
FAX TX REPORT

TRANSMISSION OK

JOB NO. 2275
DESTINATION ADDRESS 12565328899
SUBADDRESS
DESTINATION ID
ST. TIME 02/13 11:36
TX/RX TIME 25' 45
PGS. 78
RESULT OK

RM

12-Feb-2024 14:22 Fax

12565328899

p.3

Millar Functional Medicine
2021 Clinton Ave W, Ste. A
Huntsville, AL 35805
Phone (256)513-4888
* Fax (256)532-8899 *


Millar
Functional Medicine

☒ Greg Millar, DC ND PhD
☐ Bonnie Sims, ND
☐ Helen Stoddart, MD

Fax to: (205)874-7021

Ph: (205)874-0000

Date: 02/02/2024

Patient Name: Jennis, Ariel


DOB: 04/16/1992

Entire Record

I hereby authorize

AL Fertility Specialists - Dr. Mann

to release to Millar Functional Medicine any medical records, imaging reports,
or lab work results.



2/02/24

Millar Functional Medicine
2021 Clinton Ave W, Ste. A
Huntsville, AL 35805
Phone (256)513-4888
* Fax (256)532-8899 *



☒ Greg Millar, DC ND PhD
☐ Bonnie Sims, ND
☐ Helen Stoddart, MD

Fax to: (205)874-7021
Ph: (205)874-0000

Date: 02/02/2024

Patient Name: Jennis, Ariel

DOB: 04/16/1992

Entire Record

I hereby authorize

AL Fertility Specialists - Dr. Mann

to release to Millar Functional Medicine any medical records, imaging reports,
or lab work results.

Patient Signature

2/02/24
Date

Witness Signature

02/02/24
Date

P 02/01/2024 12:30:17
VM from pt requesting her medical records to be sent to other physicians involved in her care. Pt has tried to upload ROR forms without success. PC with pt- stating she may have successful with uploading documents through the app. Pt also informed she can fax the ROR forms to us directly. Pt aware partner will have to fill out separate release of records form for his medical record. Pt v/u and follow up with us if she is still having difficulties.

Digitally signed by: Michal Graves Created: 02/01/2024, 12:30:17 PM

P 01/31/2024 13:58:20
VM from pt reporting CD1 1/29, pt still taking a break from care. LVM for pt stating we received her message and to notify us when she is ready to proceed.

Digitally signed by: Michal Graves Created: 01/31/2024, 01:58:20 PM

P 01/04/2024 10:28:05
PC with pt-She reports CD1 on 12/26. She is planning on proceeding the surgery April/May. She states this period was longer than a typical period for her. She states the bleeding stopped for a couple of days and restarted. Pt assured some cycles can have irregular bleeding. Pt appreciative.

Digitally signed by: Michal Graves Created: 01/04/2024, 10:28:05 AM

P 12/19/2023 17:51:30
Return Office Visit

Total time 45 minutes, visit and coordination of care. Video conference for telehealth.

Spoke to Ariel for follow up.

Just completed 3rd IVF cycle with no embryos available today, all arrested at the cellular stage.

3rd failed cycle with no embryos.

She is planning to reach out to the Jewish Fertility Center for support but has not had opportunity yet.

Surgical History: Colonoscopy, Egg retrieval

Medical Illness: Chickenpox

Current Medications:

DHEA, _ , _

CoQ10, _ , _

Myo Inositol, Invalid date, _

Melatonin, _ , _

Probiotic, _ , _

PNV, _ , _

Juice Plus, _ , _

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Pregnancy Outcome: G 0 P 0 SAb 0 TAb 0 Ectopic 0

Problem List: G0, primary infertility, mild male factor, regular cycles , BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity , A NEG, Carriers of multiple AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68 --> 1.54

Impression:

Multifactorial infertility - discussed treatment with LTZ or CC or FSH/IVI. Reviewed risks/process/procedure in detail and expectations. Higher success rate with IVF/ICSI, particularly with multiple factors typically but with multiple failed cycles, concern for egg/sperm quality issue. Reviewed costs and chance of success with repeated cycles.

Unexplained factors - Reviewed possibility of endometriosis with pain/scarring/asymptomatic/treatment options with medical management vs surgery. When considering fertility, medical management/fertility boosting strategies may have greater efficacy. Reviewed opportunity for LSC prior to repeat IVF cycle or IUIs.

Donor egg/Donor embryo/sperm/adoption - Reviewed donor egg/embryos/sperm opportunities. Ian not ready to pursue at this time. Ariel believes her sister (same age and 2 prior children) would be willing to donate but not certain that Ian would want directed donation. Briefly reviewed costs and expectations. Primary concern is egg quality but could be male factor with lower fert levels and cellular arrest. Reviewed counseling and legal aspects.

Social - Reviewed common occurrence of infertility and encouraged social support systems, counseling, and options.

Anatomic fertility evaluation - Reviewed risks / benefits of surgical evaluation and treatment of possible endometriosis or adhesive disease. Plan for HSC, LSC, possible CO2 laser/LOA. Discussed risks of bleeding, infection, organ damage. Reviewed risks of anesthesia including death. Patient desires to proceed and voiced understanding of risks. Reviewed surgical procedure in detail as well as expected hospital course and recovery.

Extensive discussion with all questions answered. She would like to take a break, maybe for 1-3 months prior to decision moving forward. Likely most interested in LSC next. Winn fertility covers 6 total IUI cycles (only used 3 so far). Could consider repeat CC/IUI cycles but has FSH at home as well, could do combined CC/FSH. (Did better emotionally on CC than LTZ previously).

ART Treatment Plan Notes: 12/19/23 Likely short break and LSC/HSC/CO2? next. May consider CC 50/IUI-P or donor (would need counseling for both) vs CC 50/FSH75/IUI-P

s/p 12/14/23 IVF/ICSI/PGT-A planned AN 300/150 dual trigger, 11 eggs, 11 mature, 8 x 2PN, NO embryo again (all arrested at cellular stage)

s/p 11/23 IVF/ICSI/PGT-A AN 300/150 WITH GH and DUAL trigger; 10 eggs, 9 mature/ICSI, 5 x 2PN, NO embryos again (all arrested at cellular stage)

s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150; 7 eggs, 4 mature, 3 x 2PN, NO embryos, fragmentation at 1st check

s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299

Held 6/23 CC 50 cyst at baseline

s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)

s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38

Held 3/23 CC 50 cyst at baseline

s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24

MMR vaccine

HSG 12/22 wnl

SA 12/22 TMSC 42, 1% morph

SA 8/22 TMSC 22, 19 mil/mL, motility 42%

+OPKs/TIC, no treatment

TTC 7/2021

Desires 3 children

Plan:

Recommend counseling

Call CD1 (considering surgery next) will need short course of OCPs

Order List:

Schedule Surgery

Surgery Diagnosis: Infertility

Surgery Other Diagnoses: Paratubal vs paraovarian cyst

Recovery: 5-7 days

Surgery Date: Specify date

Surgery Date Details: Likely taking 2 month break prior to scheduling

Surgery Assist: Any available

Surgery Type: LSC, HSC, Chromopertubation

Surgery possible: Possible laser of endometriosis

Surgery Instruments: CO2 laser, Myosure

Surgery additional details: Possible ovarian/paratubal cystectomy

Digitally signed by: Merry Lynn Mann Created: 12/19/2023, 05:51:30 PM

P

12/14/2023 14:34:14

Telephone Note

I called to review the IVF fertilization results. We had 11 oocytes retrieved, 11 were mature and able to be ICSI'd, and 8 have fertilized normally. This is excellent news. She is feeling well overall. We will call and update on day 6-7.

Problem List: G0, primary infertility, mild male factor, regular cycles, BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68 --> 1.54

ART Treatment Plan Notes: s/p 12/14/23 IVF/ICSI/PGT-A planned AN 300/150 dual trigger, 11 eggs, 11 mature, 8 x 2PN 12/13/23 (Winn) Push to larger sized follicles for repeat stim AN 300/150 IVF/ICSI/PGT-A and DUAL trigger (GH if desired, but suspect will forgo with cost). Additional bag of fluids prior to TVCP. Consider Propofol only if possible for TVCP. Will need SIS after embryo creation.
s/p 11/23 IVF/ICSI/PGT-A AN 300/150 WITH GH and DUAL trigger; 10 eggs, 9 mature/ICSI, 5 x 2PN, NO embryos again (all arrested at cellular stage)
s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150; 7 eggs, 4 mature, 3 x 2PN, NO embryos, fragmentation at 1st check
s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299
Held 6/23 CC 50 cyst at baseline
s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)
s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38
Held 3/23 CC 50 cyst at baseline
s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24
MMR vaccine
HSG 12/22 wnl
SA 12/22 TMSC 42, 1% morph
SA 8/22 TMSC 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Digitally signed by: Merry Lynn Mann Created: 12/14/2023, 02:34:14 PM

P

CD13: 12/13/2023

S:

O: Imp: feels ok. no issues with trigger. uncomplicated tvcp. bilat resonance. EM TL. min FF. 6+ oocytes. icsi and pgd planned.
Plan:

Digitally Signed By: Mamie Mclean on 12/13/2023, 10:09:57 AM **Approved By:** Mamie Mclean on 12/13/2023, 10:09:57 AM

P

CD11: 12/11/2023

S: Doing well on meds; IVF Stim Day 11

O: Scan by SP

Right ovary: 7/19mm, 18mm, 14mm, 14mm, 13mm, 11mm, 10mm, , Left ovary: 6/26mm, 20mm, 20mm, 16mm, 16mm, 14mm, ,
Endometrium: 10.6

E2: 2821 P4: 1.28

Imp: Maturing follicles with 1 lead at 26, discrepant cohort consistent with past cycles. P4 rising.

Plan: - DUAL trigger with Lupron 4 mg/ HCG 10000 trigger tonight. Plan for TVCP in 2 days. Freeze all. Plan for Ganirelix post TVCP.

MLM

Patient Interaction: Called patient letting her know to stop all medications > dual trigger tonight at 8PM tonight for TVCP Wednesday, patient v/u. Calendar updated

Digitally Signed By: Shawna Pair on 12/11/2023, 08:40:43 AM Modified By: Heather Nix on 12/11/2023, 01:17:19 PM **Approved By:** Merry Lynn Mann on 12/11/2023, 11:57:51 AM

P

CD8: 12/08/2023

S: Doing well on meds; IVF Stim Day 8 Antag x 3

O: Scan by SP

Right ovary: 7/16mm, 14mm, 13mm, 13mm, 12mm, 11mm, 10mm, , Left ovary: 5/20mm, 16mm, 13mm, 13mm, 10mm, , E2: 1377 P4: 0.702

Imp: Good follicle development and E2 rise

Plan: Continue medications at current dose. Return to clinic in 3 days for re-evaluation. Likely planning for dual trigger at that time. -

MLM

Patient Interaction: Voicemail left for patient explaining MD approval to proceed as planned per calendar- patient confirmed having all meds available at home and denies any additional questions or concerns. Instructed pt to message via the portal should any additional questions or concerns arise. Calendar and medications reviewed with patient- upcoming scheduled appointment confirmed as well. Plan confirmed via portal, no further questions. -KB

Digitally Signed By: Shawna Pair on 12/08/2023, 07:56:13 AM Modified By: Kathryn Burgess on 12/08/2023, 01:02:47 PM **Approved By:** Merry Lynn Mann on 12/08/2023, 11:44:05 AM

JENNIS, ARIEL

DOB: 04/16/92

ACCOUNT #: CL-257AJ-1777666

P

12/07/2023 10:49:01

Return Office Visit

Total time 45 minutes, visit and coordination of care. Video conference for telehealth.

Spoke to Ariel for follow up.

She is in 3rd stim cycle.

2 prior failed cycles with no embryos.

She is planning to reach out to the Jewish Fertility Center for support.

Considering acupuncture but may hold off until transfer if possible.

Inquired about day 3 transfer, not a candidate in prior 2 cycles with elevated P4 and E2 levels.

Surgical History: Colonoscopy, Egg retrieval

Medical Illness: Chickenpox

Current Medications:

DHEA, _ , _

CoQ10, _ , _

Myo Inositol, Invalid date, _

Melatonin, _ , _

Probiotic, _ , _

PNV, _ , _

Juice Plus, _ , _

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Pregnancy Outcome: G 0 P 0 SAb 0 TAb 0 Ectopic 0

Problem List: G0, primary infertility, mild male factor, regular cycles , BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity , A NEG, Carriers of multiple AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68 --> 1.54

Impression: Multifactorial infertility - discussed treatment with LTZ or CC/IUI. Reviewed risks/process/procedure in detail and expectations. Higher success rate with IVF/ICSI, particularly with multiple factors. Reviewed costs and chance of success.

Unexplained factors - Reviewed possibility of endometriosis with pain/scarring/asymptomatic/treatment options with medical management vs surgery. When considering fertility, medical management/fertility boosting strategies may have greater efficacy. Reviewed opportunity for LSC prior to repeat IVF cycle. Likely getting some benefit from repeated FSH exposure. Declines for now but may consider if not successful in this cycle. Would consider LSC then repeat IUI cycles if this IVF cycle not successful. Reviewed data on acupuncture.

Donor egg/Donor embryo/sperm/adoption - Reviewed donor egg/embryos/sperm opportunities. Ian not ready to pursue at this time. Ariel believes her sister (same age and 2 prior children) would be willing to donate. Briefly reviewed costs and expectations. Primary concern is egg quality but could be male factor with lower fert levels. Reviewed counseling and legal aspects.

Reviewed flowsheet and patient questions. Reviewed plan for continued monitoring, trigger, TVCP, fertilization with ICSI, embryo development, fresh versus cryo cycle (frozen), +/-PGT (Planned PGT-A) with Reviewed risks/benefits and expectations of above given specific patient data and history

Social - Reviewed common occurrence of infertility and encouraged social support systems, counseling, and options.

Extensive discussion and all questions answered. Continue IVF cycle as planned. Try to push to larger follicles. May consider LSC if no embryos in this cycle.

ART Treatment Plan Notes: 12/7/23 (Winn) Push to larger sized follicles for repeat stim AN 300/150 IVF/ICSI/PGT-A and DUAL trigger (GH if desired, but suspect will forgo with cost). Additional bag of fluids prior to TVCP. Consider Propofol only if possible for TVCP. Will need SIS after embryo creation.

s/p 11/23 IVF/ICSI/PGT-A AN 300/150 WITH GH and DUAL trigger; 10 eggs, 9 mature/ICSI, 5 x 2PN, NO embryos again (all arrested at cellular stage)

s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150; 7 eggs, 4 mature, 3 x 2PN, NO embryos, fragmentation at 1st check

s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299

Held 6/23 CC 50 cyst at baseline
s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)
s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38
Held 3/23 CC 50 cyst at baseline
s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24
MMR vaccine
HSG 12/22 wnl
SA 12/22 TMSC 42, 1% morph
SA 8/22 TMSC 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Plan:

Continue treatment plan per calendar

Digitally signed by: Merry Lynn Mann Created: 12/07/2023, 10:49:01 AM

P 12/06/2023 10:32:43
Reached out to patient as she has seemed down the last few conversations > she is on her third stim with no embryos thus far
Recommended JFF for support groups letting her know they will match her with someone similar to her so she has some support
She mentioned her spouse does not like to talk about it much > she has mentioned to her mom and sister
She did mention he did not want anyone to know but he did tell his parents > he is unaware she told her mom and sister
She did mention his dad is Jewish but spouse is not actively religious
Digitally signed by: Heather Nix Created: 12/06/2023, 10:32:43 AM

P CD5: 12/05/2023
S: Doing well on meds; IVF Stim Day 5
O: Scan by SP
Right ovary: 4/13mm, 10mm, 10mm, 9mm, , Left ovary: 3/10mm, 10mm, 8mm, , Endometrium: 8.5
E2: 545.1 P4: 0.465
Imp: Good follicle development and E2 rise
Plan: Begin antagonist tonight. Continue medications at current dose. Return to clinic in 3 days for re-evaluation. -MLM
Patient Interaction: Called patient letting her know to start antag tonight, continue other meds as she has been and RTO Friday > patient v/u. Calendar update. Patient mentioned talking about a day 3 transfer and what MLM would think about that. Will get with MLM and call patient back > TH set up to further discuss
Digitally Signed By: Shawna Pair on 12/05/2023, 08:50:50 AM Modified By: Heather Nix on 12/05/2023, 12:54:37 PM **Approved By:** Merry Lynn Mann on 12/05/2023, 11:59:46 AM

P CD4: 12/04/2023
S: Doing well on meds; IVF Stim Day 4
O: Scan by SP
Right ovary: 5/10mm, 10mm, 9mm, 9mm, 7mm, , Left ovary: 3/10mm, 8mm, 7mm, , Endometrium: 7.2
E2: 217.2 P4: 0.398
Imp: E2 rising and some follicle development
Plan: Continue medications at current dose. Return to clinic in 2 days, likely antagonist start at that time. -MLM, reassessed based on scheduling, RTC tomorrow -MLM
Patient Interaction: Called patient letting her know to continue meds x1, RTO tomorrow to time antag as there is no sonographer in HSV Wednesday > patient v/u. Calendar updated
Digitally Signed By: Shawna Pair on 12/04/2023, 08:27:05 AM Modified By: Merry Lynn Mann on 12/04/2023, 04:39:00 PM **Approved By:** Merry Lynn Mann on 12/04/2023, 02:02:20 PM

P 11/30/2023 13:44:34
Called patient to let her know her labs and US are WNL s/p TVCP
Let her know she is good to start stim tomorrow evening and calendar is ready to view > had to LM

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

I did send in more medications to Alliance per her request but she has all medications to get started

Digitally signed by: Heather Nix Created: 11/30/2023, 01:44:34 PM

P

11/28/2023 09:32:00

Patient reached out with CD1 today > she is scheduled Thursday for BL US and labs for IVF #3, she will be CD3.

Digitally signed by: Heather Nix Created: 11/28/2023, 09:32:00 AM

P

11/27/2023 13:18:08

Patient message with medication inventory and that she has started spotting > no full flow yet

Instructed patient not to order anymore medications and to let me know CD1 full flow > she wants to skip OCP lead in and go straight into stim > she is aware MLM will have to approve this

Aware meds start Friday and then not again until 12/29.

Digitally signed by: Heather Nix Created: 11/27/2023, 01:18:08 PM

P

11/22/2023 00:06:21

Return Office Visit

Entry for 11/21/23. Total time 45 minutes, visit and coordination of care. Video conference for telehealth.

Spoke to Ariel and Ian.

Did better after this retrieval.

Higher egg yield maturity and fertilization rate but still no embryos.

All arrested at the cellular stage.

Surgical History: Colonoscopy, Egg retrieval

Medical Illness: Chickenpox

Current Medications:

DHEA, _ , _

CoQ10, _ , _

Myo Inositol, _ , _

Melatonin, _ , _

Probiotic, _ , _

PNV, _ , _

Juice Plus, _ , _

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Pregnancy Outcome: G 0 P 0 SAb 0 TAb 0 Ectopic 0

Problem List: G0, primary infertility, mild male factor, regular cycles , BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph
TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity , A NEG, Carriers of multiple
AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68

Impression:

Infertility - Reviewed cycle in detail. IVF fertilization results. We had 10 oocytes retrieved, 9 were mature and able to be ICSI'd, and 5 fertilized normally, and again no resulting embryos. She is feeling well physically today. Expressed concerns with undesired effects from anesthesia with emotional lability and fatigue/fogginess in 1st cycle, felt much better with change in meds this time. Reviewed concerns regarding failed progression and embryo/egg quality. Opportunity for additional cycle but with guarded prognosis and they desire to proceed. Extensive discussion regarding cycle, possible outcomes and sedation expectations and plans. All questions answered. Reviewed growth hormone as option but with cost, patient would like to refrain. Continue egg quality vitamins.

Unexplained factors - Reviewed possibility of endometriosis with pain/scarring/asymptomatic/treatment options with medical management vs surgery. When considering fertility, medical management/fertility boosting strategies may have greater efficacy. Reviewed opportunity for LSC prior to repeat IVF cycle. Likely getting some benefit from repeated FSH exposure. Declines for now but may consider if not successful in repeat cycle. Would consider LSC then repeat IUI cycles if additional IVF cycle not successful.

Desires to repeat IVF cycle. May consider LSC if no embryos in repeat cycle.

