

2015-2016

NATIONAL ART REGISTRY OF INDIA (NARI)

PUBLISHED BY INDIAN SOCIETY FOR ASSISTED REPRODUCTION

(Instructions to fill 2015-2016 Forms)

Name of Institution/Clinic: _____

GENERAL INSTURCTIONS

1. Please read the form completely before filling
2. Please ensure that the totals in the corresponding columns match precisely
3. Pregnancy is defined as BHCG > 100 mIU / ml 14 days after E.T.
4. If you have any doubts / problems in filling the form, please contact Dr. Narendra Malhotra/ Dr. Sunita Tandulwadkar at isarindia18@gmail.com
5. Please mail the completely filled form to isarnari18@gmail.com before 30th Sept 2018
6. If you do not receive an acknowledgement from ISAR office within 15 days, please contact the office immediately.
7. Acknowledgement for the year 2015-2016
8. Registered with ICMR YES/ No.

INDIAN SOCIETY FOR ASSISTED REPRODUCTION

FLAT 23-A, 2ND FLOOR, ELCO ARCADE, HILL ROAD,

BANDRA (W), MUMBAI - 400 050. INDIA.

TEL: 022-26456488

for office use only

Name of the Institute / Clinic: _____

Form No.: _____ Received on: _____

for, ISAR

for office use only (to be mailed to the clinic)

Name of the Institute / Clinic: _____

Form No.: _____ Received on: _____

for, ISAR

NATIONAL ART REGISTRY OF INDIA (NARI)
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QUESTIONNAIRE FOR YEAR 2015

2015-2016

LAST DATE FOR SUBMISSION:

A] BASIC DETAILS

Name of Institution / Clinic: _____

1. Address: Line 1 _____

Line 2 _____

City _____ Pin

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 State _____

2. Telephone No.: [with STD Code]

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Fax No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. E-mail Id.: _____

B] STAFF Visiting In-House

1. Clinicians

1. Dr./Mr./Mrs./Miss. _____
 2. Dr./Mr./Mrs./Miss. _____
 3. Dr./Mr./Mrs./Miss. _____

1. Dr./Mr./Mrs./Miss. _____
 2. Dr./Mr./Mrs./Miss. _____
 3. Dr./Mr./Mrs./Miss. _____

2. Embryologists: Visiting

1. Dr./Mr./Mrs./Miss. _____
 2. Dr./Mr./Mrs./Miss. _____

In-House

1. Dr./Mr./Mrs./Miss. _____
 2. Dr./Mr./Mrs./Miss. _____

3. Counselors:

I. Dr./Mr./Mrs./Miss. _____

II. Dr./Mr./Mrs./Miss. _____

4. Technical support / Collaboration: _____

1. Service Offered **Yes** **No**

IVF		
ICSI		
GIFT		
CRYOPRESERVATION		
PGD		
SURROGACY		

A. FRESH CYCLES

This includes all fresh ovarian stimulation cycles for self and egg sharing

1. Total Simulation

--	--	--

2. Total Simulation in which egg sharing is performed

--	--	--

3. Indications

A. IVF Cycles

Tubal				
Male				
PCOS				
Endometriosis				
Unexplained				

B. ICSI

Male	Cycles			
Ejaculated Sperm				
Testicular Sperm				
Epididymal Sperm				
Retrograde Ejaculation				
Failed IVF				
Endometriosis				
PCOS				
Poor Responder				
Other				

4. Protocol Cycles

Short Protocol					
Long Protocol					
Antagonist					
Others					

5. No. of Eggs Retrieved:

No. of Eggs	Cycles		
4			
5-10			
11-15			
>15			

6. No. of Embryos Transferred per E.T.:

No. of Embryos	Cycles		
One			
Two			
Three			
Four			
Five			
More than Five			

7. Out Come [Only for E.T. Performed in patients herself]:

Total Embryo Transfers			
Total Pregnancies			
Pregnancy Rate Per E.T. %			
Total Abortions			
Abortion Rate Per E.T. %			
Total Ectopic Pregnancies			
Ectopic Pregnancy rate Per E.T %			

8. Pregnancy Out Come:

Total Pregnancies			
Single			
Twins			
Triplets			
Quadruplets			
More than 4			

B. THAW E.T.

This includes all cycles where patient's own embryos are thawed and used for her only.

