/preparation before insemination
- Purchase, shipping or storage of donor sperm
- Counselling by a psychologist or social worker
- Various optional tests.

Fertility Preservation (FP)

Am I eligible for funded FP?

You must meet <u>all</u> of the following three criteria:

- Hold a valid Ontario health card; and
- Be diagnosed by a physician as having a medical condition where the planned treatment for that condition is known to affect fertility and may lead to infertility; and
- Have not yet received one funded FP cycle per lifetime (patients can receive funded FP separate from funded IVF).

How do I receive funded FP?

- Contact a participating clinic (listed at www.ontario.ca/fertility) and meet with a physician to set an appropriate treatment plan
- Sign a consent form with a participating clinic
- Participating clinic will confirm your eligibility. Please note, being placed on a wait list does not indicate eligibility.

What services are covered?

- Physician/nurse assessments and counselling
- Up to two attempts at cycle monitoring
- Certain blood and urine tests
- Certain Ultrasounds
- One attempt at egg retrieval
- Sperm collection or, if required, one attempt at surgical sperm retrieval using certain techniques
- Freezing of <u>one</u> batch/sample of eggs or sperm.

What services are not covered?

- Any drugs or medications
- Preservation of additional batches/samples
- Storage or shipping of eggs/sperm.
- Counselling by a psychologist or social worker
- Various optional tests.

Ontario

In Vitro Fertilization (IVF)

Am I eligible for funded IVF?

Eligibility is determined based on the patient who will undergo the embryo transfer (the patient who is trying to get pregnant), and who must meet all of the following three criteria:

- Hold a valid Ontario health card; and
- Be under age 43 years old; and
- Have not yet received one funded IVF cycle per lifetime (patients can receive funded IVF separate from funded FP).

Can my partner or donor participate?

Other people can participate in the patient's funded IVF cycle (such as providing eggs or sperm). There is no age requirement for them, but they must also hold a valid Ontario health card in order to receive funded services (such as egg retrieval or sperm collection/retrieval); otherwise, the clinic may charge for the services provided to the other participants.

How do I receive funded IVF?

- Contact a participating clinic (listed at www.ontario.ca/fertility) and meet with a physician to set an appropriate treatment plan
- Sign a consent form with a participating clinic
- Participating clinic will confirm your eligibility. Please note, being placed on a wait list does not indicate eligibility.

Will there be a waiting list?

Waiting times to receive funded IVF vary from clinic to clinic. All clinics must have established wait list policies to manage patients seeking to receive funded services. Ask your clinic for its wait list policy and the approximate wait time for funded IVF.

What services are covered?

- Physician/nurse assessments and counselling
- Up to two attempts at cycle monitoring
- Certain blood and urine tests
- Certain Ultrasounds
- One attempt at egg retrieval
- Sperm collection or, if required, one attempt at surgical sperm retrieval using certain techniques
- Fertilization and embryology services, including intra-cytoplasmic sperm injection (ICSI), assisted hatching and blastocyst culture
- One-at-a-time transfer of all embryos (fresh/frozen)
- Embryo freezing, thawing and culture.

What services are not covered?

- Any drugs or medications
- Storage or shipping of eggs/sperm/embryos
- Purchase of donor sperm or eggs
- Counselling by a psychologist or social worker
- Various optional tests
- Any services performed on other people participating in the patient's funded IVF cycle, if they do not also hold a valid Ontario health card.

How many embryos can I transfer?

A multiple pregnancy (twins/triplets) presents health risks for mothers and babies. There is a mandatory single embryo transfer policy for funded IVF, although there are some exceptions based on patient age and other medical criteria. Ask your clinic for more details.

Funded IVF Cycle: *Start to Finish*

The program recognizes that every patient will have different fertility treatment needs. While funding covers one IVF cycle, that cycle will vary from patient to patient. The cycle start points specify the different entry types into the program, while the cycle end points indicate when the funded cycle is complete and the patient is not eligible for further funded IVF services.

*The funded IVF cycle includes the one-at-a-time transfer of **all** viable embryos from **one** start point to the **first** end point:*

Cycle Start Points

You will:

- Undergo an egg retrieval
- Have a donor undergo an egg retrieval for you
- Use previously-retrieved eggs (own or donor); or
- Use previously-created embryos (own or donor).

Cycle End Points

- Two cycle monitoring attempts with no egg retrieval
- One failed egg retrieval
- One failed surgical sperm retrieval and no alternate sperm source is chosen
- Fertilization and culture of all eggs from cycle start resulted in no viable embryos to transfer
- Thawing/culture of all frozen embryos from cycle start resulted in no viable embryos to transfer; or
- Transfers of all viable embryos (fresh & frozen) from cycle start were performed or are no longer available.

If at any time you wish to permanently end your funded cycle, you may do so by concluding care, which must be done in writing with your clinic. By choosing to conclude care you will not be eligible for any more funded IVF services in the future.

Questions or Concerns? Call ServiceOntario INFOline:
In Toronto 416-314-5518
Toll Free 1-866-532-3161
TTY 1-800-387-5559
Available 8:30am - 5:00pm

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