ART Treatment Plan Notes: 11/22/23 (Winn) Push to larger sized follicles for repeat stim AN 300/150 IVF/ICSI/PGT-A and DUAL trigger (GH if desired, but suspect will forgo with cost). Additional bag of fluids prior to TVCP. Consider Propofol only if possible for TVCP.
s/p 11/23 IVF/ICSI/PGT-A AN 300/150 WITH GH and DUAL trigger; 10 eggs, 9 mature/ICSI, 5 x 2PN, NO embryos again (all arrested at cellular stage)
s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150; 7 eggs, 4 mature, 3 x 2PN, NO embryos, fragmentation at 1st check
s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299
Held 6/23 CC 50 cyst at baseline
s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)
s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38
Held 3/23 CC 50 cyst at baseline
s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24
MMR vaccine
HSG 12/22 wnl
SA 12/22 TMSC 42, 1% morph
SA 8/22 TMSC 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Plan:

Call CD1, IVF team to coordinate
Attempting to get refill through Winn
Reached Winn financial max, financial to reach out to proceed

Digitally signed by: Merry Lynn Mann Created: 11/22/2023, 12:06:21 AM Modified: 11/22/2023, 12:22:57 AM

P

11/16/2023 15:10:21

Telephone Note

I called to review the IVF fertilization results. We had 10 oocytes retrieved, 9 were mature and able to be ICSI'd, and 5 have fertilized normally. This is excellent news. She is feeling well overall. We will call and update on day 6-7. Did better with lower med load for sedation and no Versed. Needs SIS next.

Problem List: G0, primary infertility, mild male factor, regular cycles, BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68

ART Treatment Plan Notes: 11/16/23 SIS next. OCPs for SIS and possible CET (Winn) Push to larger sized follicles for repeat stim. Additional bag of fluids prior to TVCP. Consider Propofol only if possible for TVCP.
s/p 11/23 IVF/ICSI/PGT-A AN 300/150 WITH GH and DUAL trigger; 10 eggs, 9 mature/ICSI, 5 x 2PN
s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150; 7 eggs, 4 mature, 3 x 2PN, NO embryos, fragmentation at 1st check
s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299
Held 6/23 CC 50 cyst at baseline
s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)
s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38
Held 3/23 CC 50 cyst at baseline
s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24
MMR vaccine
HSG 12/22 wnl
SA 12/22 TMSC 42, 1% morph
SA 8/22 TMSC 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Digitally signed by: Merry Lynn Mann Created: 11/16/2023, 03:10:21 PM

P S:
O: Right ovary: 5/21,19,16,16,14 mm, Left ovary: 5/23,18,16,15,13 mm, Endometrium: 9
E2: 3008 P4: 1.72
Imp: Technical failure of US machine, measurements taken from images after exam. Limited visualization. Maturing follicles noted. E2 and P4 rising.
Plan: - DUAL trigger with Lupron 4 mg/ HCG 10000 trigger tonight. Plan for TVCP in 2 days. MLM
Patient Interaction: US completed today, suboptimal measurements d/t technical failure of US machine during exam. Measurements taken from images with special attention to accuracy in size and number. Primary team notified. TT 30+min. Sent portal message to patient letting her know to stop all medications and dual trigger tonight at 1015PM for TVCP Wednesday, trigger and preop instructions sent as well. Calendar updated
Digitally Signed By: Heather Nix on 11/13/2023, 08:47:24 AM Modified By: Heather Nix on 11/13/2023, 04:21:19 PM **Approved By:** Malissa Hallahan on 11/13/2023, 09:20:01 AM

P CD11: 11/12/2023
S:
O: Right ovary: 8/19mm, 19mm, 17mm, 14mm, 14mm, 13mm, 12mm, 10mm, , Left ovary: 7/19mm, 16mm, 14mm, 14mm, 14mm, 12mm, 12mm, , Endometrium: 9.7
E2: 2753 P4: 1.26
Imp: mild FF, known RT PTC
Plan: Immature follicles, would benefit from additional day. Continue medications at current dose. Return to clinic in 1 day. Likely trigger tomorrow vs in 2 days. Prior cycle with very few mature eggs. -MLM
Patient Interaction: PC to pt to review POC. Pt aware to continue meds at same dose x1 and RTC tomorrow in Huntsville at 0730. Pt states she has enough meds for tonight. All questions and concerns addressed. Calendar updated. KT
Digitally Signed By: Bethany Wright on 11/12/2023, 08:06:45 AM Modified By: Katherine Taylor on 11/12/2023, 09:54:29 AM **Approved By:** Merry Lynn Mann on 11/12/2023, 09:23:21 AM

P CD9: 11/10/2023
S: Doing well on meds; IVF SD 9 Antag x 2
O: Scan by SP
Right ovary: 7/18mm, 15mm, 15mm, 13mm, 12mm, 11mm, 8mm, , Left ovary: 9/15mm, 13mm, 12mm, 11mm, 11mm, 10mm, 10mm, 10mm, 9mm, , Endometrium: 11.5
E2: 1841 P4: 1.08
Imp: Developing follicles. E2 and P4 rising.
Plan: Immature follicles, would benefit from additional days. Continue medications at current dose. Return to clinic in 2 days.
Prepared for DUAL trigger -MLM
Patient Interaction: Phone call with patient to review MD approval to proceed as planned per calendar- patient confirmed having all meds available at home and denies any additional questions or concerns. Pt. states she would call or message via the portal should any additional questions or concerns arise. Calendar and medications reviewed with patient- upcoming scheduled appointment confirmed as well. Patient v/u.-KB
Digitally Signed By: Shawna Pair on 11/10/2023, 08:07:23 AM Modified By: Heather Nix on 11/10/2023, 12:54:14 PM **Approved By:** Merry Lynn Mann on 11/10/2023, 12:28:47 PM

P 11/09/2023 15:18:13
Return Office Visit

Total time 30 minutes, visit and coordination of care. Video conference for telehealth.

Spoke to Ariel.
Doing well on stim meds.
Has today and tomorrow with GH then is out.
Has ordered additional meds for refills.

Surgical History: Colonoscopy, Egg retrieval

Medical Illness: Chickenpox

Current Medications:

DHEA, _ , _
CoQ10, _ , _
Myo Inistoil, _ , _
Melatonin, _ , _
Probiotic, _ , _

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

PNV, _ , _
Juice Plus, _ , _
Egg Quality Vitamin, _ , _

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Pregnancy Outcome: G 0 P 0 SAb 0 TAb 0 Ectopic 0

Problem List: G0, primary infertility, mild male factor, regular cycles , BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph
TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity , A NEG, Carriers of multiple
AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68

Impression:

Infertility - Reviewed flowsheet and patient questions. Reviewed plan for continued monitoring, trigger, TVCP, fertilization with ICSI, embryo development, cryo cycle, PGT. Reviewed risks/benefits and expectations of above given specific patient data and history. Plan to push to bigger follicles/later retrieval if possible, low yield last cycles. Had concerns about use of medications with CRNA and will discuss with CRNA prior to retrieval. All questions answered. Reviewed issues with portal communication vs poor phone reception. Prefers phone communication with voicemail when possible.

ART Treatment Plan Notes: 10/5/23/23 Repeat IVF cycle IVF/ICSI/PGT-A AN 300/150 WITH GH and DUAL trigger. (Winn) Push to larger sized follicles for repeat stim. Additional bag of fluids prior to TVCP. Consider Propofol only if possible for TVCP. Plan SIS after TVCP.

s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150; 7 eggs, 4 mature, 3 x 2PN, NO embryos, fragmentation at 1st check

s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299

Held 6/23 CC 50 cyst at baseline

s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)

s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38

Held 3/23 CC 50 cyst at baseline

s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24

MMR vaccine

HSG 12/22 wnl

SA 12/22 TMSC 42, 1% morph

SA 8/22 TMSC 22, 19 mil/mL, motility 42%

+OPKs/TIC, no treatment

TTC 7/2021

Desires 3 children

Plan:

Continue plan per calendar

More cohesive cohort seen this cycle

Repeat evaluation tomorrow

Pending evaluation, likely repeat imaging 11/12 vs 14 (No US in HSV on 13)

Digitally signed by: Merry Lynn Mann Created: 11/09/2023, 03:18:13 PM

P CD6: 11/07/2023
S: Doing well on meds-still bleeding; IVF Stim Day 6
O: Scan by SP
Right ovary: 5/11mm, 10mm, 9mm, 9mm, 8mm, , Left ovary: 4/10mm, 9mm, 8mm, 7mm, , Endometrium: 4 mm
E2: 429.6 P4: 0.490
Imp: E2 rise and follicle development.
Plan: Begin antagonist tomorrow night. Continue medications at current dose. Return to clinic in 3 days for re-evaluation. -MLM
Patient Interaction: Attempted to call pt to review labs/ plan, LM to check IM. Calendar updated and appt scheduled for Friday in HSV office.
Digitally Signed By: Shawna Pair on 11/07/2023, 09:27:25 AM Modified By: Allison Tucker on 11/07/2023, 12:48:14 PM **Approved By:** Merry Lynn Mann on 11/07/2023, 12:28:01 PM

P CD5: 11/06/2023
S: Doing well on meds- bleeding; IVF Stim Day 5
O: Scan by SP
Right ovary: 2/8mm, 8mm, , Left ovary: 3/8mm, 7mm, 6mm, , Endometrium: 4 mm

E2: 237.3 P4: 0.454

Imp: E2 rising but no significant follicle development yet.

Plan: Continue medications at current dose. Return to clinic in 2 days to reassess for antagonist start -MLM

Patient Interaction: Attempted to call pt, sent IM regarding plan. Plan discussed with MLM due to no U/S in HSV on Wednesday.

Options sent to pt to come to BHM on Weds. vs return to HSV tomorrow with possibility of still having to come to BHM/ repeat on Thursday in HSV. Awaiting pt's reply-- attempted to call pt again x2 since she has not read IM or called back to discuss. Left VM with plan and asked her to please respond to message.

Digitally Signed By: Shawna Pair on 11/06/2023, 10:51:24 AM Modified By: Allison Tucker on 11/06/2023, 03:49:33 PM **Approved By:** Merry Lynn Mann on 11/06/2023, 12:28:36 PM

P : 10/31/2023
S: Stopped OCPs last night-no bleeding; IVF Supp check
O: Scan by SP
Endometrium: 4.7
E2: 36.81 P4: 0.796
Imp: Adequate suppression on labs and US. Known right PTC.
Plan: - Adequate suppression. OK to start stim start as planned. MLM
Patient Interaction: Called patient letting her know to start following her calendar as planned, addressed the communication issues as well > explained to her that I am always glad to call her but that we were having phone issues as well. Reviewed Omnitrope with v/u.
Digitally Signed By: Shawna Pair on 10/31/2023, 08:18:06 AM Modified By: Hannah Rogers on 10/31/2023, 09:37:41 PM **Approved By:** Merry Lynn Mann on 10/31/2023, 12:07:37 PM

P 10/31/2023 11:55:21
PC to the Pt following the Pt's request to speak to a manager. Pt shared that she has terrible cell phone service while working each day. Due to the service issues, she recently has only been receiving portal message communication from our team. Pt continued that even when she calls and leaves a voicemail for our team, it is now returned with a portal message. The Pt added that again due to the service issues, often times when a portal message is sent by our team during office hours, she may not receive the notification that something was sent until she is back home and has service. Pt shared that she prefers that the team attempt a call first and leave a voicemail so that once she regains service she can return our call. The Pt gave an example of a recent portal message that seemed to be a quick response without much explanation hence her desire for phone communication when possible. The Pt was upset that she wasn't provided much explanation of why she was unable to push her IVF baseline by a week. I explained that for many reasons AFS only has a certain number of patients that can cycle each week. Pt stated her understanding but again referenced the short response given via the portal. I let the Pt know that I would give her preference of a call (when possible) vs portal messaging to the IVF team in hopes that this will improve her communication with our team. We discussed that there will be some cases where portal communication would be the better option. Pt had no further concerns to share today and was thankful for the call.
Digitally signed by: Laura Wright Created: 10/31/2023, 11:55:21 AM

P 10/16/2023 10:21:36
Patient has been having issues with receiving our phone calls
She has reviewed calendar > appts now scheduled
Aware to let us know if she has any questions
Digitally signed by: Heather Nix Created: 10/16/2023, 10:21:36 AM

P 10/12/2023 10:12:07
I attempted to contact patient in re to discussing her calendar with her + getting her scheduled for upcoming appointments, I received no answer. I left a message asking her to either give our office a call when she could or message us via the portal!
10/12/2023 @157PM
I attempted to contact patient but received no answer. I left a message letting her know that I have reached out to her via the portal!
Digitally signed by: Kiera Jelks Created: 10/12/2023, 10:12:07 AM Modified: 10/12/2023, 01:55:57 PM

10/11/2023 08:32:53

P I called Walgreens Alliance in re to the message that was left by the patient about PA's.

I talked with Mrs. Sheila CSR + she advised me that WinFertility has provided approvals for coverage on all medications except for the HCG + PIO. She advised me that she will send the HCG prescription over to Win in re to prior approval. She advised me that back in August her insurance covered it with a \$0 dollar copay + so if she has the same insurance, they should cover it. She also advised me that the Leuprolide is showing that it is soon to refill until 10/12/2023. She also mentioned that for some reason she was showing that the PIO was dropped off of her prescription. I advised her that at this time she is not needing it as of now. I v/u + was very appreciative of call!

I notified patient!

Digitally signed by: Kiera Jelks Created: 10/11/2023, 08:32:53 AM

P 10/09/2023 11:16:05
Called patient due to message she left > had to LM > sent PM as well

Digitally signed by: Heather Nix Created: 10/09/2023, 11:16:05 AM

P 10/05/2023 16:39:18
Return Office Visit

Total time 45 minutes, visit and coordination of care. Video conference for telehealth.

Spoke to Ariel. She is feeling better now.

Did not have significant discomfort after TVCP but had concerns about the emotional lability after moderate sedation.

She had prior colonoscopy and had only Propofol/lidocaine. Inquired if this would be an option in the future.

She and Ian to want to proceed again.

LMP: 10/02/2023

Surgical History: Colonoscopy, Egg retrieval

Medical Illness: Chickenpox

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Pregnancy Outcome: G 0 P 0 SAb 0 TAb 0 Ectopic 0

Problem List: G0, primary infertility, mild male factor, regular cycles, BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph
TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple
AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68

Impression:

Infertility - Reviewed cycle in detail. IVF fertilization results. We had 7 oocytes retrieved, 4 were mature and able to be ICSI'd, and 3 fertilized normally, 2 had fragmentation at next check and no resulting embryos. She is feeling well physically today. Expressed concerns with undesired effects from anesthesia with emotional lability and fatigue/fogginess. Reviewed common symptoms and self limited along with variability in patients and instances. Reviewed opportunity for additional cycle and she desires to proceed. Extensive discussion regarding cycle, possible outcomes and moderate sedation expectations. All questions answered. Reviewed growth hormone as option. Will start egg quality vitamins.

ART Treatment Plan Notes: 10/5/23/23 Repeat IVF cycle IVF/ICSI/PGT-A AN 300/150 WITH GH and DUAL trigger. (Winn) Push to larger sized follicles for repeat stim. Additional bag of fluids prior to TVCP. Consider propofol only if possible for TVCP. Plan SIS after TVCP.

s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150; 7 eggs, 4 mature, 3 x 2PN, NO embryos, fragmentation at 1st check

s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299

Held 6/23 CC 50 cyst at baseline

s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)

s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38

Held 3/23 CC 50 cyst at baseline

s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24

MMR vaccine

HSG 12/22 wnl

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

SA 12/22 TMS 42, 1% morph
SA 8/22 TMS 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Plan:

Start Active OCPs today (already has at home)
Calendar to be made for next IVF cycle
Consider GH in addition (if financially possible)
OOT 10/22-10/28

Digitally signed by: Merry Lynn Mann Created: 10/05/2023, 04:39:18 PM

P 10/04/2023 11:07:08
Called patient to review day 6 update with no embryos > had to LM for patient to let me know when a good time is to call back to discuss prior to TH tomorrow with MLM

Digitally signed by: Heather Nix Created: 10/04/2023, 11:07:08 AM

P 10/03/2023 16:01:30
I called patient + got her scheduled for CD 4 IVF baselines possibly. Patient has a TH visit with MLM on 10/05. She was advised that we will discuss plans then. She v/u + was appreciative of call!

Digitally signed by: Kiera Jelks Created: 10/03/2023, 04:01:30 PM

P 09/29/2023 12:26:09
Telephone Note

I called to review the IVF fertilization results. We had 7 oocytes retrieved, 4 were mature and able to be ICSI'd, and 3 have fertilized normally. She is feeling well physically today. Expressed concerns with undesired effects from anesthesia with emotional lability and fatigue/fogginess. Reviewed common symptoms and self limited along with variability in patients and instances. Smaller cohort with 3 fertilized. Ultimately hoping for a larger family. Reviewed opportunity for additional cycle and she is apprehensive currently. Extensive discussion regarding cycle, possible outcomes and moderate sedation expectations. Denies any SI/HI. We will call and update on day 6-7.

Problem List: G0, primary infertility, mild male factor, regular cycles, BMI 19, TMS 23 on 8/22 outside report, SA 1 % morph TMS 42 -1st post prep low TMS 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68

ART Treatment Plan Notes: 9/29/23 Plan SIS. OCPs for SIS and CET vs repeat IVF cycle. (Winn) Push to larger sized follicles if repeat stim

s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150; 7 eggs, 4 mature, 3 x 2PN

s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMS 11.6 EMS 5.4 E2 1299

Held 6/23 CC 50 cyst at baseline

s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)

s/p 4/23 CC 50/IUI-P cyst at baseline TMS 38

Held 3/23 CC 50 cyst at baseline

s/p 2/23 LTZ 5/IUI-P 2 TMS 3.24

MMR vaccine

HSG 12/22 wnl

SA 12/22 TMS 42, 1% morph

SA 8/22 TMS 22, 19 mil/mL, motility 42%

+OPKs/TIC, no treatment

TTC 7/2021

Desires 3 children

Digitally signed by: Merry Lynn Mann Created: 09/29/2023, 12:26:09 PM

P CD12: 09/26/2023
S: Doing well on meds; IVF Stim Day 12- Antag x 5
O: Scan by SP
Right ovary: 4/19mm, 16mm, 16mm, 14mm, , Left ovary: 7/17mm, 17mm, 16mm, 14mm, 14mm, 11mm, 11mm, , Endometrium: 12 mm

E2: 3710 P4: 1.81

Imp: Maturing cohort, E2 and P4 rising.

Plan: -Lupron trigger tonight. Labs tomorrow for adequate trigger. Freeze all (already planned for PGT-A). Plan for Ganirelix post TVCP. MLM

Patient Interaction: Called patient letting her know to stop all medications and lupron trigger at 845pm for TVCP Thursday at 845AM.

Preop and trigger instructions with v/u. Aware she needs to RTO tomorrow for LH/P4. Calendar updated

Digitally Signed By: Shawna Pair on 09/26/2023, 08:16:12 AM Modified By: Heather Nix on 09/26/2023, 03:55:48 PM **Approved By:** Merry Lynn Mann on 09/26/2023, 01:46:54 PM

P

CD11: 09/25/2023

S: Doing well on meds; IVF Stim Day 11-Antag x 4

O: Scan by SP

Right ovary: 3/18mm, 17mm, 15mm, , Left ovary: 7/18mm, 18mm, 16mm, 15mm, 13mm, 12mm, 11mm, , Endometrium: 8.7

E2: 2740 P4: 1.45

Imp: Endo- 8 mm Trilaminar with scant fluid in cavity; Good follicular growth; known Rt paratubal and Lt simple cyst

Plan: Good follicular growth, Immature follicles, would benefit from additional day. Continue medications at current dose. Return to clinic in 1 day for trigger dosing -MLM

Patient Interaction: Pt states she has enough meds for 2 more nights Called patient letting her know to continue meds x1, RTO tomorrow to time trigger, patient v/u. Calendar updated

Digitally Signed By: Shawna Pair on 09/25/2023, 08:01:25 AM Modified By: Heather Nix on 09/25/2023, 04:03:22 PM **Approved By:** Merry Lynn Mann on 09/25/2023, 03:04:41 PM

P

09/22/2023 13:21:32

Return Office Visit

Total time 30 minutes, visit and coordination of care. Video conference for telehealth.

Spoke to Ariel.

Doing well on stim meds CD8.

1 lead with higher E2 level.

Has Lupron trigger at home

Surgical History: None

Medical Illness: Chickenpox

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Pregnancy Outcome: G 0 P 0 SAb 0 TAb 0 Ectopic 0

Problem List: G0, primary infertility, mild male factor, regular cycles , BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity , A NEG, Carriers of multiple AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68

Impression:

Reviewed flowsheet and patient questions. Reviewed plan for continued monitoring, trigger, TVCP, fertilization type, embryo development, cryo cycle, and PGT. Reviewed risks/benefits and expectations of above given specific patient data and history. All questions answered.

ART Treatment Plan Notes: 9/22/23 Plan SIS. IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150 DUAL trigger, OCPs after TVCP. (Winn)

s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299

Held 6/23 CC 50 cyst at baseline

s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)

s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38

Held 3/23 CC 50 cyst at baseline

s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24

MMR vaccine

HSG 12/22 wnl

SA 12/22 TMSC 42, 1% morph

SA 8/22 TMSC 22, 19 mil/mL, motility 42%

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Plan:

Continue stim meds at current dose
Follow calendar
Suspect retrieval mid week
Call CD1 for OCPs with SIS while awaiting PGT-A results

Digitally signed by: Merry Lynn Mann Created: 09/22/2023, 01:21:32 PM

P

CD8: 09/22/2023

S: Doing well on meds; IVF Stim Day 8 Antag x 1

O: Scan by SP

Right ovary: 4/16mm, 13mm, 12mm, 10mm, , Left ovary: 6/13mm, 13mm, 12mm, 11mm, 11mm, 8mm, , E2: 1754 P4: 0.943

Imp: Good follicular growth; LOC still present

Plan: E2 rising and good follicle development. Continue medications at current dose. Return to clinic in 3 days for re-evaluation. Likely Lupron trigger and antag post TVCP -MLM

Patient Interaction: Called patient to let her know continue meds x3, RTO Monday and plan for dual trigger > calendar updated > patient v/u.