1. **Total Transfers**

--	--	--

2. **Protocol Cycles**
 Natural Cycle

--	--	--

Artificial Cycle

--	--	--

3. No. of Embryos Transferred per E.T.

No. of Embryos	Cycle		
One			
Two			
Three			
Four			
Five			
More than Five			

4. Out Come

Total Embryo Transfers

Total Pregnancies			
Pregnancy Rate per E.T. %			
Total Abortions			
Abortion Rate per E.T. %			
Total Ectopic Pregnancies			
Ectopic Pregnancy Rate per E.T. %			

5. Pregnancy Out Come

Total Pregnancies			
Single			
Twins			
Triplets			
Quadruplets			
More than 4			

C. EGG DONATION

This includes all cycles where a dedicated donor is stimulated for 1 or more recipients (not egg sharing with patient)

1. Total Stimulations

--	--	--	--

2. Donor

Known / Related			
Professional			

3. Age of Patient

<=45			
46-55			
>55			

4. Indication for Egg Donation

5. No. of Eggs Retrieved [in the donor]:

5-10			
11-15			
>15			

6. No. of Embryos Transferred per E.T.

No. of Embryos	Cycles		
One			
Two			
Three			
Four			
Five			
More than Five			

7. Out Come

Total Embryo Transfers			
Total Pregnancies			
Pregnancy Rate per E.T. %			
Total Abortions			
Abortion Rate per E.T. %			
Total Ectopic Pregnancies			
Ectopic Pregnancy Rate per E.T. %			

8. Pregnancy Out Come

Total Pregnancies			
Single			
Twins			
Triplets			
Quadruplets			
More than 4			

D. RECIPIENTS OF EGG SHARING

This includes data of all recipients of egg sharing with a patient

1. Total Egg Sharing cycles:
(This should match column A2)

--	--	--

2. Age of Recipients

</=45			
46-55			
>55			

3. Indication

Menopausal women			
Premature Ovarian Failure			
Other (Poor Ovarian Reserve etc.)			

4. No. of Eggs Used for Sharing by Recipients

3			
4-5			
=/>6			

5. No. of Embryos Transferred per E.T.

No. of Embryos	Cycles		
One			
Two			
Three			
Four			
Five			
More than Five			

6. Out Come

Total Embryo Transfers			
Total Pregnancies			
Pregnancy Rate per E.T. %			
Total Abortions			
Abortion Rate per E.T. %			
Total Ectopic Pregnancies			
Ectopic Pregnancy Rate per E.T. %			

7. Pregnancy Out Come

Total Pregnancies			
Single Twins			
Triplets			
Quadruplets			
More than 4			

E. EMBRYO DONATION

1. Total Transfers

--	--	--

2. No. of Embryos Transferred per E.T.

No. of Embryos	Cycles		
One			
Two			
Three			
Four			
Five			
More than Five			

3. Out Come

Total Embryo Transfers			
Total Pregnancies			
Pregnancy Rate per E.T. %			
Total Abortions			
Abortion Rate per E.T. %			
Total Ectopic Pregnancies			
Ectopic Pregnancy Rate per E.T. %			

4. Pregnancy Out Come

Total Pregnancies			
Single			
Twins			
Triplets			
Quadruplets			
More than 4			

5. Number of ART Deliveries

Number of ART deliveries

Male

Female

F. SURROGACY

1. Total number of Transfers

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2. Indication for Surrogacy

Congenital anomaly			
Post Hysterectomy			
Poor endometrium			
Repeated IVF failure			
Others			

3. No. of Embryos Transferred per E.T.

No. of Embryos	Cycle		
One			
Two			
Three			
Four			
Five			
More than Five			

4. Out Come

Total Embryo Transfers			
Total Pregnancies			
Pregnancy Rate per E.T. %			
Total Abortions			
Abortion Rate per E.T. %			
Total Ectopic Pregnancies			
Ectopic Pregnancy Rate per E.T. %			

5. Pregnancy Out Come

Total Pregnancies			
Single			
Twins			
Triplets			
Quadruplets			
More than 4			