Digitally Signed By: Shawna Pair on 09/22/2023, 08:23:07 AM Modified By: Heather Nix on 09/22/2023, 01:08:21 PM **Approved By:** Merry Lynn Mann on 09/22/2023, 12:56:09 PM

P

CD6: 09/20/2023

S:

O: Right ovary: 2/9mm, 8mm, , Left ovary: 4/11mm, 9mm, 9mm, 7mm, , Endometrium: 4.4

E2: 1160 P4: 0.777

Imp: E2 climbing but with cyst at baseline, may be higher than representative of follicle growth.

Plan: Begin antagonist tomorrow night. Continue medications at current dose. Return to clinic in 2 days for re-evaluation. Will likely need Lupron trigger-MLM

Patient Interaction: I called patient in re to her results from today. She was advised of her lab + ultrasound results. Patient was instructed to continue her meds for tonight at the same dosage. She was instructed to begin her Antagonist (Ganirelix) tomorrow night in addition to her other stim medications. I clarified that she would be taking 3 medications starting tomorrow. She will RTC on Fri for a recheck. Patient v/u + was appreciative of call. I will update her calendar! I did confirm that she has her Lupron trigger. She stated that it should be arriving at least by tomorrow

Digitally Signed By: Merry Lynn Mann on 09/20/2023, 01:31:39 PM Modified By: Kiera Jelks on 09/20/2023, 01:54:42 PM **Approved By:** Merry Lynn Mann on 09/20/2023, 01:31:39 PM

P

09/19/2023 09:04:42

Patient reached out stating that her lupron needs to be sent to WinFertility as well

Called WinFertility to get their fax number > faxed prescription

Patient notified of above, was appreciative of call

Digitally signed by: Heather Nix Created: 09/19/2023, 09:04:42 AM

P

CD4: 09/18/2023

S: Doing well on meds; IVF Stim Day 4

O: Scan by SP

Right ovary: 2/8mm, 6mm, , Left ovary: 1/7mm, , E2: 579.9 P4: 0.520

Imp: Known Rt paratubal cyst; Known Lt resolving cyst (no significant change from prior scan)

Plan: E2 level rising but not with evident follicle development yet. Continue medications at current dose. Return to clinic in 2 days to assess for antagonist start. Ensure prepared for Lupron. -MLM

Patient Interaction: Called patient letting her know to continue meds x2, RTO Wednesday to time antag start > she is aware she needs to come to B'ham as we have no one to scan her in HSV. Patient also aware to get with Win Fertility about lupron trigger as that is now part of her plan for trigger > aware we need it by end of week. Calendar updated

Digitally Signed By: Shawna Pair on 09/18/2023, 07:53:38 AM Modified By: Heather Nix on 09/18/2023, 01:53:31 PM **Approved By:** Merry Lynn Mann on 09/18/2023, 01:18:48 PM

P : 09/14/2023
S: Stopped OCPs 9/13-no bleeding; IVF Supp check
O: Scan by SP
E2: 34.18 P4: 0.800
Imp: Endo- 6 mm with traces of Trilaminar; Rt Ov- known paratubal/extraovarian cyst seen; Lt Ov- Collapsing cyst; labs pending
Plan: TL endometrium but planning cryo all for PG-A. LOC present but nonfunctional. - Adequate suppression. Ok to start stim start as planned. MLM
Patient Interaction: I attempted to contact patient in re to results from today. I received no answer. I left a VM letting her know that I will attempt to contact her via the portal with results + next steps!
Digitally Signed By: Shawna Pair on 09/14/2023, 07:57:53 AM Modified By: Kiera Jelks on 09/14/2023, 01:29:41 PM **Approved By:** Merry Lynn Mann on 09/14/2023, 01:11:20 PM

P 09/06/2023 10:58:45
Called patient letting her know to start active OCPS today, had to LM.
Digitally signed by: Heather Nix Created: 09/06/2023, 10:58:45 AM

P 09/05/2023 09:40:07
Called patient > reviewed calendar, medications, and appts with v/u
She is coming in today as she is CD3, but she understands since she is coming in late we will have results tomorrow
She knows we have sent in OCPS and doxy
She will let me know when she receives her medications so we can review in detail
Digitally signed by: Heather Nix Created: 09/05/2023, 09:40:07 AM

P 09/05/2023 08:24:09
I called patient in re to getting her scheduled for IVF baselines + BW. I let her know that I will have our HSV office give her a call to get her scheduled for today. She is aware that she will not receive a call with results + next steps on tomorrow. She v/u. She was made aware that we have sent a RX in to Alliance for Gonal-F for her to compare prices. Patient wanted to know if the calendar that is on the portal is that update. I let her know that I assume it is, but that she can confirm with HN, RN on tomorrow when she gives her a call. She v/u + was appreciative of call.
I called the HSV office + asked that they give her a call to get her scheduled!
Digitally signed by: Kiera Jelks Created: 09/05/2023, 08:24:09 AM

P 08/30/2023 08:55:22
Patient called + stated that she was quoted over 2000 dollars for her medications. She stated that she was not expecting the price quote to be that expensive. She stated that she spoke with the pharmacist + was advised that maybe if we if we sent in Rx's for alternatives it might alter the price quote a little bit in her favor. I v/u + she was appreciative of call!
I called Walgreens pharmacy + spoke with a CSR in re to patient's medications. She advised me that the one that has a high dollar co pay being over \$2000 is the FS. The Menopur co pay was \$421. The Ganirelix/HCG has a 0 dollar co pay. I v/u. I sent over a Rx for Gonal-F. She advised me that they will reach out to her once they run a claim on the Rx to let her know the price. I v/u + was appreciative of call!
Digitally signed by: Kiera Jelks Created: 08/30/2023, 08:55:22 AM

P 08/08/2023 12:58:04
PC to pt to review results/instructions. Pt states that she did not review calendar until this AM and she has trip planned 9/6/23-9/11/23 out of the country. Reviewed that may be when retrieval falls and if we push 1 week she will still likely need to be monitored during that time. Pt opts to call w/ NMP for BL for IVF cycle. She will not start OCPs. She will notify our office with her next CD1 and proceed from there. Tentative calendar uploaded for potential dates based on anticipated NMP. All questions answered and pt communicated understanding.
Digitally signed by: Faith Kapp Created: 08/08/2023, 12:58:04 PM

08/08/2023 12:27:51

P 12:26 PM: Attempted to reach pt via phone to review results/instructions. Pt did not answer. Left message on VM letting pt know that I will call back ~ 15 minutes to review and if no answer at that time, I will leave instructions on VM as well as send portal message.

Digitally signed by: Faith Kapp Created: 08/08/2023, 12:27:51 PM

P 08/07/2023 08:54:04
PC to pt to schedule appt. Appt scheduled for 8/7/2023. She is aware that I will call her after this appt to review her next steps. All questions answered and pt communicated understanding.

Digitally signed by: Faith Kapp Created: 08/07/2023, 08:54:04 AM

P 07/26/2023 12:03:06
Return Office Visit

Total time 45 minutes, visit and coordination of care. Video conference for telehealth.

Ariel is here for follow up.

Completed another IUI cycle. Slightly thin lining but good follicle development.

Winn fertility coverage for 6 IUIs and 2 IVF cycles.

Doing ok emotionally but does not long course and partner interested in IVF as next steps.

Vital Signs: Pulse: 62 Blood Pressure: 103/74 Temperature: 98.5 Weight: 103 Height: 63 BMI: 18.24

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Surgical History: None

Pregnancy Outcome: G 1 P 0 SAb 0 TAb 0 Ectopic 0

Problem List: G0, primary infertility, mild male factor, regular cycles, BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph
TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple
AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68

Impression:

Infertility - Discussed ovulation induction medicines including clomiphene citrate and letrozole as well as gonadotropins for IVF.
Discussed risks of medicines including side effects, multiples and over stimulation. Discussed cycle evaluation with in office
monitoring blood work and ultrasound versus home monitoring. Reviewed TIC versus IUI and IVF in detail including pregnancy rates
with treatment.

Cyst - suspect some degree of ovulatory dysfunction. Resolved quickly but likelihood of recurrence with CC/LTZ.

Multifactorial infertility - discussed treatment with LTZ or CC/IUI. Reviewed risks/process/procedure in detail and expectations. Higher
success rate with IVF/ICSI, particularly with multiple factors. Reviewed costs and chance of success.

We discussed the process of IVF including: the injectable medications and how they work, the need for frequent ultrasound and labs
for monitoring the response to medication. We reviewed the chance of cycle cancellation for over or under response to medication,
the oocyte retrieval under IV sedation, fertilization of the oocytes with ICSI, typical attrition from oocytes retrieved to embryos for
transfer/ cryopreservation, typical number of embryos to transfer, typical chance of pregnancy based on age, and option of
preimplantation genetic screening. We reviewed marked increased risk of pregnancy complications associated with multiple
gestation and guidelines for number of embryos to transfer.

We reviewed inherent limitations of PGT-A, i.e. embryonic mosaicism; screens for chromosomal number but not single gene
disorders. Recommend against transfer of aneuploid/mosaic embryos. PGT-A does not increase the overall chance in an IVF cycle
resulting in a pregnancy, but may increase the chance of an embryo transfer will lead to a live born infant. Cost of PGT-A was
reviewed.

Believes she would like to pursue IVF as next

ART Treatment Plan Notes: 7/26/23 Plan SIS. Next IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150, OCPs after TVCP.
Ok for LTZ 5 or CC 50 (patient preference)/trigger/IUI-P x 1 (Winn)
s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Held 6/23 CC 50 cyst at baseline
s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)
s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38
Held 3/23 CC 50 cyst at baseline
s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24
MMR vaccine
HSG 12/22 wnl
SA 12/22 TMSC 42, 1% morph
SA 8/22 TMSC 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Plan:

Call CD1
Would need SIS

Digitally signed by: Merry Lynn Mann Created: 07/26/2023, 12:03:06 PM

P

07/26/2023 11:03:10
LMP-7/10/2023
Meds-PNV, Probiotic
Pharmacy-Walgreens 256-533-8982

Vitals entered

Mary D.

Digitally signed by: Mary Durham Created: 07/26/2023, 11:03:10 AM

P

07/20/2023 14:34:48
ART Treatment Plan Update

Uncomplicated IUI today, TMSC 11.6. Slightly thin lining with E2 level 1299

Problem List: G0, primary infertility, mild male factor, regular cycles , BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph
TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple
AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68

ART Treatment Plan Notes: 7/20/23 Schedule ROV in case not pregnant. Ok for LTZ 5 or CC 50 (patient preference)/trigger/IUI-P x
1(Winn)

s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299
Held 6/23 CC 50 cyst at baseline
s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development)
s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38
Held 3/23 CC 50 cyst at baseline
s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24
MMR vaccine
HSG 12/22 wnl
SA 12/22 TMSC 42, 1% morph
SA 8/22 TMSC 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Digitally signed by: Merry Lynn Mann Created: 07/20/2023, 02:34:48 PM

P

CD9: 07/19/2023
S: Did well on meds; CC MCS CD 9
O: Scan by SP
Right ovary: 1/11mm, , Left ovary: 2/21mm, 17mm, , Endometrium: 5.4
E2: 1299 P4: 0.567
Imp: Mature follicle; Endo 5-6 mm Trilaminar; planning hcg/IUI; labs pending-DOD/CRNP to review and call with plan
Plan: check e2/p4-->HCG 7/19, IUI 7/20 in HSV, HPT 8/2. NP Bush called/messaged.

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Digitally Signed By: Shawna Pair on 07/19/2023, 09:21:28 AM Modified By: Megan Bush on 07/19/2023, 09:32:24 AM **Approved By:** Megan Bush on 07/19/2023, 09:32:24 AM

P CD2: 07/12/2023
S: Lighter menses; Pt states no +OPK last cycle; CC BSL CD 2
O: Scan by SP
Endometrium: 5.5
E2: 71.59
FSH: 11.08 HCG: <0.100
Imp: Appears baseline-Rt Ov resolving cyst; Pt has all meds, MCS scheduled for CD 9 due to early growth in past cycles
Plan: okay to proceed- MB notified

Digitally Signed By: Shawna Pair on 07/12/2023, 08:27:57 AM Modified By: Shawna Pair on 07/12/2023, 08:29:15 AM

P CD3: 06/16/2023
S: Late menses with lighter flow; CC BSL CD 3
O: Scan by SP
Endometrium: 3.9
E2: 67.26
FSH: 9.11 HCG: 0.302
Imp: Rt Ov- Simple cyst= 4.8 x 3.5 x 4.8 cm and known extraovarian cyst- 2.0 x 1.8 x 2.1 cm. Labs pending- DOD/CRNP to follow up and call with plans.
Plan: recommend hold cycle- offer ocps if desires- frequent cysts but this one is >4cm. call with next baselines. OCPs declined.
Patient will call with CD1. BC notified

Digitally Signed By: Shawna Pair on 06/16/2023, 08:03:07 AM Modified By: Brandi Criswell on 06/16/2023, 01:00:14 PM **Approved By:** Caitlin Shoemaker on 06/16/2023, 12:29:16 PM

P 06/15/2023 13:37:43
PC to WinFertility to request forms for cycle approval. Fax number confirmed. Representative states she will fax appropriate forms.
Digitally signed by: Michal Graves Created: 06/15/2023, 01:37:43 PM

P CD8: 05/26/2023
S: CC CD 8-early check due to early growth
O: Scan by SP
Right ovary: 1/19mm, , Left ovary: 2/12mm, 10mm, , Endometrium: 5.7
E2: 700.6 P4: 0.562
Imp: Has trigger shot-planning for IUI; Still has one night left of Clomid
Plan: PC with patient will continue CC. Trigger tomorrow am and TIC x3 due to scheduling conflict with them for holiday weekend.
Home test due 6/10. CS
Digitally Signed By: Shawna Pair on 05/26/2023, 07:17:11 AM Modified By: Caitlin Shoemaker on 05/26/2023, 02:22:38 PM **Approved By:** Caitlin Shoemaker on 05/26/2023, 02:22:38 PM

P CD4: 05/22/2023
S: Short and heavy menses; CC CD 4
O: Scan by SP
Right ovary: 2/13mm, 8mm, , Endometrium: 4 mm
E2: 105.2
FSH: 6.68 HCG: <0.100
Imp: Rt Ov- ? Early growth and resolving cyst seen
Plan: Pending labs appropriate, start CC per calendar. See back on Friday 5/26. OK to proceed with plan per DOD -Notified via PC-SC
Patient Interaction: Spoke to patient in clinic. Reviewed plan and ultrasound. v/u
Digitally Signed By: Shawna Pair on 05/22/2023, 09:05:56 AM Modified By: Sherea Callahan on 05/22/2023, 02:14:39 PM

P 05/12/2023 11:57:28
Approval for IUI cycle obtained with WIN Fertility. Auth scanned into chart
Mary D.

Digitally signed by: Mary Durham Created: 05/12/2023, 11:57:28 AM

P

05/10/2023 13:31:09

Updated prescription form faxed to WIN fertility for next upcoming cycle. Fax confirmation received, and uploaded to scanned documents- SC

Digitally signed by: Sherea Callahan Created: 05/10/2023, 01:31:09 PM

P

CD5: 05/01/2023

S: Heavy menses; CC BSL CD 5

O: Scan by SP

Left ovary: 1/9mm, , Endometrium: 7.4

E2: 488.1

FSH: 4.72 HCG: <0.100

Imp: Endo= 7 mm already Trilaminar Rt Ov- Simple cyst= 3.4 x 2.5 x 3.7 cm

Plan: Pending labs appropriate, start CC per calendar and see back as scheduled. Per CRNP EK, cancel this cycle and call with next CD1. Notified via PC-SC

Patient Interaction: Spoke to patient in clinic. Reviewed plan and ultrasound. v/u

Digitally Signed By: Sherea Callahan on 05/01/2023, 09:11:44 AM Modified By: Sherea Callahan on 05/01/2023, 01:31:58 PM

P

04/23/2023 18:46:21

ART Treatment Plan Update

Follicle development with cyst vs early follicle at baseline this cycle.
P4 confirmed ovulation.

Problem List: G0, primary infertility, mild male factor, regular cycles , BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph
TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple
AR genes (no shared AR), Rubella NI s/p vaccine, AMH 1.68

ART Treatment Plan Notes: 4/3/23 Ok for LTZ 5 or CC 50 (patient preference)/trigger/IUI-P. ROV if coverage limited or additional
poor sperm sample.

s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38

Held 3/23 CC 50 cyst at baseline

s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24

MMR vaccine

HSG 12/22 wnl

SA 12/22 TMSC 42, 1% morph

SA 8/22 TMSC 22, 19 mil/mL, motility 42%

+OPKs/TIC, no treatment

TTC 7/2021

Desires 3 children

Digitally signed by: Merry Lynn Mann Created: 04/23/2023, 06:46:21 PM

P

CD18: 04/17/2023

S:

O: P4: 47.54

Imp:

Plan: Notified via PC-SC

Digitally Signed By: Sherea Callahan on 04/17/2023, 02:34:24 PM

P

CD12: 04/11/2023

S:

O: Imp: IUI completed

Plan:

Digitally Signed By: Sherea Callahan on 04/11/2023, 01:37:24 PM

P CD8: 04/07/2023
S: CC early check- still on Day 4 of CC; CD 8
O: Scan by SP
Right ovary: 3/17mm, 10mm, 9mm, , Left ovary: 1/9mm, , Endometrium: 6
Imp: Immature follicle
Plan: HCG PM on 4/9 for IUI in AM on 4/11. No call needed today!
Patient Interaction: Reviewed plan with patient in clinic. Patient verbalized understanding
Digitally Signed By: Shawna Pair on 04/07/2023, 07:46:24 AM Modified By: Joan Reed on 04/07/2023, 09:40:01 AM **Approved By:** Joan Reed on 04/07/2023, 09:40:01 AM

P 04/05/2023 20:41:51
Return Office Visit

Total time 25 minutes, visit and coordination of care. Video conference for telehealth.

Spoke to Ariel today. Just started plan for second IUI cycle.
LTZ/IUI in first cycles. Good response to LTZ with 2 follicles. Ian's post prep sample was lower than expected.
In second attempt, baseline US/labs with functional cyst. Suspect some degree of ovulatory dysfunction.
Feeling ok on CC.

Vital Signs: Pulse: 61 Blood Pressure: 98/56 Temperature: 98.1 Weight: 107 Height: 63 BMI: 18.95

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Surgical History: None

Pregnancy Outcome: G 0 P 0 SAb 0 Tab 0 Ectopic 0

Pregnancy History:
_ , _ , _ , Never pregnant

Problem List: G0, primary infertility, mild male factor, regular cycles , BMI 19, TMSC 23 on 8/22 outside report, SA 1 % morph
TMSC 42 -1st post prep low TMSC 3.2, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple
AR genes (no shared AR), Rubella NI, AMH 1.68

Impression:
Infertility - Discussed ovulation induction medicines including clomiphene citrate and letrozole as well as gonadotropins. Discussed risks of medicines including side effects, multiples and over stimulation. Discussed cycle evaluation with in office monitoring blood work and ultrasound versus home monitoring. Reviewed TIC versus IUI in detail including pregnancy rates with treatment.

Cyst - suspect some degree of ovulatory dysfunction. Resolved quickly but likelihood of recurrence with CC/LTZ.

Multifactorial infertility - discussed treatment with LTZ or CC/IUI. Reviewed risks/process/procedure in detail and expectations. Higher success rate with IVF/ICSI, particularly with multiple factors. Reviewed costs and chance of success.

She will continue path and check for coverage limitations for cycles (Win Fertility). May consider moving to IVF in next cycle if limited coverage.

ART Treatment Plan Notes: 4/3/23 Ok for LTZ 5 or CC 50 (patient preference)/trigger/IUI-P. ROV if coverage limited or additional poor sperm sample.

4/23 CC 50
Held 3/23 CC 50 cyst at baseline
s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24
MMR vaccine
HSG 12/22 wnl
SA 12/22 TMSC 42, 1% morph
SA 8/22 TMSC 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Plan:

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Financial to address coverage
Continue CC cycle/IUI (hold on IUI if restrictive cycle limits)
Digitally signed by: Merry Lynn Mann Created: 04/05/2023, 08:41:51 PM

P

04/05/2023 11:05:28
LMP-3/31/2023
Meds-Clomid
Pharmacy-Walgreens Sutton Road

Vitals entered

Mary D.

Digitally signed by: Mary Durham Created: 04/05/2023, 11:05:28 AM

P

CD5: 04/04/2023
S: Spotting x 2 weeks prior to full flow; CC BSL CD 5
O: Scan by SP
Right ovary: 2/12mm, 12mm, , Left ovary: 1/8mm, , Endometrium: 3 mm
E2: 63.62
HCG: <0.100
Imp: Rt Ov- known extraovarian cyst= 2.4 x 1.6 x 2.1 cm
Plan: Early follicular development vs follicle? Reviewed labs with patient, ok to proceed with CC and see back on 4/7. Notified JR
Patient Interaction: Np and RN reviewed plan, sonogram and calendar in detail with patient in clinic. Reviewed possible early follicular development so based on labs, will give detailed plan. No further needs at this time. Has ROV (VC) in hsv set with with MLM tomorrow (4/5).
Digitally Signed By: Shawna Pair on 04/04/2023, 08:13:23 AM Modified By: Joan Reed on 04/04/2023, 12:42:25 PM **Approved By:** Joan Reed on 04/04/2023, 08:25:25 AM

P

04/03/2023 11:06:57

ART Treatment Plan Update

1st cycle with good LTZ response, slightly low TMSC 3.24 post prep (previous SA slightly higher with TMSC 42)
2nd cycle cancelled with functional cyst at baseline

Problem List: G0, primary infertility, mild male factor, regular cycles , No treatment yet, TMSC 23 on 8/22 outside report, SA 1 % morph TMSC 42, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple AR genes (no shared AR), Rubella NI, AMH 1.68

ART Treatment Plan Notes: 4/3/23 Ok for LTZ 5 or CC 50 (patient preference)/trigger/IUI-P. ROV scheduled 4/5/23

Held 3/23 CC 50 cyst at baseline
s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24
MMR vaccine
HSG 12/22 wnl
WINFERTILITY-833-439-1513
SA 12/22 TMSC 42, 1% morph
SA 8/22 TMSC 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Digitally signed by: Merry Lynn Mann Created: 04/03/2023, 11:06:57 AM

P

03/24/2023 10:05:20
FAXED RECORDS TO BCBS- DOS 02/15/23

Digitally signed by: Jenifer Poythress Created: 03/24/2023, 10:05:20 AM

P

CD5: 03/08/2023
S:
O: Endometrium: 6
E2: 133.5

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

FSH: 8.66 HCG: 0.359

Imp: Functional cyst.

Plan: Rest this cycle. OCPs offered. BC notified via PC.

Patient Interaction: Patient does not want to take BC pills, she will rest and call us with CD1 of her next cycle.

Digitally Signed By: Brandi Criswell on 03/08/2023, 01:51:34 PM Modified By: Brandi Criswell on 03/08/2023, 02:00:51 PM **Approved By:** Brandi Criswell on 03/08/2023, 01:51:34 PM

P

CD14: 02/15/2023

S:

O: Imp: IUI COMPLETED

Plan:

Digitally Signed By: Joan Reed on 02/15/2023, 04:05:59 PM Modified By: Joan Reed on 02/15/2023, 04:11:21 PM **Approved By:** Joan Reed on 02/15/2023, 04:05:59 PM

P

CD13: 02/14/2023

S: Ltz CD 13

O: Left ovary: 2/21,20 mm, Endometrium: 9

Imp: Mature follicle.

Plan: HCG now for IUI scheduled tomorrow 2/15/22. No call needed today.

Patient Interaction: Reviewed plan with patient in clinic. Patient verbalized understanding. Patient also informed NP she had some stomach issues with letrozole. Patient has a PMH of IBS. Informed ideally letrozole is not known to cause flare-up but spoke to Dr Mann in office and ok to switch to CC 50mg next cycle if not pregnant.

Digitally Signed By: Shawna Pair on 02/14/2023, 08:45:27 AM Modified By: Joan Reed on 02/14/2023, 10:08:12 AM **Approved By:** Joan Reed on 02/14/2023, 10:07:10 AM

P

CD5: 02/06/2023

S: Normal menses-still spotting; Ltz CD 5

O: Scan by SP

Endometrium: 5

E2: 68.57

FSH: 10.32 HCG: <0.100

Imp: Appears baseline. BSL appropriate to start

Plan: Pending labs appropriate, start LTZ and see back as scheduled on calendar. Patient notified via PC. No further needs at this time- SC,RN

Patient Interaction: Np reviewed plan, sonogram and calendar in detail with patient in clinic. Questions answered. Aware will continue to monitor cyst. No further needs at this time.

Digitally Signed By: Shawna Pair on 02/06/2023, 08:45:16 AM Modified By: Sherea Callahan on 02/06/2023, 02:11:47 PM **Approved By:** Joan Reed on 02/06/2023, 11:24:16 AM

P

02/03/2023 07:52:33

Pt called back to schedule BSL appointment on Monday 02/06 at 8am. PT wants Ovidrel be sent to AllianceRx Specialty Pharmacy. Pharmacy number is 800-345-1985.

Digitally signed by: Heather Goodman Created: 02/03/2023, 07:52:33 AM

P

02/02/2023 13:02:16

PC to patient to schedule baselines. Patient CD1 today per Susan RN. NA. Left detailed message to call back

2/3/2023-Patient scheduled for Monday 2/6/2023 for baselines. PC to Winfertility to obtain cycle approval. Yessi states forms will be faxed.

Mary D.

Digitally signed by: Mary Durham Created: 02/02/2023, 01:02:16 PM Modified: 02/03/2023, 09:50:40 AM

P

01/05/2023 09:29:10

Return Office Visit

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Total time 45 minutes, visit and coordination of care.

Ariel is here for follow up.

Ian did SA repeat in HSV. 1% morph but better TMSC 42 million.

HSG for Ariel normal.

Rubella NI and planning vaccination.

Small posterior fibroid not affecting cavity.

Carrier for multiple AR disorders.

Vital Signs: Pulse: 63 Blood Pressure: 97/62 Weight: 105 LMP 12/10/22 Height: 63 BMI: 18.6

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Surgical History: None

Pregnancy Outcome: G 0 P 0 SAb 0 TAb 0 Ectopic 0

Pregnancy History:

—, —, —, Never pregnant

Problem List: G0, primary infertility, mild male factor, regular cycles, No treatment yet, TMSC 23 on 8/22 outside report, SA 1 % morph TMSC 42, Normal HSG 12/22, 1 cm posterior fibroid not affecting cavity, A NEG, Carriers of multiple AR genes (no shared AR), Rubella NI, AMH 1.68

Impression:

Genetics - no shared AR risks, reduced (but not completely absent risk to offspring). Reviewed counseling for siblings. Risk of false positive NBS discussed.

Rubella Non-immune - Reviewed risks and recommendation for vaccination.

Isolated teratospermia - Reviewed controversial and good TMSC. May be reasonable to utilize TIC vs IUI.

Unexplained infertility vs mild male factor- discussed treatment with LTZ/IUI. Reviewed risks/process/procedure in detail and expectations. Higher success rate with IVF/ICSI, particularly with multiple factors. Reviewed costs and chance of success.

They desire LTZ/IUI

ART Treatment Plan Notes: 1/5/23 MMR vaccine, protect x1 month then LTZ 5/trigger/IUI-P x 2 cycles then ROV

HSG 12/22 wnl

SA 12/22 TMSC 42, 1% morph

SA 8/22 TMSC 22, 19 mil/mL, motility 42%

+OPKs/TIC, no treatment

TTC 7/2021

Desires 3 children

Plan: MMR this week

Call next CD1

Digitally signed by: Merry Lynn Mann Created: 01/05/2023, 09:29:10 AM

P

12/20/2022 14:39:50

Basic Patient Info: JENNIS, ARIEL | 04/16/92 | CL-257AJ-1777666

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Procedure Notes:

Date: 12/20/2022

Procedure: HSG Balloon

Surgeon: Mann, Merry Lynn

Assistant: McDaniel, Kristina

Estimated blood loss: None

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Complications: None

Operative note: The patient was placed on the procedure table in dorsal lithotomy position. A speculum was placed and the cervix was visualized and cleansed with betadine. Difficult catheterization, required tenaculum to pass into the 10 o'clock position. Following cannulization of the cervical os with a flexible balloon tip HSG catheter, Omnipaque (water soluble contrast) was then injected into the uterine cavity.

Fluro time (sec): 37.12

Radiation Exposure (mGray): 4.5195

Contrast used: Omnipaque 300

Contrast Volume (mL): 10

FINDINGS:

- Uterus: Normal cavity (small divot at top from catheter tip), no filling defects, nor contour
- Right Tube: normal fill and free spill
- Left Tube: Normal fill and free spill

Comments: Removal of apparatus confirmed. Patient tolerated the procedure well. Findings were reviewed with the patient. ROV scheduled at check out. (out of town until after Holidays)

Digitally signed by: Merry Lynn Mann Created: 12/20/2022, 02:39:50 PM

P

11/15/2022 09:21:07

NEW PATIENT VISIT

History of present complaint: HSG test and other infertility treatments. Been tracking cycle since I went off birth control last July, using LH tests, taking temperature daily, and everything appears fine but no results.

Total time 60 minutes, visit and coordination of care.

Ariel is here to discuss fertility options.

Ian couldn't make it today. He did SA with GYN and had TMSC 22 million, concentration 19 mil/ml, volume 3, motility 42.

Neither have significant health issues. Regular monthly periods, OPKs and appropriately timed intercourse.

She is a twin herself.

Pregnancy History:

_, _, _, Never pregnant

Surgical History: None

Allergies: Other

Remarks: Allergic to Augmentin and Amoxicillin

Vital Signs: Pulse: 62 Blood Pressure: 112/70 Weight: 104/lmp: 11/10/22 Height: 63 BMI: 18.42

Problem List: G0, primary infertility, mild male factor, regular cycles, No treatment yet, TMSC 23 on 8/22 outside report, No HSG yet

Impression:

Unexplained / anovulatory infertility in detail - reviewed female and male factors associated with fertility. We discussed age and its effects on fertility in men and women. We reviewed the evaluation of infertility including ovarian reserve testing, HSG and semen analysis.

Male factor infertility - sperm present but slightly low motility and concentration and TMSC. Recommend repeat. If remains abnormal recommend IUI.

Preconception - screening, PGT-M if indicated, and NBS. Reviewed genetic screening recommendations. Recommend PNV and vitamin D.

Mild male and unexplained infertility - treatment with OS/IUI. Reviewed risks/process/procedure in detail.

She is eager to complete evaluation and move forward

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Plan: Plan HSG this cycle (CD6 today)
Start Vit D
Repeat SA, get labs for him
Regroup in ~ 3 weeks

ART Treatment Plan Notes: 11/15/22 US and labs today. Plan SA and labs in orders for him. HSG this cycle. Regroup in 3 weeks.
Likely LTZ/IUI-P
SA 8/22 TMSC 22, 19 mil/mL, motility 42%
+OPKs/TIC, no treatment
TTC 7/2021
Desires 3 children

Order List:

PATIENT
Ovarian Reserve : AMH
Thyroid testing: TSH
General Health: Prenatal Panel, CMP, HgA1c, Prolactin
Infectious testing: Gonorrhea, Chlamydia, ID labs
Genetics : SEMA4 283
Cavity Assessment: HSG, Transvaginal Ultrasound
Other: Regroup ~ 3 weeks
PARTNER
Male Infectious Testing: Gonorrhea, Chlamydia, ID labs
Male Testing: Semen Analysis
Genetics partner: SEMA4 283
Other: Not here today, please schedule

Digitally signed by: Merry Lynn Mann Created: 11/15/2022, 09:21:07 AM

P

CD21: 10/05/2023
S:
O: Endometrium: 5.9
Imp:
Plan:
Digitally unverified:

P

CD13: 09/27/2023
S:
O: P4: 8.02
LH: 70.91
Imp:
Plan:
Digitally unverified:

IUI

Date: Wednesday, February 15, 2023

Patient: JENNIS, ARIEL

Partner semen sample Fresh, Partner Masturbation

Abstained 3 days TMSC: 3.24

Ariel presents for intrauterine insemination with partner's sperm. Cycle Type: Letrozole with IUI-Partner Response: Appropriate. IUI completed with lab approved catheter without difficulty. Patient anxious but tolerated well. Patient to cover tonight and HPT in 2 weeks. Small Peterson speculum Utilized, Tenaculum was not utilized. Cervical os (2) open with clear minimal cervical mucus and Rocket Duo utilized. No bleed or reflux noted.

Precount:

Postcount:

Sample prepared by: Reed, Joan

Insemination performed by: Reed, Joan

IUI

Date: Wednesday, December 31, 1969

Patient: JENNIS, ARIEL

semen sample

Precount:

Postcount:

Sample prepared by:

Insemination performed by:

IUI

Date: Tuesday, April 11, 2023

Patient: JENNIS, ARIEL

Partner Ian Kramer semen sample Fresh, Partner Masturbation, abstained 6 days TMSC 717 preprep

TMSC 38 post prep

Ariel presents for intrauterine insemination with partner's sperm. Cycle Type: CC with IUI-Partner Response: Appropriate. IUI completed with lab approved catheter without difficulty. Patient anxious but tolerated well. Patient to cover tonight and take pregnancy test in 2 weeks Long Peterson speculum Utilized, Tenaculum was not utilized. Cervical os (2) open with clear minimal cervical mucus and Rocket Duo utilized. No bleed or reflux noted.

Precount: 520 sperm per HPF, 69% motility

Postcount: 93 sperm per HPF, 82% motility

Sample prepared by: Reed, Joan/ S.Callahan, RN

Insemination performed by: Reed, Joan/ S.Callahan, RN

IUI

Date: Wednesday, December 31, 1969

Patient: JENNIS, ARIEL

semen sample

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Precount:

Postcount:

Sample prepared by:
Insemination performed by:



Date: Saturday, May 27, 2023

Patient: JENNIS, ARIEL

semen sample

Precount:

Postcount:

Sample prepared by:
Insemination performed by:



Date: Wednesday, December 31, 1969

Patient: JENNIS, ARIEL

semen sample

Precount:

Postcount:

Sample prepared by:
Insemination performed by:



Date: Thursday, July 20, 2023

Patient: JENNIS, ARIEL

Partner Ian Kramer semen sample Fresh, abstinence 5 days, TMSC 58

TMSC 11.6 post wash

Patient presented for IUI. Treatment to date and timing of IUI (OPK/HCG) confirmed. Consent obtained for IUI procedure. Sample verification performed with patient and partner (if applicable). Speculum placed and cervix visualized. Amount of Mucus (0/none 1 2 3/profuse): 1 Cervical Os (0/closed) 1 2 3/open): 1 Character of Mucus (opaque / cloudy / clear): cloudy Insemination Catheter (Sydney/Rocket Duo/Other): duo Patient Discomfort (0 none - 3 severe): 0 Bleeding (0 none - 3 heavy): 0 Reflux (0 none - 3 heavy): 0 Difficulty (0 easy - 3 very difficult): 0 Comments: easy intact IUI Post-IUI Instructions/Orders: TIC, await cycle outcome. Pt inquired re checking P4 --> will direct to primary MD Lab Details:

Precount: 34.5 sperm per HPF, 48% motility

Postcount: 49.5 sperm per HPF, 47% motility

Sample prepared by: Jones, Teri

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Insemination performed by: Bouknight, Janet

LT

Ovarian reserve

FSH	10/5/23	4.73 ●
FSH	8/8/23	10.39 ●
FSH	7/12/23	11.08 ●
FSH	6/16/23	9.11 ●
FSH	5/22/23	6.68 ●
FSH	5/1/23	4.72 ●
FSH	3/8/23	8.66 ●
FSH	2/6/23	10.32 ●

Endocrine

Estradiol	12/11/23	2821
Progesterone	12/11/23	1.28
Estradiol	12/8/23	1377
Progesterone	12/8/23	0.702
Estradiol	12/5/23	545.1
Progesterone	12/5/23	0.465
Estradiol	12/4/23	217.2
Progesterone	12/4/23	0.398
TSH	11/30/23	2.48 ●
Prolactin	11/30/23	20.50 ●
Estradiol	11/30/23	41.12 ●
BHCG-(Initial)	11/30/23	0.661 ●
Progesterone	11/30/23	0.695 ●
Estradiol	11/13/23	3008
Progesterone	11/13/23	1.72
Estradiol	11/12/23	2753
Progesterone	11/12/23	1.26
Estradiol	11/10/23	1841
Progesterone	11/10/23	1.08
Estradiol	11/7/23	429.6
Progesterone	11/7/23	0.490
Estradiol	11/6/23	237.3
Progesterone	11/6/23	0.454
Estradiol	11/5/23	Pending
Progesterone	11/5/23	Pending
Estradiol	10/31/23	36.81
Progesterone	10/31/23	0.796
BHCG-(Initial)	10/5/23	<0.100 ●
Estradiol	10/5/23	30.59 ●
Progesterone	10/5/23	0.628 ●
LH	9/27/23	70.91
Progesterone	9/27/23	8.02
Estradiol	9/26/23	3710
Progesterone	9/26/23	1.81
Estradiol	9/25/23	2740
Progesterone	9/25/23	1.45
Estradiol	9/22/23	1754
Progesterone	9/22/23	0.943
Estradiol	9/20/23	1160
Progesterone	9/20/23	0.777
Estradiol	9/18/23	579.9
Progesterone	9/18/23	0.520
Estradiol	9/14/23	34.18
Progesterone	9/14/23	0.800

JENNIS, ARIEL
 DOB: 04/16/92
 ACCOUNT #: CL-257AJ-1777666

BHCG-(Initial)	9/5/23	<0.100 ●
Estradiol	9/5/23	77.80 ●
Progesterone	9/5/23	0.387 ●
BHCG-(Initial)	8/8/23	<0.100 ●
Estradiol	8/8/23	63.97 ●
Progesterone	8/8/23	0.641 ●
Progesterone	7/26/23	54.31 ●
Estradiol	7/19/23	1299 ●
Progesterone	7/19/23	0.567 ●
BHCG-(Initial)	7/12/23	<0.100 ●
Estradiol	7/12/23	71.59 ●
BHCG-(Initial)	6/16/23	0.302 ●
Estradiol	6/16/23	67.26 ●
Estradiol	5/26/23	700.6 ●
Progesterone	5/26/23	0.562 ●
Estradiol	5/22/23	105.2 ●
BHCG-(Initial)	5/22/23	<0.100 ●
Estradiol	5/1/23	488.1 ●
BHCG-(Initial)	5/1/23	<0.100 ●
Progesterone	4/17/23	47.54 ●
Estradiol	4/4/23	63.62 ●
BHCG-(Initial)	4/4/23	<0.100 ●
Estradiol	3/8/23	133.5 ●
BHCG-(Initial)	3/8/23	0.359 ●
BHCG-(Initial)	2/6/23	<0.100 ●
Estradiol	2/6/23	68.57 ●
TSH	11/15/22	0.828 ●
Prolactin	11/15/22	17.71 ●

Infectious disease

HBs Ag	11/10/23	Negative:0.346 ●
Anti-HCV	11/10/23	Negative:0.062 ●
Syphilis	11/10/23	Negative:0.127 ●
HIV1-2 Ab/Ag	11/10/23	Negative
GC/CT	11/10/23	Negative
HIV1-2 Ab/Ag	11/15/22	Negative
GC/CT	11/15/22	Negative
HBs Ag	11/15/22	Negative:0.707 ●
Anti-HCV	11/15/22	Negative:0.050 ●
Syphilis	11/15/22	Negative:0.100 ●

Anatomic

Genetic

Other

Outside Labs	11/30/23	Pending
Prenatal Panel ●	11/30/23	Rubella Antibodies, IgG - 1.58, ABO Grouping - A, Rh Factor - Negative, Antibody Screen - Negative, Varicella Zoster IgG - >4000, WBC - 5.6, RBC - 4.64, Hemoglobin - 13.7, Hematocrit - 41.2, MCV - 89, MCH - 29.5, MCHC - 33.3, RDW - 12.1, Platelets - 333, NRBC - N, ●
Hemoglobin A1c ●	11/30/23	5.3 ●
Anti-Mullerian Hormone (AMH) ●	11/30/23	1.54 ●
Outside Labs	11/15/22	Pending
Anti-Mullerian Hormone (AMH) ●	11/15/22	1.68 ●

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Comp. Metabolic Panel (14) ●	11/15/22	Glucose - 121, BUN - 7, Creatinine - 0.64, eGFR - 122, BUN/Creatinine Ratio - 11, Sodium - 135, Potassium - 3.7, Chloride - 99, Carbon Dioxide, Total - 22, Calcium - 9.2, Protein, Total - 7.5, Albumin - 4.9, Globulin, Total - 2.6, A/G Ratio - 1.9, Bilirubin, Total - 0.3, Alkaline Phosphatase - 71, AST (SGOT) - 25, ALT (SGPT) - 19, ●
Hemoglobin A1c ●	11/15/22	5.0 ●
Prenatal Panel ●	11/15/22	Rubella Antibodies, IgG - <0.90, ABO Grouping - A, Rh Factor - Negative, Antibody Screen - Negative, Varicella Zoster IgG - 3312, WBC - 6.5, RBC - 4.46, Hemoglobin - 13.2, Hematocrit - 39.3, MCV - 88, MCH - 29.6, MCHC - 33.6, RDW - 12.4, Platelets - 241, NRBC - N, ●
Expanded Carrier Screen (283) (S4+279 genes) ●	11/15/22	----- Lab Report: 22233039-----●

CS

Monitoring Summary

	11/28/2023	
	11/29/2023	
	11/30/2023	
1	12/01/2023	HMG pm 150 FSH pm 300
2	12/02/2023	HMG pm 150 FSH pm 300
3	12/03/2023	HMG pm 150 FSH pm 300
4	12/04/2023	HMG pm 150 FSH pm 300 Right: 5/10mm, 10mm, 9mm, 9mm, 7mm, , Left: 3/10mm, 8mm, 7mm, , Endo 7.2 E2: 217.2 P4: 0.398
5	12/05/2023	HMG pm 150 FSH pm 300 GnRH 250 Right: 4/13mm, 10mm, 10mm, 9mm, , Left: 3/10mm, 10mm, 8mm, , Endo 8.5 E2: 545.1 P4: 0.465
6	12/06/2023	HMG pm 150 FSH pm 300 GnRH 250
7	12/07/2023	HMG pm 150 FSH pm 300 GnRH 250
8	12/08/2023	HMG pm 150 FSH pm 300 GnRH 250 Right: 7/16mm, 14mm, 13mm, 13mm, 12mm, 11mm, 10mm, , Left: 5/20mm, 16mm, 13mm, 13mm, 10mm, , E2: 1377 P4: 0.702
9	12/09/2023	HMG pm 150 FSH pm 300 GnRH 250
10	12/10/2023	HMG pm 150 FSH pm 300 GnRH 250
11	12/11/2023	hCG 10000 Right: 7/19mm, 18mm, 14mm, 14mm, 13mm, 11mm, 10mm, , Left: 6/26mm, 20mm, 20mm, 16mm, 16mm, 14mm, , Endo 10.6 E2: 2821 P4: 1.28
12	12/12/2023	
13	12/13/2023	
14	12/14/2023	
15	12/15/2023	
16	12/16/2023	
17	12/17/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
18	12/18/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
19	12/19/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
20	12/20/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL

Progress Notes

CD4: Mon, 12/04/23
S: Doing well on meds; IVF Stim Day 4
O: Scan by SP
Right ovary: 5/10mm, 10mm, 9mm, 9mm, 7mm, , Left ovary: 3/10mm, 8mm, 7mm, , Endometrium: 7.2
E2: 217.2 P4: 0.398
Imp: E2 rising and some follicle development
Plan: Continue medications at current dose. Return to clinic in 2 days, likely antagonist start at that time. -MLM, reassessed based on scheduling, RTC tomorrow -MLM
Patient Interaction: Called patient letting her know to continue meds x1, RTO tomorrow to time antag as there is no sonographer in HSV Wednesday > patient v/u. Calendar updated
Digitally Signed By: Shawna Pair on 12/04/2023, 08:27:05 AM Modified By: Merry Lynn Mann on 12/04/2023, 04:39:00 PM
Approved By: Merry Lynn Mann on 12/04/2023, 02:02:20 PM

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

CD5: Tue, 12/05/23

S: Doing well on meds; IVF Stim Day 5

O: Scan by SP

Right ovary: 4/13mm, 10mm, 10mm, 9mm, , Left ovary: 3/10mm, 10mm, 8mm, , Endometrium: 8.5

E2: 545.1 P4: 0.465

Imp: Good follicle development and E2 rise

Plan: Begin antagonist tonight. Continue medications at current dose. Return to clinic in 3 days for re-evaluation. -MLM

Patient Interaction: Called patient letting her know to start antag tonight, continue other meds as she has been and RTO Friday > patient v/u. Calendar update. Patient mentioned talking about a day 3 transfer and what MLM would think about that. Will get with MLM and call patient back > TH set up to further discuss

Digitally Signed By: Shawna Pair on 12/05/2023, 08:50:50 AM Modified By: Heather Nix on 12/05/2023, 12:54:37 PM

Approved By: Merry Lynn Mann on 12/05/2023, 11:59:46 AM

CD8: Fri, 12/08/23

S: Doing well on meds; IVF Stim Day 8 Antag x 3

O: Scan by SP

Right ovary: 7/16mm, 14mm, 13mm, 13mm, 12mm, 11mm, 10mm, , Left ovary: 5/20mm, 16mm, 13mm, 13mm, 10mm, , E2: 1377 P4: 0.702

Imp: Good follicle development and E2 rise

Plan: Continue medications at current dose. Return to clinic in 3 days for re-evaluation. Likely planning for dual trigger at that time. - MLM

Patient Interaction: Voicemail left for patient explaining MD approval to proceed as planned per calendar- patient confirmed having all meds available at home and denies any additional questions or concerns. Instructed pt to message via the portal should any additional questions or concerns arise. Calendar and medications reviewed with patient- upcoming scheduled appointment confirmed as well. Plan confirmed via portal, no further questions. -KB

Digitally Signed By: Shawna Pair on 12/08/2023, 07:56:13 AM Modified By: Kathryn Burgess on 12/08/2023, 01:02:47 PM

Approved By: Merry Lynn Mann on 12/08/2023, 11:44:05 AM

CD11: Mon, 12/11/23

S: Doing well on meds; IVF Stim Day 11

O: Scan by SP

Right ovary: 7/19mm, 18mm, 14mm, 14mm, 13mm, 11mm, 10mm, , Left ovary: 6/26mm, 20mm, 20mm, 16mm, 16mm, 14mm, , Endometrium: 10.6

E2: 2821 P4: 1.28

Imp: Maturing follicles with 1 lead at 26, discrepant cohort consistent with past cycles. P4 rising.

Plan: - DUAL trigger with Lupron 4 mg/ HCG 10000 trigger tonight. Plan for TVCP in 2 days. Freeze all. Plan for Ganirelix post TVCP. MLM

Patient Interaction: Called patient letting her know to stop all medications > dual trigger tonight at 8PM tonight for TVCP Wednesday, patient v/u. Calendar updated

Digitally Signed By: Shawna Pair on 12/11/2023, 08:40:43 AM Modified By: Heather Nix on 12/11/2023, 01:17:19 PM

Approved By: Merry Lynn Mann on 12/11/2023, 11:57:51 AM

CD13: Wed, 12/13/23

S:

O: Imp: feels ok. no issues with trigger. uncomplicated tvcp. bilat resonse. EM TL. min FF. 6+ oocytes. icsi and pgt planned.

Plan:

Digitally Signed By: Mamie Mclean on 12/13/2023, 10:09:57 AM

Approved By: Mamie Mclean on 12/13/2023, 10:09:57 AM

Treatment Calendar

After starting birth control pills, take only ACTIVE pills.

Please do injections at the same time every evening.

You will take your LAST active birth control pill _____. You may start a menstrual cycle after stopping your birth control pills. You do not need to notify our office.

*Most patients need at least 8-10 days of injections prior to administration of the trigger injection.

You can expect between 4-6 ultrasound visits during stimulation.

Your RN will provide further instructions on date/time for the trigger injection.

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Sat, 11/25/23

Sun, 11/26/23

Mon, 11/27/23

Tue, 11/28/23

Wed, 11/29/23

Thu, 11/30/23

Office visit for baseline bloodwork and ultrasound this AM.

Fri, 12/01/23

BEGIN Follistim 300 units subcutaneously daily.
BEGIN Menopur 150 units subcutaneously daily.

Sat, 12/02/23

Inject Follistim 300 units subcutaneously daily.
Inject Menopur 150 units subcutaneously daily.

Sun, 12/03/23

Inject Follistim 300 units subcutaneously daily.
Inject Menopur 150 units subcutaneously daily.

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Mon, 12/04/23

Office visit for bloodwork and ultrasound at 745__ AM.

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

****Follow MD instructions on when to add the antagonist injection. This will be a once daily injection.****

Tue, 12/05/23

office visit for bloodwork and ultrasound at 815

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur __150__ units subcutaneously daily.

Start antag (Fyremadel/Ganirelix) 250mcg SC daily

Wed, 12/06/23

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur __150__ units subcutaneously daily.

Start antag (Fyremadel/Ganirelix) 250mcg SC daily

Thu, 12/07/23

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur __150__ units subcutaneously daily.

Start antag (Fyremadel/Ganirelix) 250mcg SC daily

Fri, 12/08/23

office visit for bloodwork and ultrasound at 715

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur __150__ units subcutaneously daily.

Continue antag (Fyremadel/Ganirelix) 250mcg SC daily

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Sat, 12/09/23

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur _150__ units subcutaneously daily.

Continue antag (Fyremadel/Ganirelix) 250mcg SC daily

Sun, 12/10/23

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur _150__ units subcutaneously daily.

Continue antag (Fyremadel/Ganirelix) 250mcg SC daily

Mon, 12/11/23

Office visit for bloodwork and ultrasound @ 9:30 AM in Huntsville

STOP ALL MEDICATIONS

DUAL TRIGGER WITH LEUPROLIDE 80 UNITS AND 10,000 PREGNYL AT 8PM

Tue, 12/12/23

START DOXYCYCLINE 100MG EVERY 12 HOURS WITH FOOD

NOTHING TO EAT OR DRINK PAST MIDNIGHT

Wed, 12/13/23

EGG RETRIEVAL AT 8AM WITH ARRIVAL TIME OF 715

SKIP THE MORNING DOSE OF DOXY AND RESUME THIS EVENING ONCE YOU EAT

YOU CAN TAKE 1000MG OF TYLENOL WITH A SIP OF WATER PRIOR TO ARRIVAL

Thu, 12/14/23

POSSIBLE EGG RETRIEVAL

Fri, 12/15/23

POSSIBLE EGG RETRIEVAL

Sat, 12/16/23

POSSIBLE EGG RETRIEVAL

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Sun, 12/17/23

Mon, 12/18/23

Tue, 12/19/23

Wed, 12/20/23



Monitoring Summary

	10/30/2023	
	10/31/2023	Right: 0/, Left: 0/, Endo 4.7 E2: 36.81 P4: 0.796
	11/01/2023	
1	11/02/2023	HMG pm 150 FSH pm 300
2	11/03/2023	HMG pm 150 FSH pm 300
3	11/04/2023	HMG pm 150 FSH pm 300
4	11/05/2023	HMG pm 150 FSH pm 300
5	11/06/2023	HMG pm 150 FSH pm 300 Right: 2/8mm, 8mm, , Left: 3/8mm, 7mm, 6mm, , Endo 4 mm E2: 237.3 P4: 0.454
6	11/07/2023	HMG pm 150 FSH pm 300 Right: 5/11mm, 10mm, 9mm, 9mm, 8mm, , Left: 4/10mm, 9mm, 8mm, 7mm, , Endo 4 mm E2: 429.6 P4: 0.490
7	11/08/2023	HMG pm 150 FSH pm 300 GnRH 250
8	11/09/2023	HMG pm 150 FSH pm 300 GnRH 250
9	11/10/2023	HMG pm 150 FSH pm 300 GnRH 250 Right: 7/18mm, 15mm, 15mm, 13mm, 12mm, 11mm, 8mm, , Left: 9/15mm, 13mm, 12mm, 11mm, 11mm, 10mm, 10mm, 10mm, 9mm, , Endo 11.5 E2: 1841 P4: 1.08
10	11/11/2023	HMG pm 150 FSH pm 300 GnRH 250
11	11/12/2023	HMG pm 150 FSH pm 300 GnRH 250 Right: 8/19mm, 19mm, 17mm, 14mm, 14mm, 13mm, 12mm, 10mm, , Left: 7/19mm, 16mm, 14mm, 14mm, 14mm, 12mm, 12mm, , Endo 9.7 E2: 2753 P4: 1.26
12	11/13/2023	hCG 10000 Right: 5/21,19,16,16,14 mm, Left: 5/23,18,16,15,13 mm, Endo 9 E2: 3008 P4: 1.72
13	11/14/2023	
14	11/15/2023	
15	11/16/2023	
16	11/17/2023	
17	11/18/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
18	11/19/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL

19	11/20/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
20	11/21/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL

Progress Notes

CD: Tue, 10/31/23

S: Stopped OCPs last night-no bleeding; IVF Supp check

O: Scan by SP

Endometrium: 4.7

E2: 36.81 P4: 0.796

Imp: Adequate suppression on labs and US. Known right PTC.

Plan: - Adequate suppression. Ok to start stim start as planned. MLM

Patient Interaction: Called patient letting her know to start following her calendar as planned, addressed the communication issues as well > explained to her that I am always glad to call her but that we were having phone issues as well. Reviewed Omnitrope with v/u.

Digitally Signed By: Shawna Pair on 10/31/2023, 08:18:06 AM Modified By: Hannah Rogers on 10/31/2023, 09:37:41 PM

Approved By: Merry Lynn Mann on 10/31/2023, 12:07:37 PM

CD5: Mon, 11/06/23

S: Doing well on meds- bleeding; IVF Stim Day 5

O: Scan by SP

Right ovary: 2/8mm, 8mm, , Left ovary: 3/8mm, 7mm, 6mm, , Endometrium: 4 mm

E2: 237.3 P4: 0.454

Imp: E2 rising but no significant follicle development yet.

Plan: Continue medications at current dose. Return to clinic in 2 days to reassess for antagonist start -MLM

Patient Interaction: Attempted to call pt, sent IM regarding plan. Plan discussed with MLM due to no U/S in HSV on Wednesday.

Options sent to pt to come to BHM on Weds. vs return to HSV tomorrow with possibility of still having to come to BHM/ repeat on

Thursday in HSV. Awaiting pt's reply-- attempted to call pt again x2 since she has not read IM or called back to discuss. Left VM with plan and asked her to please respond to message.

Digitally Signed By: Shawna Pair on 11/06/2023, 10:51:24 AM Modified By: Allison Tucker on 11/06/2023, 03:49:33 PM

Approved By: Merry Lynn Mann on 11/06/2023, 12:28:36 PM

CD6: Tue, 11/07/23

S: Doing well on meds-still bleeding; IVF Stim Day 6

O: Scan by SP

Right ovary: 5/11mm, 10mm, 9mm, 9mm, 8mm, , Left ovary: 4/10mm, 9mm, 8mm, 7mm, , Endometrium: 4 mm

E2: 429.6 P4: 0.490

Imp: E2 rise and follicle development.

Plan: Begin antagonist tomorrow night. Continue medications at current dose. Return to clinic in 3 days for re-evaluation. -MLM

Patient Interaction: Attempted to call pt to review labs/ plan, LM to check IM. Calendar updated and appt scheduled for Friday in HSV office.

Digitally Signed By: Shawna Pair on 11/07/2023, 09:27:25 AM Modified By: Allison Tucker on 11/07/2023, 12:48:14 PM

Approved By: Merry Lynn Mann on 11/07/2023, 12:28:01 PM

CD9: Fri, 11/10/23

S: Doing well on meds; IVF SD 9 Antag x 2

O: Scan by SP

Right ovary: 7/18mm, 15mm, 15mm, 13mm, 12mm, 11mm, 8mm, , Left ovary: 9/15mm, 13mm, 12mm, 11mm, 11mm, 10mm, 10mm, 10mm, 9mm, , Endometrium: 11.5

E2: 1841 P4: 1.08

Imp: Developing follicles. E2 and P4 rising.

Plan: Immature follicles, would benefit from additional days. Continue medications at current dose. Return to clinic in 2 days.

Prepared for DUAL trigger -MLM

Patient Interaction: Phone call with patient to review MD approval to proceed as planned per calendar- patient confirmed having all meds available at home and denies any additional questions or concerns. Pt. states she would call or message via the portal should any additional questions or concerns arise. Calendar and medications reviewed with patient- upcoming scheduled appointment confirmed as well. Patient v/u.-KB

Digitally Signed By: Shawna Pair on 11/10/2023, 08:07:23 AM Modified By: Heather Nix on 11/10/2023, 12:54:14 PM

Approved By: Merry Lynn Mann on 11/10/2023, 12:28:47 PM

CD11: Sun, 11/12/23

S:

O: Right ovary: 8/19mm, 19mm, 17mm, 14mm, 14mm, 13mm, 12mm, 10mm, , Left ovary: 7/19mm, 16mm, 14mm, 14mm, 14mm, 12mm, 12mm, , Endometrium: 9.7

E2: 2753 P4: 1.26

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Imp: mild FF, known RT PTC

Plan: Immature follicles, would benefit from additional day. Continue medications at current dose. Return to clinic in 1 day. Likely trigger tomorrow vs in 2 days. Prior cycle with very few mature eggs. -MLM

Patient Interaction: PC to pt to review POC. Pt aware to continue meds at same dose x1 and RTC tomorrow in Huntsville at 0730. Pt states she has enough meds for tonight. All questions and concerns addressed. Calendar updated. KT

Digitally Signed By: Bethany Wright on 11/12/2023, 08:06:45 AM Modified By: Katherine Taylor on 11/12/2023, 09:54:29 AM

Approved By: Merry Lynn Mann on 11/12/2023, 09:23:21 AM

CD12: Mon, 11/13/23

S:

O: Right ovary: 5/21,19,16,16,14 mm, Left ovary: 5/23,18,16,15,13 mm, Endometrium: 9

E2: 3008 P4: 1.72

Imp: Technical failure of US machine, measurements taken from images after exam. Limited visualization. Maturing follicles noted. E2 and P4 rising.

Plan: - DUAL trigger with Lupron 4 mg/ HCG 10000 trigger tonight. Plan for TVCP in 2 days. MLM

Patient Interaction: US completed today, suboptimal measurements d/t technical failure of US machine during exam. Measurements taken from images with special attention to accuracy in size and number. Primary team notified. TT 30+min. Sent portal message to patient letting her know to stop all medications and dual trigger tonight at 1015PM for TVCP Wednesday, trigger and preop instructions sent as well. Calendar updated

Digitally Signed By: Heather Nix on 11/13/2023, 08:47:24 AM Modified By: Heather Nix on 11/13/2023, 04:21:19 PM

Approved By: Malissa Hallahan on 11/13/2023, 09:20:01 AM

Treatment Calendar

After starting birth control pills, take only ACTIVE pills.

Please do injections at the same time every evening.

You will take your LAST active birth control pill _____. You may start a menstrual cycle after stopping your birth control pills. You do not need to notify our office.

*Most patients need at least 8-10 days of injections prior to administration of the trigger injection.

You can expect between 4-6 ultrasound visits during stimulation.

Your RN will provide further instructions on date/time for the trigger injection.

Thu, 10/26/23

Fri, 10/27/23

Sat, 10/28/23

Sun, 10/29/23

Mon, 10/30/23

Take your **LAST** active birth control pill

Tue, 10/31/23

Labs and US at 715

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Wed, 11/01/23

Start Omnitrope 50 units SC daily

Thu, 11/02/23

BEGIN Follistim 300 units subcutaneously daily.
BEGIN Menopur 150 units subcutaneously daily.
Omnitrope 50 units SC daily

Fri, 11/03/23

Inject Follistim 300 units subcutaneously daily.
Inject Menopur 150 units subcutaneously daily.
Omnitrope 50 units SC daily

Sat, 11/04/23

Inject Follistim 300 units subcutaneously daily.
Inject Menopur 150 units subcutaneously daily.
Omnitrope 50 units SC daily

Sun, 11/05/23

Inject Follistim 300 units subcutaneously daily.
Inject Menopur 150 units subcutaneously daily.
Omnitrope 50 units SC daily

****Follow MD instructions on when to add the antagonist injection. This will be a once daily injection.****

Mon, 11/06/23

Office visit for bloodwork and ultrasound at _700_ AM

Inject Follistim 300 units subcutaneously daily.
Inject Menopur 150 units subcutaneously daily.
Omnitrope 50 units SC daily

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Tue, 11/07/23

Office visit for bloodwork and ultrasound

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

Omnitrope 50 units SC daily

Wed, 11/08/23

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

Omnitrope 50 units SC daily

Inject antagonist (Ganirelix, Fyremadel, Cetrotide) 250mcg subcutaneously daily

Thu, 11/09/23

Possible office visit for bloodwork and ultrasound.

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

Omnitrope 50 units SC daily

Inject antagonist (Ganirelix, Fyremadel, Cetrotide) 250mcg subcutaneously daily

Fri, 11/10/23

Office visit for bloodwork and ultrasound at 0715.

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

Omnitrope 50 units SC daily

Inject antagonist (Ganirelix, Fyremadel, Cetrotide) 250mcg subcutaneously daily

Sat, 11/11/23

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

Omnitrope 50 units SC daily

Inject antagonist (Ganirelix, Fyremadel, Cetrotide) 250mcg subcutaneously daily

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Sun, 11/12/23

Office visit for bloodwork and ultrasound @ 0800

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

Omnitrope 50 units SC daily

Inject antagonist (Ganirelix, Fyremadel, Cetrotide) 250mcg subcutaneously daily

Mon, 11/13/23

Office visit for bloodwork and ultrasound @ 0730 in Huntsville.

STOP ALL MEDICATIONS

TRIGGER WITH LEUPROLIDE AND HCG TONIGHT AT 1015PM

Tue, 11/14/23

START DOXYCYCLINE 100MG EVERY 12 HOURS WITH FOOD

NOTHING TO EAT OR DRINK PAST MIDNIGHT

Wed, 11/15/23

EGG RETRIEVAL AT 1015 WITH ARRIVAL TIME OF 930

YOU CAN SKIP YOUR MORNING DOSE OF DOXY AND RESUME THIS EVENING ONCE YOU ARE ABLE TO EAT

YOU CAN TAKE 1000MG OF TYLENOL WITH A SIP OF WATER PRIOR TO ARRIVAL

Thu, 11/16/23

POSSIBLE EGG RETRIEVAL

Fri, 11/17/23

POSSIBLE EGG RETRIEVAL

Sat, 11/18/23

Sun, 11/19/23

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Mon, 11/20/23

Tue, 11/21/23



Monitoring Summary

	09/12/2023	
	09/13/2023	
	09/14/2023	Right: 0/, Left: 0/, E2: 34.18 P4: 0.800
1	09/15/2023	HMG pm 150 FSH pm 300
2	09/16/2023	HMG pm 150 FSH pm 300
3	09/17/2023	HMG pm 150 FSH pm 300
4	09/18/2023	HMG pm 150 FSH pm 300 Right: 2/8mm, 6mm, , Left: 1/7mm, , E2: 579.9 P4: 0.520
5	09/19/2023	HMG pm 150 FSH pm 300
6	09/20/2023	HMG pm 150 FSH pm 300 Right: 2/9mm, 8mm, , Left: 4/11mm, 9mm, 9mm, 7mm, , Endo 4.4 E2: 1160 P4: 0.777
7	09/21/2023	HMG pm 150 FSH pm 300 GnRH 250
8	09/22/2023	HMG pm 150 FSH pm 300 GnRH 250 Right: 4/16mm, 13mm, 12mm, 10mm, , Left: 6/13mm, 13mm, 12mm, 11mm, 11mm, 8mm, , E2: 1754 P4: 0.943
9	09/23/2023	HMG pm 150 FSH pm 300 GnRH 250
10	09/24/2023	HMG pm 150 FSH pm 300 GnRH 250
11	09/25/2023	HMG pm 150 FSH pm 300 GnRH 250 Right: 3/18mm, 17mm, 15mm, , Left: 7/18mm, 18mm, 16mm, 15mm, 13mm, 12mm, 11mm, , Endo 8.7 E2: 2740 P4: 1.45
12	09/26/2023	hCG 80 Right: 4/19mm, 16mm, 16mm, 14mm, , Left: 7/17mm, 17mm, 16mm, 14mm, 14mm, 11mm, 11mm, , Endo 12 mm E2: 3710 P4: 1.81
13	09/27/2023	P4: 8.02 LH: 70.91
14	09/28/2023	
15	09/29/2023	
16	09/30/2023	
17	10/01/2023	
18	10/02/2023	
19	10/03/2023	
20	10/04/2023	
21	10/05/2023	Right: 0/, Left: 0/, Endo 5.9
22	10/06/2023	

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

23 10/07/2023

24 10/08/2023

Progress Notes

CD: Thu, 09/14/23

S: Stopped OCPs 9/13-no bleeding; IVF Supp check

O: Scan by SP

E2: 34.18 P4: 0.800

Imp: Endo- 6 mm with traces of Trilaminar; Rt Ov- known paratubal/extraovarian cyst seen; Lt Ov- Collapsing cyst; labs pending

Plan: TL endometrium but planning cryo all for PG-A. LOC present but nonfunctional. - Adequate suppression. Ok to start stim start as planned. MLM

Patient Interaction: I attempted to contact patient in re to results from today. I received no answer. I left a VM letting her know that I will attempt to contact her via the portal with results + next steps!

Digitally Signed By: Shawna Pair on 09/14/2023, 07:57:53 AM Modified By: Kiera Jelks on 09/14/2023, 01:29:41 PM

Approved By: Merry Lynn Mann on 09/14/2023, 01:11:20 PM

CD4: Mon, 09/18/23

S: Doing well on meds; IVF Stim Day 4

O: Scan by SP

Right ovary: 2/8mm, 6mm, , Left ovary: 1/7mm, , E2: 579.9 P4: 0.520

Imp: Known Rt paratubal cyst; Known Lt resolving cyst (no significant change from prior scan)

Plan: E2 level rising but not with evident follicle development yet. Continue medications at current dose. Return to clinic in 2 days to assess for antagonist start. Ensure prepared for Lupron. -MLM

Patient Interaction: Called patient letting her know to continue meds x2, RTO Wednesday to time antag start > she is aware she needs to come to B'ham as we have no one to scan her in HSV. Patient also aware to get with Win Fertility about lupron trigger as that is now part of her plan for trigger > aware we need it by end of week. Calendar updated

Digitally Signed By: Shawna Pair on 09/18/2023, 07:53:38 AM Modified By: Heather Nix on 09/18/2023, 01:53:31 PM

Approved By: Merry Lynn Mann on 09/18/2023, 01:18:48 PM

CD6: Wed, 09/20/23

S:

O: Right ovary: 2/9mm, 8mm, , Left ovary: 4/11mm, 9mm, 9mm, 7mm, , Endometrium: 4.4

E2: 1160 P4: 0.777

Imp: E2 climbing but with cyst at baseline, may be higher than representative of follicle growth.

Plan: Begin antagonist tomorrow night. Continue medications at current dose. Return to clinic in 2 days for re-evaluation. Will likely need Lupron trigger-MLM

Patient Interaction: I called patient in re to her results from today. She was advised of her lab + ultrasound results. Patient was instructed to continue her meds for tonight at the same dosage. She was instructed to begin her Antagonist (Ganirelix) tomorrow night in addition to her other stim medications. I clarified that she would be taking 3 medications starting tomorrow. She will RTC on Fri for a recheck. Patient v/u + was appreciative of call. I will update her calendar! I did confirm that she has her Lupron trigger. She stated that it should be arriving at least by tomorrow

Digitally Signed By: Merry Lynn Mann on 09/20/2023, 01:31:39 PM Modified By: Kiera Jelks on 09/20/2023, 01:54:42 PM

Approved By: Merry Lynn Mann on 09/20/2023, 01:31:39 PM

CD8: Fri, 09/22/23

S: Doing well on meds; IVF Stim Day 8 Antag x 1

O: Scan by SP

Right ovary: 4/16mm, 13mm, 12mm, 10mm, , Left ovary: 6/13mm, 13mm, 12mm, 11mm, 11mm, 8mm, , E2: 1754 P4: 0.943

Imp: Good follicular growth; LOC still present

Plan: E2 rising and good follicle development. Continue medications at current dose. Return to clinic in 3 days for re-evaluation.

Likely Lupron trigger and antag post TVCP -MLM

Patient Interaction: Called patient to let her know continue meds x3, RTO Monday and plan for dual trigger > calendar updated > patient v/u.

Digitally Signed By: Shawna Pair on 09/22/2023, 08:23:07 AM Modified By: Heather Nix on 09/22/2023, 01:08:21 PM

Approved By: Merry Lynn Mann on 09/22/2023, 12:56:09 PM

CD11: Mon, 09/25/23

S: Doing well on meds; IVF Stim Day 11-Antag x 4

O: Scan by SP

Right ovary: 3/18mm, 17mm, 15mm, , Left ovary: 7/18mm, 18mm, 16mm, 15mm, 13mm, 12mm, 11mm, , Endometrium: 8.7

E2: 2740 P4: 1.45

Imp: Endo- 8 mm Trilaminar with scant fluid in cavity; Good follicular growth; known Rt paratubal and Lt simple cyst

Plan: Good follicular growth. Immature follicles, would benefit from additional day. Continue medications at current dose. Return to clinic in 1 day for trigger dosing -MLM

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Patient Interaction: Pt states she has enough meds for 2 more nights Called patient letting her know to continue meds x1, RTO tomorrow to time trigger, patient v/u. Calendar updated

Digitally Signed By: Shawna Pair on 09/25/2023, 08:01:25 AM Modified By: Heather Nix on 09/25/2023, 04:03:22 PM

Approved By: Merry Lynn Mann on 09/25/2023, 03:04:41 PM

CD12: Tue, 09/26/23

S: Doing well on meds; IVF Stim Day 12- Antag x 5

O: Scan by SP

Right ovary: 4/19mm, 16mm, 16mm, 14mm, , Left ovary: 7/17mm, 17mm, 16mm, 14mm, 14mm, 11mm, 11mm, , Endometrium: 12 mm

E2: 3710 P4: 1.81

Imp: Maturing cohort. E2 and P4 rising.

Plan: -Lupron trigger tonight. Labs tomorrow for adequate trigger. Freeze all (already planned for PGT-A). Plan for Ganirelix post TVCP. MLM

Patient Interaction: Called patient letting her know to stop all medications and lupron trigger at 845pm for TVCP Thursday at 845AM.

Preop and trigger instructions with v/u. Aware she needs to RTO tomorrow for LH/P4. Calendar updated

Digitally Signed By: Shawna Pair on 09/26/2023, 08:16:12 AM Modified By: Heather Nix on 09/26/2023, 03:55:48 PM

Approved By: Merry Lynn Mann on 09/26/2023, 01:46:54 PM

CD13: Wed, 09/27/23

S:

O: P4: 8.02 LH: 70.91

Imp:

Plan:

CD21: Thu, 10/05/23

S:

O: Endometrium: 5.9

Imp:

Plan:

Treatment Calendar

After starting birth control pills, take only ACTIVE pills.

Please do injections at the same time every evening.

*You will take your LAST active birth control pill 8/21/2023. You may start a menstrual cycle after stopping your birth control pills.

You do not need to notify our office.*

*Most patients need at least 8-10 days of injections prior to administration of the trigger injection.

You can expect between 4-6 ultrasound visits during stimulation.

Your RN will provide further instructions on date/time for the trigger injection.

Sat, 09/09/23

Sun, 09/10/23

Mon, 09/11/23

Tue, 09/12/23

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Wed, 09/13/23

Take your **LAST** active birth control pill.

Thu, 09/14/23

Office visit for baseline bloodwork and ultrasound at 700 AM.

Fri, 09/15/23

BEGIN Follistim 300 units subcutaneously daily.

BEGIN Menopur 150 units subcutaneously daily.

Sat, 09/16/23

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

Sun, 09/17/23

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

Mon, 09/18/23

Office visit for bloodwork and ultrasound at 730 AM.

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

****Follow MD instructions on when to add the antagonist injection. This will be a once daily injection.****

Tue, 09/19/23

Possible office visit for bloodwork and ultrasound.

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Wed, 09/20/23

office visit for bloodwork and ultrasound at 820 in B'ham

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur __150__ units subcutaneously daily.

Thu, 09/21/23

Inject Follistim 300 units subcutaneously daily.

Inject Menopur 150 units subcutaneously daily.

BEGIN Ganirelix 250mcg (1 the entire syringe) subcutaneously daily!

Fri, 09/22/23

Office visit for bloodwork and ultrasound 730AM in the Huntsville Office.

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur __150__ units subcutaneously daily.

Ganirelix 250mcg (1 the entire syringe) subcutaneously daily!

Sat, 09/23/23

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur __150__ units subcutaneously daily.

Ganirelix 250mcg (1 the entire syringe) subcutaneously daily!

Sun, 09/24/23

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur __150__ units subcutaneously daily.

Ganirelix 250mcg (1 the entire syringe) subcutaneously daily!

Mon, 09/25/23

office visit for bloodwork and ultrasound at 745

Inject Follistim __300__ units subcutaneously daily.

Inject Menopur __150__ units subcutaneously daily.

Ganirelix 250mcg (1 the entire syringe) subcutaneously daily!

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Tue, 09/26/23

office visit for bloodwork and ultrasound at 745

STOP ALL MEDICATIONS

TRIGGER WITH LUPRON 80 UNITS AT 845PM

Wed, 09/27/23

START DOXYCYCLINE 100MG EVERY 12 HOURS WITH FOOD

NOTHING TO EAT OR DRINK PAST MIDNIGHT

Thu, 09/28/23

EGG RETRIEVAL AT 845AM WITH ARRIVAL TIME OF 800AM

YOU CAN SKIP YOUR DOXY THIS AM AND RESUME THIS EVENING ONCE YOU ARE HOME AND ABLE TO EAT

YOU CAN TAKE 1000MG OF TYLENOL WITH A SIP OF WATER PRIOR TO YOUR ARRIVAL

Fri, 09/29/23

POSSIBLE EGG RETRIEVAL

Sat, 09/30/23

POSSIBLE EGG RETRIEVAL

Sun, 10/01/23

POSSIBLE EGG RETRIEVAL

Mon, 10/02/23

Tue, 10/03/23

Wed, 10/04/23

Thu, 10/05/23

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Fri, 10/06/23

Sat, 10/07/23

Sun, 10/08/23

CS

Monitoring Summary

1	07/11/2023	
2	07/12/2023	Right: 0/, Left: 0/, Endo 5.5 E2: 71.59
3	07/13/2023	
4	07/14/2023	
5	07/15/2023	
6	07/16/2023	
7	07/17/2023	
8	07/18/2023	
9	07/19/2023	Right: 1/11mm, , Left: 2/21mm, 17mm, , Endo 5.4 E2: 1299 P4: 0.567
10	07/20/2023	
11	07/21/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
12	07/22/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
13	07/23/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
14	07/24/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
15	07/25/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
16	07/26/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
17	07/27/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
18	07/28/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
19	07/29/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
20	07/30/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
21	07/31/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
22	08/01/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL

Progress Notes

CD2: Wed, 07/12/23
S: Lighter menses; Pt states no +OPK last cycle; CC BSL CD 2
O: Scan by SP

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Endometrium: 5.5

E2: 71.59

Imp: Appears baseline-Rt Ov resolving cyst; Pt has all meds, MCS scheduled for CD 9 due to early growth in past cycles

Plan: okay to proceed- MB notified

Digitally Signed By: Shawna Pair on 07/12/2023, 08:27:57 AM Modified By: Shawna Pair on 07/12/2023, 08:29:15 AM

CD9: Wed, 07/19/23

S: Did well on meds; CC MCS CD 9

O: Scan by SP

Right ovary: 1/11mm, , Left ovary: 2/21mm, 17mm, , Endometrium: 5.4

E2: 1299 P4: 0.567

Imp: Mature follicle; Endo 5-6 mm Trilaminar; planning hcg/IUI; labs pending-DOD/CRNP to review and call with plan

Plan: check e2/p4-->HCG 7/19, IUI 7/20 in HSV, HPT 8/2. NP Bush called/messaged.

Digitally Signed By: Shawna Pair on 07/19/2023, 09:21:28 AM Modified By: Megan Bush on 07/19/2023, 09:32:24 AM

Treatment Calendar

Tue, 07/11/23

Call cycle day 1

Wed, 07/12/23

Baseline ultrasound and labs cycle day 1-5

Thu, 07/13/23

Begin Clomiphene Citrate 50 mg by mouth daily on cycle day 3

Fri, 07/14/23

Continue Clomiphene Citrate 50 mg by mouth daily

Sat, 07/15/23

Continue Clomiphene Citrate 50 mg by mouth daily

Sun, 07/16/23

Continue Clomiphene Citrate 50 mg by mouth daily

Mon, 07/17/23

Continue Clomiphene Citrate 50 mg by mouth daily

Tue, 07/18/23

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Wed, 07/19/23

Ultrasound and labs to determine optimal date to give trigger injection

You may need one more visit to help time the trigger injection

Thu, 07/20/23

Fri, 07/21/23

Sat, 07/22/23

Sun, 07/23/23

Mon, 07/24/23

Tue, 07/25/23

Wed, 07/26/23

Thu, 07/27/23

Fri, 07/28/23

Sat, 07/29/23

Sun, 07/30/23

Mon, 07/31/23

Tue, 08/01/23



Monitoring Summary

1	06/14/2023	
2	06/15/2023	
3	06/16/2023	Right: 0/, Left: 0/, Endo 3.9 E2: 67.26
4	06/17/2023	
5	06/18/2023	
6	06/19/2023	
7	06/20/2023	
8	06/21/2023	
9	06/22/2023	
10	06/23/2023	
11	06/24/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
12	06/25/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
13	06/26/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL

Progress Notes

CD3: Fri, 06/16/23
S: Late menses with lighter flow; CC BSL CD 3
O: Scan by SP
Endometrium: 3.9
E2: 67.26
Imp: Rt Ov- Simple cyst= 4.8 x 3.5 x 4.8 cm and known extraovarian cyst- 2.0 x 1.8 x 2.1 cm. Labs pending- DOD/CRNP to follow up and call with plans.
Plan: recommend hold cycle- offer ocps if desires- frequent cysts but this one is >4cm. call with next baselines. OCPs declined.
Patient will call with CD1. BC notified
Digitally Signed By: Shawna Pair on 06/16/2023, 08:03:07 AM Modified By: Brandi Criswell on 06/16/2023, 01:00:14 PM
Approved By: Caitlin Shoemake on 06/16/2023, 12:29:16 PM

Treatment Calendar

Wed, 06/14/23

Call cycle day 1

Thu, 06/15/23

Fri, 06/16/23

Baseline ultrasound and labs cycle day 1-5

Begin Clomiphene Citrate 50 mg by mouth daily on cycle day 3

Sat, 06/17/23

Continue Clomiphene Citrate 50 mg by mouth daily

Sun, 06/18/23

Continue Clomiphene Citrate 50 mg by mouth daily

Mon, 06/19/23

Continue Clomiphene Citrate 50 mg by mouth daily

Tue, 06/20/23

Continue Clomiphene Citrate 50 mg by mouth daily

Wed, 06/21/23

Thu, 06/22/23

Fri, 06/23/23

Ultrasound and labs to determine optimal date to give trigger injection

You may need one more visit to help time the trigger injection

Sat, 06/24/23

Sun, 06/25/23

Mon, 06/26/23



Monitoring Summary

- | | |
|---|------------|
| 1 | 05/19/2023 |
| 2 | 05/20/2023 |
| 3 | 05/21/2023 |

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

4	05/22/2023	Right: 2/13mm, 8mm, , Left: 0/, Endo 4 mm E2: 105.2
5	05/23/2023	
6	05/24/2023	
7	05/25/2023	
8	05/26/2023	Right: 1/19mm, , Left: 2/12mm, 10mm, , Endo 5.7 E2: 700.6 P4: 0.562
9	05/27/2023	hCG 10,000units
10	05/28/2023	

Progress Notes

CD4: Mon, 05/22/23

S: Short and heavy menses; CC CD 4

O: Scan by SP

Right ovary: 2/13mm, 8mm, , Endometrium: 4 mm

E2: 105.2

Imp: Rt Ov- ? Early growth and resolving cyst seen

Plan: Pending labs appropriate, start CC per calendar. See back on Friday 5/26. OK to proceed with plan per DOD -Notified via PC-SC

Patient Interaction: Spoke to patient in clinic. Reviewed plan and ultrasound. v/u

Digitally Signed By: Shawna Pair on 05/22/2023, 09:05:56 AM Modified By: Sherea Callahan on 05/22/2023, 02:14:39 PM

CD8: Fri, 05/26/23

S: CC CD 8-early check due to early growth

O: Scan by SP

Right ovary: 1/19mm, , Left ovary: 2/12mm, 10mm, , Endometrium: 5.7

E2: 700.6 P4: 0.562

Imp: Has trigger shot-planning for IUI; Still has one night left of Clomid

Plan: PC with patient will continue CC. Trigger tomorrow am and TIC x3 due to scheduling conflict with them for holiday weekend.

Home test due 6/10. CS

Digitally Signed By: Shawna Pair on 05/26/2023, 07:17:11 AM Modified By: Caitlin Shoemake on 05/26/2023, 02:22:38 PM

Approved By: Caitlin Shoemake on 05/26/2023, 02:22:38 PM

Treatment Calendar

Fri, 05/19/23

Sat, 05/20/23

Sun, 05/21/23

Mon, 05/22/23

Baseline ultrasound and labs

Begin Clomiphene Citrate 50 mg by mouth daily

Tue, 05/23/23

Continue Clomiphene Citrate 50 mg by mouth daily

Wed, 05/24/23

Continue Clomiphene Citrate 50 mg by mouth daily

Thu, 05/25/23

Continue Clomiphene Citrate 50 mg by mouth daily

Fri, 05/26/23

Continue Clomiphene Citrate 50 mg by mouth daily

Sat, 05/27/23

Trigger shot anytime!
Intercourse x3 night and call with good news 6/10!!
Good luck!

Sun, 05/28/23

CS

Monitoring Summary

1	04/27/2023	
2	04/28/2023	
3	04/29/2023	
4	04/30/2023	
5	05/01/2023	Right: 0/, Left: 1/9mm, , Endo 7.4 E2: 488.1
6	05/02/2023	
7	05/03/2023	
8	05/04/2023	
9	05/05/2023	
10	05/06/2023	
11	05/07/2023	
12	05/08/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
13	05/09/2023	

Progress Notes

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

CD5: Mon, 05/01/23
S: Heavy menses; CC BSL CD 5
O: Scan by SP
Left ovary: 1/9mm, , Endometrium: 7.4
E2: 488.1
Imp: Endo= 7 mm already Trilaminar Rt Ov- Simple cyst= 3.4 x 2.5 x 3.7 cm
Plan: Pending labs appropriate, start CC per calendar and see back as scheduled. Per CRNP EK, cancel this cycle and call with next CD1. Notified via PC,-SC
Patient Interaction: Spoke to patient in clinic. Reviewed plan and ultrasound. v/u
Digitally Signed By: Sherea Callahan on 05/01/2023, 09:11:44 AM Modified By: Sherea Callahan on 05/01/2023, 01:31:58 PM

Treatment Calendar

Thu, 04/27/23

Call cycle day 1

Fri, 04/28/23

Sat, 04/29/23

Sun, 04/30/23

Mon, 05/01/23

Baseline ultrasound and labs

Begin Clomiphene Citrate 50 mg by mouth daily

Tue, 05/02/23

Continue Clomiphene Citrate 50 mg by mouth daily

Wed, 05/03/23

Continue Clomiphene Citrate 50 mg by mouth daily

Thu, 05/04/23

Ultrasound and labs to determine optimal date to give trigger injection

You may need one more visit to help time the trigger injection

Continue Clomiphene Citrate 50 mg by mouth daily

Fri, 05/05/23

Continue Clomiphene Citrate 50 mg by mouth daily

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Sat, 05/06/23

Sun, 05/07/23

Mon, 05/08/23

Tue, 05/09/23



Monitoring Summary

1	03/31/2023	
2	04/01/2023	
3	04/02/2023	
4	04/03/2023	
5	04/04/2023	Right: 2/12mm, 12mm, , Left: 1/8mm, , Endo 3 mm E2: 63.62
6	04/05/2023	
7	04/06/2023	
8	04/07/2023	Right: 3/17mm, 10mm, 9mm, , Left: 1/9mm, , Endo 6
9	04/08/2023	
10	04/09/2023	hCG 10,000IU
11	04/10/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
12	04/11/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
13	04/12/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
14	04/13/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
15	04/14/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
16	04/15/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
17	04/16/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
18	04/17/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL P4: 47.54

Progress Notes

CD5: Tue, 04/04/23

S: Spotting x 2 weeks prior to full flow; CC BSL CD 5

O: Scan by SP

Right ovary: 2/12mm, 12mm, , Left ovary: 1/8mm, , Endometrium: 3 mm
E2: 63.62

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Imp: Rt Ov- known extraovarian cyst= 2.4 x 1.6 x 2.1 cm

Plan: Early follicular development vs follicle? Reviewed labs with patient, ok to proceed with CC and see back on 4/7. Notified JR

Patient Interaction: Np and RN reviewed plan, sonogram and calendar in detail with patient in clinic. Reviewed possible early follicular development so based on labs, will give detailed plan. No further needs at this time. Has ROV (VC) in hsv set with with MLM tomorrow (4/5).

Digitally Signed By: Shawna Pair on 04/04/2023, 08:13:23 AM Modified By: Joan Reed on 04/04/2023, 12:42:25 PM

Approved By: Joan Reed on 04/04/2023, 08:25:25 AM

CD8: Fri, 04/07/23

S: CC early check- still on Day 4 of CC; CD 8

O: Scan by SP

Right ovary: 3/17mm, 10mm, 9mm, , Left ovary: 1/9mm, , Endometrium: 6

Imp: Immature follicle

Plan: HCG PM on 4/9 for IUI in AM on 4/11. No call needed today!

Patient Interaction: Reviewed plan with patient in clinic. Patient verbalized understanding

Digitally Signed By: Shawna Pair on 04/07/2023, 07:46:24 AM Modified By: Joan Reed on 04/07/2023, 09:40:01 AM

Approved By: Joan Reed on 04/07/2023, 09:40:01 AM

CD12: Tue, 04/11/23

S:

O: Imp: IUI completed

Plan:

Digitally Signed By: Sherea Callahan on 04/11/2023, 01:37:24 PM

CD18: Mon, 04/17/23

S:

O: P4: 47.54

Imp:

Plan: Notified via PC-SC

Digitally Signed By: Sherea Callahan on 04/17/2023, 02:34:24 PM

Treatment Calendar

Fri, 03/31/23

Sat, 04/01/23

Sun, 04/02/23

Mon, 04/03/23

Tue, 04/04/23

Baseline ultrasound and labs

Begin Clomiphene Citrate 50 mg by mouth daily

Wed, 04/05/23

Continue Clomiphene Citrate 50 mg by mouth daily

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Thu, 04/06/23

Continue Clomiphene Citrate 50 mg by mouth daily

Fri, 04/07/23

Ultrasound and labs to determine optimal date to give trigger injection

You may need one more visit to help time the trigger injection

Continue Clomiphene Citrate 50 mg by mouth daily

Sat, 04/08/23

Continue Clomiphene Citrate 50 mg by mouth daily

Sun, 04/09/23

Mon, 04/10/23

Tue, 04/11/23

Wed, 04/12/23

Thu, 04/13/23

Fri, 04/14/23

Sat, 04/15/23

Sun, 04/16/23

Mon, 04/17/23



JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

1	03/04/2023	
2	03/05/2023	
3	03/06/2023	
4	03/07/2023	
5	03/08/2023	Right: 0/, Left: 0/, Endo 6 E2: 133.5
6	03/09/2023	
7	03/10/2023	
8	03/11/2023	
9	03/12/2023	
10	03/13/2023	
11	03/14/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL
12	03/15/2023	HMG am NULL HMG pm NULL FSH am NULL FSH pm NULL GnRH NULL hCG NULL

Progress Notes

CD5: Wed, 03/08/23

S:

O: Endometrium: 6

E2: 133.5

Imp: Functional cyst.

Plan: Rest this cycle. OCPs offered. BC notified via PC.

Patient Interaction: Patient does not want to take BC pills, she will rest and call us with CD1 of her next cycle.

Digitally Signed By: Brandi Criswell on 03/08/2023, 01:51:34 PM Modified By: Brandi Criswell on 03/08/2023, 02:00:51 PM

Approved By: Brandi Criswell on 03/08/2023, 01:51:34 PM

Treatment Calendar

Sat, 03/04/23

Call cycle day 1

Baseline ultrasound and labs cycle day 1-5

Sun, 03/05/23

Mon, 03/06/23

Tue, 03/07/23

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Wed, 03/08/23

Begin Clomiphene Citrate 50 mg by mouth daily on cycle day 3

Thu, 03/09/23

Continue Clomiphene Citrate 50 mg by mouth daily

Fri, 03/10/23

Continue Clomiphene Citrate 50 mg by mouth daily

Sat, 03/11/23

Continue Clomiphene Citrate 50 mg by mouth daily

Sun, 03/12/23

Continue Clomiphene Citrate 50 mg by mouth daily

Mon, 03/13/23

Tue, 03/14/23

Wed, 03/15/23

Ultrasound and labs to determine optimal date to give trigger injection

You may need one more visit to help time the trigger injection



Monitoring Summary

1	02/02/2023	
2	02/03/2023	
3	02/04/2023	
4	02/05/2023	
5	02/06/2023	Right: 0/, Left: 0/, Endo 5 E2: 68.57
6	02/07/2023	
7	02/08/2023	
8	02/09/2023	
9	02/10/2023	
10	02/11/2023	

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

11	02/12/2023	
12	02/13/2023	
13	02/14/2023	hCG 10,000iu Right: 0/, Left: 2/21,20 mm, Endo 9
14	02/15/2023	
15	02/16/2023	
16	02/17/2023	
17	02/18/2023	
18	02/19/2023	
19	02/20/2023	
20	02/21/2023	
21	02/22/2023	
22	02/23/2023	
23	02/24/2023	
24	02/25/2023	
25	02/26/2023	
26	02/27/2023	
27	02/28/2023	
28	03/01/2023	
29	03/02/2023	
30	03/03/2023	

Progress Notes

CD5: Mon, 02/06/23

S: Normal menses-still spotting; Ltz CD 5

O: Scan by SP

Endometrium: 5

E2: 68.57

Imp: Appears baseline. BSL appropriate to start

Plan: Pending labs appropriate, start LTZ and see back as scheduled on calendar. Patient notified via PC. No further needs at this time- SC,RN

Patient Interaction: Np reviewed plan, sonogram and calendar in detail with patient in clinic. Questions answered. Aware will continue to monitor cyst. No further needs at this time.

Digitally Signed By: Shawna Pair on 02/06/2023, 08:45:16 AM Modified By: Sherea Callahan on 02/06/2023, 02:11:47 PM

Approved By: Joan Reed on 02/06/2023, 11:24:16 AM

CD13: Tue, 02/14/23

S: Ltz CD 13

O: Left ovary: 2/21,20 mm, Endometrium: 9

Imp: Mature follicle.

Plan: HCG now for IUI scheduled tomorrow 2/15/22. No call needed today.

Patient Interaction: Reviewed plan with patient in clinic. Patient verbalized understanding. Patient also informed NP she had some stomach issues with letrozole. Patient has a PMH of IBS. Informed ideally letrozole is not known to cause flare-up but spoke to Dr Mann in office and ok to switch to CC 50mg next cycle if not pregnant.

Digitally Signed By: Shawna Pair on 02/14/2023, 08:45:27 AM Modified By: Joan Reed on 02/14/2023, 10:08:12 AM

Approved By: Joan Reed on 02/14/2023, 10:07:10 AM

CD14: Wed, 02/15/23

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

S:

O: Imp: IUI COMPLETED

Plan:

Digitally Signed By: Joan Reed on 02/15/2023, 04:05:59 PM Modified By: Joan Reed on 02/15/2023, 04:11:21 PM

Approved By: Joan Reed on 02/15/2023, 04:05:59 PM

Treatment Calendar

You will be scheduled for an ultrasound and labs as these will guide a plan that is tailored to your body. This will not be definitively decided until your results are back. This is a TENTATIVE idea of a cycle. Please keep this in mind until your final plans are able to be made.

Thu, 02/02/23

Fri, 02/03/23

Sat, 02/04/23

Sun, 02/05/23

Mon, 02/06/23

Baseline ultrasound and labs.

Begin letrozole 5 mg daily.

Tue, 02/07/23

Continue letrozole 5 mg daily.

Wed, 02/08/23

Continue letrozole 5 mg daily.

Thu, 02/09/23

Continue letrozole 5 mg daily.

Fri, 02/10/23

Continue letrozole 5 mg daily.

Sat, 02/11/23

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Sun, 02/12/23

Mon, 02/13/23

Tue, 02/14/23

Plan for a midcycle ultrasound and labs.

Bring your trigger shot to clinic with you.

Take trigger injection when instructed.

You may need one more visit for an ultrasound to help time the trigger injection.

Wed, 02/15/23

Thu, 02/16/23

Fri, 02/17/23

Sat, 02/18/23

Sun, 02/19/23

Mon, 02/20/23

Tue, 02/21/23

Wed, 02/22/23

Thu, 02/23/23

JENNIS, ARIEL
DOB: 04/16/92
ACCOUNT #: CL-257AJ-1777666

Fri, 02/24/23

Sat, 02/25/23

Sun, 02/26/23

Mon, 02/27/23

Tue, 02/28/23

Wed, 03/01/23

Thu, 03/02/23

Fri, 03/03/23



Alabama Fertility

EMBRYOLOGY DATA FORM

F.LAB.EMB.300 A

Version Date:

March 22, 2023

27667

JENNIS, ARIEL

27668

KRAMER, IAN

04/16/1992

02/19/1993

FDA FEI: 3011408185

☒ Sexually Intimate Partner(s) Not Tested for Infectious Substances: ☒ Male ☒ Female
 Advise Patient of communicable disease risk.

☐ Results Pending: Advise Patient of communicable disease risk ☐ Male ☐ Female

☐ Sexually Intimate Partners determined to be Eligible

☐ Egg Donor determined to be Eligible

☐ Sperm Donor determined to be Eligible

☐ Warning: Reactive test results for: HIV HTLV HepB HepC


Retrieval/ Thaw: 9/28/23 Start 9:05 Finish 9:15 Physician: JMB / BAM / MM / MA EMB: AL Time out Witness/Time: AL 855 Pump Pressure: 115

 We identified the patient and found name, DOB and MRN matched with her dish, paperwork & attached label.
 First Witness/Time: AL 858 Second Witness/Time: AL 8:58

 We checked the egg holding dish and found name and MRN matched with her paperwork & attached label.
 First Witness: AL Second Witness: AL Put Away Time 9:18 Incubator #: 2-9

Retrieval INC: 2-9 Fert Check INC: 2-9 Day 2/ Day 3 INC: 2-9 # Day 5 Observation INC: 2-9 Day 6 Observation INC: 2-9

#	Morph Retrieval	Hydromedase Morph	Outcome ICSI w/ C. Vt. 2i	PN	PG	Outcome (C, VT, D, R-ICSI)	Cell Stage	% Frag (90-110, 92%, 92%+)	Symmetry (P, M, S)	Embryo Grade (Good, Fair, Poor)	Compact? <input checked="" type="checkbox"/>	AZH? <input checked="" type="checkbox"/>	Outcome (C, ET, VT, D, BX)	Blast Stage (M, EB, 2, 3, 4, 5, 6)	ICM Grade (A, B, C, D)	Troph Grade (A, B, C, D)	Blast Grade (Good, Fair, Poor)	AZH? <input checked="" type="checkbox"/>	Outcome (C, ET, VT, D, BX)	Blast Stage (M, EB, 2, 3, 4, 5, 6)	ICM Grade (A, B, C, D)	Troph Grade (A, B, C, D)	Blast Grade (Good, Fair, Poor)	AZH? <input checked="" type="checkbox"/>	Outcome (C, ET, VT, D, BX)
7																									
1	M	MII	C, VIT, D	2	2	C, VIT, D, R-ICSI	✓						C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
2	M	MII	C, VIT, D	2	2	C, VIT, D, R-ICSI	✓						C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
3	M	MII	C, VIT, D	2	2	C, VIT, D, R-ICSI	✓						C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
4	M	MII	C, VIT, D	2	2	C, VIT, D, R-ICSI	✓						C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
5	M	MII	C, VIT, D	2	2	C, VIT, D, R-ICSI	✓						C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
6	M	MII	C, VIT, D	2	2	C, VIT, D, R-ICSI	✓						C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
7	INT	GE	C, VIT, D			C, VIT, D, R-ICSI							C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
8			C, VIT, D			C, VIT, D, R-ICSI							C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
9			C, VIT, D			C, VIT, D, R-ICSI							C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
10			C, VIT, D			C, VIT, D, R-ICSI							C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
11			C, VIT, D			C, VIT, D, R-ICSI							C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D
12			C, VIT, D			C, VIT, D, R-ICSI							C, ET, VT, BX, D						C, ET, VT, BX, D						C, ET, VT, BX, D

Hyase: 11:50 EMB: AL

Date: 9/29/23

Date: 10/1/23 Time: 8:45

Date: 10/3/23 Time: 12:35

Date: 10/4/23 Time: 7:50

Sperm/drop EMB: /

Time: 8:05

EMB: AL / AL Move to Blast media Yes No

EMB: AL / AL

EMB: AL / AL

Insem: EMB: /

EMB: AL / AL

Cleaved: 3 # ET: 2 # Ext Culture: 3

ET: 0

ET: 0 # Frozen: 0 # Discard: 3

ICSI 1st EMB: AL / AL # 4

Insem: # Mature:

Discard: 2 # Frozen: 2

AH: 0 Time: AH EMB: /

AH: 0 Time: AH EMB: /

ICSI 2nd EMB: / #

2 PN: 3 # 1 PN: 0

AH: 0 Time: AH EMB: /

Biopsied: 0 BX EMB: /

Biopsied: 0 BX EMB: /

ICSI Time: 1:50

3 PN: 0 # Discard: 1

Frozen: 0 # Discard: 0

Cryotech: Time: /

Oocytes vitrified: EMB: /

D1 ICSI Time:

Cryotech: Time: /

Cryotech: Time: /

Discard: 3

EMB: /

Tubing by: Tubing ID by: /

Tubing by: Tubing ID by: /

ET Date/Time: / / ET Physician: JMB / BAM / MM / MA ET EMB: Time out Witness: # Embryos ET: Flash: FF / NF / BF / SF

Catheter checked for retained embryos: ☐ Embryos Returned: Yes / No # Returned: Transfer Attempts: Blood: inside/ outside Mucus: inside/ outside

I checked the patient's name band and found the name and the DOB matches the paperwork & attached label. Tech Initials:

We verified the patient's name on the culture dish & ET dish matches the paperwork & attached label. Tech Initials:

Embryo Transfer Catheter Lot #

2nd Identification Initials:

Alabama Fertility
3490 Independence Drive
Homewood AL 35209
Alabama Fertility
ART Laboratory Requisition
Sep 19th 2023

Physician: Merry Lynn Mann, MD Digitally Signed By: Merry Lynn Mann, MD on 09/14/2023 1:10 PM

Patient: JENNIS, ARIEL 04/16/1992 Female (CL-257AJ-1777666)

Partner: KRAMER, IAN 02/19/1993 Male (400534)

Address: 7319 Sanctuary Cove Dr SE, Owens Cross Roads, AL 35763

Overview/Summary of Patient's Care Request

Setup Date Date of Procedure
Provider: Mann, Merry Lynn Location: Primary Nursing Staff: Nix, Heather

Problem list: Age: 31 04/16/92 G0 primary infertility, mild male factor, regular cycles BMI 19 TMSC 23 on 8/22 outside report SA 1 % morph TMSC
42 -1st post prep low TMSC 3.2 Normal HSG 12/22 1 cm posterior fibroid not affecting cavity A NEG Carriers of multiple AR genes (no shared
AR) Rubella NI s/p vaccine AMH 1.68

ART Treatment Plan Notes: 7/26/23 Plan SIS Next IVF/ICSI (intermittent poor parameters)/PGT-AAN 300/150, OCPs after TVCP. Ok for LTZ 5 or CC 50
(patient preference)/trigger/UI-P x 1(Winn) s/p 7/23 CC 50/UI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299 Held 8/23 CC 50 cyst at baseline s/p 5/23
CC 50/TIC 1+ EMS 5.4 (early development) s/p 4/23 CC 50/UI-P cyst at baseline TMSC 38 Held 3/23 CC 50 cyst at baseline s/p 2/23 LTZ 5/UI-P 2 TMSC
3.24 MMR vaccine HSG 12/22 wnl SA 12/22 TMSC 42, 1% morph SA 8/22 TMSC 22, 19 ml/mL, motility 42% +OPKs/TIC, no treatment TTC 7/2021 Desires
3 children

Primary ART Procedures

Primary ART Procedures: IVF, ICSI, PGT

Genetic Material

Genetic Material: Sexually Intimate Couple, Fresh Semen

Partner's Semen Analysis:

Ovum Donor Number:

Semen Donor Number:

Laboratory Procedures

Procedures: ICSI

Proportion of Oocytes to ICSI: 100%

Preimplantation Genetic Testing

PGT Requested: Yes

Biopsy Days: 5-7

Notes:

Preimplantation Genetic Testing Types: Aneuploidy Screening

Desired Gender:

Embryo Transfer

Fresh Embryo Transfer: No

Transfer to Gestational Surrogate: No

Cryopreservation

Cryopreservation: Freeze All Blastocysts

Notes:

Frozen Embryo Transfer

Frozen Embryo Transfer: No

Thaw Date:

Instructions:

FDA Eligibility

Oocyte Source: Pending

Oocyte Source Waiver/Notes:

Semen Source: Pending

Semen Source Waiver/Notes:

Donated Embryos:

Donated Embryos Waiver/Notes:

Patient History/Prior ART Cycles

Patient Treated in Lab Previously: No

Has this Couple Previously Conceived: No

Comments:

Reason For ICSI

Reason For ICSI: PGT, Abnormal semen parameters

Indication for PGT

Indication for PGT: Desired eSET, Elective PGT-a/PGT-m

Indication for ART

Indication For ART:

Authorizing Physician

Authorizing Physician: Merry Lynn Mann

Consent ok

Authorizing Date: 09/14/2023

PGT Laboratory: Igenomix

Anticipated Number to Transfer
Surrogate Name

Anticipated Number of Transfer
FET Date

Oocyte Source Date

Semen Source Date

Donated Embryos Date

27667

04/16/1992

JENNIS, ARIEL

27668

02/19/1993

KRAMER, IAN



EMBRYOLOGY LABORATORY QUALITY CONTROL/ ASSURANCE FORM
IVF/ICSI Sperm Preparation Worksheet

F-LAB-EMB-321 A
Version Date: April 9, 2019
Page 1 of 2

27668

02/19/1993

27667

04/16/1992

KRAMER, IAN

JENNIS, ARIEL

Collection Date: 9.28.23	Collection Time: 818	Collection Site: AFS HOME	Abstinence (2-5 days) 3
Method of Collection (Circle One): Masturbation Condom Coitus Interruptus		SPILLAGE (Circle One): No Yes Percentage:	
Time to Lab: 820	Time of Analysis: 850	Specimen Container Type: AFS Other	Analysis Temperature: 37°C RT
Specimen Received by: MC	Test performed by: JF	Type of Sample: Fresh Partner Semen Frozen Partner Semen Frozen Donor #	

INITIAL EXAMINATION	RESULT	NORMAL VALUES (World Health Organization Laboratory Manual for the Examination of Human Semen 2010)
Volume	3.4 mL	≥ 1.5 mL
Color	yellow	Grey-White
Liquefaction	Complete/ VTS	Complete by 60 minutes or VTS
Viscosity	72cm	Normal < 2 cm
Agglutination	None	Normal = None or Grade: 1 isolated Abnormal = 2 moderate, 3 large, 4 gross
Characteristics	mod. debris	Normal (Free of gelatin, blood, debris, agglutination, and other cellular content) or specific characteristics observed.

PRE-PROCESSING SPERM COUNT					
Duplicate total counts should be <15%, to report mean. If ≥15% difference between duplicate counts, reload same Makler and recount.					
Makler #	Count 1	Count 2	Makler #	Count 3	Count 4 Region #
# Sperm motile	9	11	# Sperm motile		
# Sperm immotile	10	12	# Sperm immotile		
# Total	25	23	# Total		
Mean (x10 ⁶ /mL)	24	% Difference 8	Mean (x10 ⁶ /mL)		% Difference
Dilution: Yes No If diluted, multiply the mean by 10 to report the concentration Mean (x10 ⁶ /mL) x 10 =					
Motility	42		Motility		

COUNT & MOTILITY	RESULT	NORMAL VALUES (World Health Organization Laboratory Manual for the Examination of Human Semen 2010)
Sperm Concentration	24.0 x10 ⁶ /mL	≥ 15 x 10 ⁶ /mL
Total Sperm Count	81.6 x10 ⁶	≥ 39 x 10 ⁶
Sperm Motility	42 %	≥ 40 % with forward progression.
Progression: P: 42 NP: 2 NM: 56		P>25%: P=Progressive, NP=Non-progressive, NM=Non-motile
Total Motile Count (10 ⁶)	34.3 X 10 ⁶	Volume x Sperm Concentration x Motility



EMBRYOLOGY LABORATORY QUALITY CONTROL/ ASSURANCE FORM
IVF/ICSI Sperm Preparation Worksheet

F-LAB-EMB-321 A
Version Date: April 9, 2019
Page 1 of 2

ICSI

POST-PROCESSING SPERM COUNT					
Duplicate total counts should be <15%, to report mean. If ≥15% difference between duplicate counts, reload same Makler and recount.					
Makler #	Count1	Count 2	Makler #	Count 3	Count 4 Region #
# Sperm motile			# Sperm motile		
# Sperm immotile			# Sperm immotile		
# Total			# Total		
Mean (x10 ⁶ /mL)		% Difference	Mean (x10 ⁶ /mL)		% Difference
Dilution: Yes No *If diluted, multiply the mean by 10 to report the concentration Mean (x10 ⁶ /mL) x 10 =					
Motility			Motility		
Post Swim Up TMC (x 106) (concentration x motility)			Insemination Volume (uL)		

Specimen ID Check:	Processing Technician	Witness Technician
Simple Wash		
Sample to Gradient		
Pellet to Wash Tube		
Wash Tube to Final Tube		
Andrology to IVF		

27668
KRAMER, IAN

02/19/1993

27667
JENNIS, ARIEL

04/16/1992

Alabama Fertility
3490 Independence Drive
Homewood AL 35209
Alabama Fertility
ART Laboratory Requisition
Nov 12th, 2023

Physician: Merry Lynn Mann, MD Digitally Signed By: Merry Lynn Mann, MD on 10/31/2023 12:09 PM

Patient: JENNIS, ARIEL 04/16/1992 Female (CL-257AJ-1777666)

Partner: KRAMER, IAN 02/19/1993 Male (400534)

Address: 7319 Sanctuary Cove Dr SE, Owens Cross Roads, AL, 35763

Overview/Summary of Patient's Care Request

Setup Date:

Date of Procedure:

Provider: Mann, Merry Lynn

Location:

Primary Nursing Staff: .

Problem list: Age: 31 04/16/92 G0 primary infertility, mild male factor, regular cycles BMI 19 TMSC 23 on 8/22 outside report SA 1 % morph TMSC 42 -1st post prep low TMSC 3.2 Normal HSG 12/22 1 cm posterior fibroid not affecting cavity A NEG Carriers of multiple AR genes (no shared AR) Rubella NI s/p vaccine AMH 1.68

ART Treatment Plan Notes: 10/5/23/23 Repeat IVF cycle IVF/ICSI/PGT-AAN 300/150 WITH GH and DUAL trigger. (Winn) Push to larger sized follicles for repeat stim. Additional bag of fluids prior to TVCP. Consider propofol only if possible for TVCP. Plan SIS after TVCP. s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150, 7 eggs, 4 mature, 3 x 2PN, NO embryos, fragmentation at 1st check s/p 7/23 CC 50/IUI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299 Held 6/23 CC 50 cyst at baseline s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development) s/p 4/23 CC 50/IUI-P cyst at baseline TMSC 38 Held 3/23 CC 50 cyst at baseline s/p 2/23 LTZ 5/IUI-P 2 TMSC 3.24 MMR vaccine HSG 12/22 wnl SA 12/22 TMSC 42, 1% morph SA 8/22 TMSC 22, 19 mil/mL, motility 42% +OPKs/TIC, no treatment TTC 7/2021 Desires 3 children

Primary ART Procedures

Primary ART Procedures: IVF, ICSI, PGT

Genetic Material

Genetic Material: Sexually Intimate Couple

Partner's Semen Analysis:

Ovum Donor Number:

Semen Donor Number:

Laboratory Procedures

Procedures: ICSI

Proportion of Oocytes to ICSI: 100%

Preimplantation Genetic Testing

PGT Requested: Yes

Biopsy Days: 5-7

Notes:

Preimplantation Genetic Testing Types: Aneuploidy Screening

Desired Gender:

Embryo Transfer

Fresh Embryo Transfer: No

Transfer to Gestational Surrogate: No

Cryopreservation

Cryopreservation: Freeze All, Blastocysts

Notes:

Frozen Embryo Transfer

Frozen Embryo Transfer: No

Thaw Date:

Instructions:

FDA Eligibility

Oocyte Source: Pending

Oocyte Source Waiver/Notes:

Semen Source: Pending

Semen Source Waiver/Notes:

Donated Embryos:

Donated Embryos Waiver/Notes:

Patient History/Prior ART Cycles

Patient Treated in Lab Previously: Yes

Has this Couple Previously Conceived: No

Comments:

Reason For ICSI

Reason For ICSI:

Indication for PGT

Indication for PGT:

Indication for ART

Indication For ART:

PGT Laboratory: Igenomix

Anticipated Number to Transfer:

Surrogate Name:

Anticipated Number of Transfer:

FET Date:

Oocyte Source Date:

Semen Source Date:

Donated Embryos Date:

27667

JENNIS, ARIEL

27668

KRAMER, IAN

04/16/1992

02/19/1993

Authorizing Physician

Authorizing Physician: Mann, Merry Lynn

Authorizing Date: 10/31/2023 CONSENT OK

MLM



EMBRYOLOGY LABORATORY QUALITY CONTROL/ ASSURANCE FORM
IVF/ICSI Sperm Preparation Worksheet

F-LAB-EMB-321 A
Version Date: April 9, 2019
Page 1 of 2

27668

KRAMER, IAN

02/19/1993

27667

JENNIS, ARIEL

04/16/1992

Collection Date: 11.15.23	Collection Time: 945	Collection Site: AFS HOME	Abstinence (2-5 days) 2
Method of Collection (Circle One): Masturbation Condom Coitus Interruptus		SPILLAGE (Circle One): No Yes Percentage:	
Time to Lab: 9410	Time of Analysis: 1020	Specimen Container Type: AFS Other	Analysis Temperature: 37°C RT
Specimen Received by: TJ	Test performed by: J	Type of Sample: Fresh Partner Semen Frozen Partner Semen Frozen Donor #	

INITIAL EXAMINATION	RESULT	NORMAL VALUES (World Health Organization Laboratory Manual for the Examination of Human Semen 2010)
Volume	3.0 mL	≥ 1.5 mL
Color	Yellow	Grey-White
Liquefaction	Complete VTS	Complete by 60 minutes or VTS
Viscosity	2cm	Normal < 2 cm
Agglutination	None	Normal = None or Grade: 1 isolated Abnormal = 2 moderate, 3 large, 4 gross
Characteristics	Mod. debris	Normal (Free of gelatin, blood, debris, agglutination, and other cellular content) or specific characteristics observed.

PRE-PROCESSING SPERM COUNT					
Duplicate total counts should be <15%, to report mean. If ≥15% difference between duplicate counts, reload same Makler and recount.					
Makler #	Count1 Q1	Count 2 Q3	Makler #	Count 3	Count 4 Region #
# Sperm motile	12	11	# Sperm motile		
# Sperm immotile	14	14	# Sperm immotile		
# Total	24	25	# Total		
Mean (x10 ⁶ /mL)	25.5	% Difference 4	Mean (x10 ⁶ /mL)		% Difference
Dilution: Yes No If diluted, multiply the mean by 10 to report the concentration Mean (x10 ⁶ /mL) x 10 =					
Motility	45		Motility		

COUNT & MOTILITY	RESULT	NORMAL VALUES (World Health Organization Laboratory Manual for the Examination of Human Semen 2010)
Sperm Concentration	25.5 x10 ⁶ /mL	≥ 15 x 10 ⁶ /mL
Total Sperm Count	765 x10 ⁶	≥ 39 x 10 ⁶
Sperm Motility	45 %	≥ 40 % with forward progression.
Progression: P: 40 NP: 5 NM: 55		P>25%: P=Progressive, NP=Non-progressive, NM=Non-motile
Total Motile Count (10 ⁶)	344 x 10 ⁶	Volume x Sperm Concentration x Motility



EMBRYOLOGY LABORATORY QUALITY CONTROL/ ASSURANCE FORM
IVF/ICSI Sperm Preparation Worksheet

F-LAB-EMB-321 A
Version Date: April 9, 2019
Page 1 of 2

ICSI

POST-PROCESSING SPERM COUNT					
Duplicate total counts should be <15%, to report mean. If ≥15% difference between duplicate counts, reload same Makler and recount.					
Makler #	Count1	Count 2	Makler #	Count 3	Count 4 Region #
# Sperm motile			# Sperm motile		
# Sperm immotile			# Sperm immotile		
# Total			# Total		
Mean (x10 ⁶ /mL)		% Difference	Mean (x10 ⁶ /mL)		% Difference
Dilution: Yes No *If diluted, multiply the mean by 10 to report the concentration Mean (x10 ⁶ /mL) x 10 =					
Motility			Motility		
Post Swim Up TMC (x 10 ⁶) (concentration x motility)			Insemination Volume (uL)		

Specimen ID Check:	Processing Technician	Witness Technician
Simple Wash		
Sample to Gradient		
Pellet to Wash Tube		
Wash Tube to Final Tube		
Andrology to IVF		

27668
KRAMER, IAN

02/19/1993 27667
JENNIS, ARIEL

04/16/1992

RM

Embryology Laboratory Quality Control/ Assurance Form



Alabama Fertility

EMBRYOLOGY DATA FORM

F.LAB.EMB.300 A

Version Date:

March 22, 2023

27667

JENNIS, ARIEL

27668

KRAMER, IAN

04/16/1992

02/19/1993

FDA FEI: 3011408185.

☒ Sexually Intimate Partner(s) Not Tested for Infectious Substances: ☒ Male ☒ Female
Advise Patient of communicable disease risk.

☐ Results Pending: Advise Patient of communicable disease risk ☐ Male ☐ Female

☐ Sexually Intimate Partners determined to be Eligible

☐ Egg Donor determined to be Eligible

☐ Sperm Donor determined to be Eligible

☐ Warning: Reactive test results for: HIV HTLV HepB HepC



Retrieval/ Thaw: 12/13/23 Start 9:56 Finish 10:05 Physician: JMB / BAM / MM / MA EMB: kw/ah Time out Witness/Time: 124 950 Pump Pressure: 115

We identified the patient and found name, DOB and MRN matched with her dish, paperwork & attached label.

First Witness/Time: 124 957

Second Witness/Time: ah 9:57

We checked the egg holding dish and found name and MRN matched with her paperwork & attached label.

First Witness: kw Second Witness: ah Put Away Time 10:12 Incubator #: 2-8

Retrieval INC: 2-8				Fert Check INC: 2-8				Day 2/ Day 3 INC: 2-8				# Day 5 Observation INC: 2-8				Day 6 Observation INC: 2-8									
#	Morph Retrieval	Hydromedase	Outcome (C, ET, D, R, ICS)	PN	PI	Outcome (C, ET, D, R, ICS)	Cul Stage	% Frag (p, s, f, r, z, +)	Symmetry (P, M, S)	Embryo Grade (Good, Fair, Poor)	Compact? <input checked="" type="checkbox"/>	AZP? <input checked="" type="checkbox"/>	Outcome (C, ET, D, R, ICS)	Blast Stage (M, EB, 2, 3, 4, 5, 6)	ICM Grade (A, B, C, D)	Troph Grade (A, B, C, D)	Blast Grade (Good, Fair, Poor)	AZP? <input checked="" type="checkbox"/>	Outcome (C, ET, D, R, ICS)	Blast Stage (M, EB, 2, 3, 4, 5, 6)	ICM Grade (A, B, C, D)	Troph Grade (A, B, C, D)	Blast Grade (Good, Fair, Poor)	AZP? <input checked="" type="checkbox"/>	Outcome (C, ET, D, R, ICS)
1	M	M	C, ET, D, R, ICS	2	2	C, ET, D, R, ICS	✓	F0-5%					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
2	M	M	C, ET, D, R, ICS	2	2	C, ET, D, R, ICS	✓	F10					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
3	M	M	C, ET, D, R, ICS	2	2	C, ET, D, R, ICS	✓	F25					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
4	M	M	C, ET, D, R, ICS	2	2	C, ET, D, R, ICS	✓	F25					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
5	M	M	C, ET, D, R, ICS	2	2	C, ET, D, R, ICS	✓	F25+					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
6	M	M	C, ET, D, R, ICS	2	2	C, ET, D, R, ICS	✓	F25+					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
7	INT	M	C, ET, D, R, ICS	2	2	C, ET, D, R, ICS	✓	F25+					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
8	INT	M	C, ET, D, R, ICS	3	2	C, ET, D, R, ICS	✓	F25+					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
9	IM	M	C, ET, D, R, ICS	DEG		C, ET, D, R, ICS							C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
10	IM	M	C, ET, D, R, ICS	DEG		C, ET, D, R, ICS							C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
11	IM	M	C, ET, D, R, ICS	2	2	C, ET, D, R, ICS	✓	F25+					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS
12	IM	M	C, ET, D, R, ICS	2	2	C, ET, D, R, ICS	✓	F25+					C, ET, D, R, ICS						C, ET, D, R, ICS						C, ET, D, R, ICS

Hyase: 11 15 EMB: kw/ah Date: 12/14/23 Time: 7:25
Sperm/drop: EMB: EMB: 124 957
Insem: EMB: EMB: 124 957
ICSI 1st EMB: ah kw #11 # Insem: # Mature: # Discard: 0 # Frozen: 0
ICSI 2nd EMB: # 2 PN: 8 #1 PN: 0 # 3 PN: 1 # Discard: 3
ICSI Time: 1:05 D1 ICSI Time: EMB: 124 957
#Oocytes vitrified: EMB: 124 957
#Discard: 0 EMB: 124 957

retrieval 2 hrs late, granular cytos, dark thick zonas

ET Date/Time: / / ET Physician: JMB / BAM / MM / MA ET EMB: Time out Witness: # Embryos ET: Flash: FF / NF / BF / SF
Catheter checked for retained embryos: ☐ Embryos Returned: Yes / No # Returned: Transfer Attempts: Blood: inside/ outside Mucus: inside/ outside

I checked the patient's name band and found the name and the DOB matches the paperwork & attached label. Tech Initials:

We verified the patient's name on the culture dish & ET dish matches the paperwork & attached label. Tech Initials:

Embryo Transfer Catheter Lot #:

Alabama Fertility
3490 Independence Drive
Homewood AL 35209
Alabama Fertility
ART Laboratory Requisition
Dec 5th, 2023

Physician: Merry Lynn Mann, MD Digitally Signed By: Merry Lynn Mann, MD on 12/01/2023 8:23 AM

Patient: JENNIS, ARIEL 04/16/1992 Female (CL-257AJ-1777666)

Partner: KRAMER, IAN 02/19/1993 Male (400534)

Address: 7319 Sanctuary Cove Dr SE, Owens Cross Roads, AL, 35763

Overview/Summary of Patient's Care Request

Setup Date:

Provider: Mann, Merry Lynn

Date of Procedure:

Location:

Primary Nursing Staff:

Problem list: Age: 31 04/16/92 G0 primary infertility, mild male factor, regular cycles BMI 19 TMSC 23 on 8/22 outside report SA 1 % morph TMSC 42 -1st post prep low TMSC 3.2 Normal HSG 12/22 1 cm posterior fibroid not affecting cavity A NEG Carriers of multiple AR genes (no shared AR) Rubella NI s/p vaccine AMH 1.68

ART Treatment Plan Notes: 11/22/23 (Winn) Push to larger sized follicles for repeat stim AN 300/150 IVF/ICSI/PGT-A and DUAL trigger (GH if desired, but suspect will forgo with cost). Additional bag of fluids prior to TVCP. Consider Propofol only if possible for TVCP. Will need SIS after embryo creation. s/p 11/23 IVF/ICSI/PGT-A AN 300/150 WITH GH and DUAL trigger, 10 eggs, 9 mature/ICSI, 5 x 2PN, NO embryos again (all arrested at cellular stage) s/p 9/23 IVF/ICSI (intermittent poor parameters)/PGT-A AN 300/150, 7 eggs, 4 mature, 3 x 2PN, NO embryos, fragmentation at 1st check s/p 7/23 CC 50/1UI-P 2 ROC at baseline TMSC 11.6 EMS 5.4 E2 1299 Held 6/23 CC 50 cyst at baseline s/p 5/23 CC 50/TIC 1+ EMS 5.4 (early development) s/p 4/23 CC 50/1UI-P cyst at baseline TMSC 38 Held 3/23 CC 50 cyst at baseline s/p 2/23 LTZ 5/1UI-P 2 TMSC 3.24 MMR vaccine HSG 12/22 wnl SA 12/22 TMSC 42, 1% morph SA 8/22 TMSC 22, 19 mil/mL, motility 42% +OPKs/TIC, no treatment TTC 7/2021 Desires 3 children

Primary ART Procedures

Primary ART Procedures: ICSI, PGT

Genetic Material

Genetic Material: Sexually Intimate Couple, Fresh Semen

Partner's Semen Analysis:

Ovum Donor Number:

Semen Donor Number:

Laboratory Procedures

Procedures: ICSI

Proportion of Oocytes to ICSI: 100%

Preimplantation Genetic Testing

PGT Requested: Yes

Biopsy Days: 5-7

Notes:

Preimplantation Genetic Testing Types: Aneuploidy Screening

Desired Gender:

Embryo Transfer

Fresh Embryo Transfer: No

Transfer to Gestational Surrogate: No

Cryopreservation

Cryopreservation: Freeze All, Blastocysts

Notes:

Frozen Embryo Transfer

Frozen Embryo Transfer: No

Thaw Date:

Instructions:

FDA Eligibility

Oocyte Source: Pending

Oocyte Source Waiver/Notes:

Semen Source: Pending

Semen Source Waiver/Notes:

Donated Embryos:

Donated Embryos Waiver/Notes:

Patient History/Prior ART Cycles

Patient Treated in Lab Previously: Yes

Has this Couple Previously Conceived: No

Comments:

Reason For ICSI

Reason For ICSI: Abnormal semen parameters

Indication for PGT

Indication for PGT:

Indication for ART

Indication For ART:

PGT Laboratory: Igenomix

Anticipated Number to Transfer:

Surrogate Name:

Anticipated Number of Transfer:

FET Date:

Oocyte Source Date:

Semen Source Date:

Donated Embryos Date:

27667
JENNIS, ARIEL

04/16/1992

27668
KRAMER, IAN

02/19/1993


Authorizing Physician

Authorizing Physician: Mann, Merry Lynn

Authorizing Date: 12/01/2023

Consent ok

MLM ICSI

	EMBRYOLOGY LABORATORY QUALITY CONTROL/ ASSURANCE FORM IVF/ICSI Sperm Preparation Worksheet		F-LAB-EMB-321 A Version Date: April 9, 2019 Page 1 of 2

27668

02/19/1993

27667

04/16/1992

KRAMER, IAN

JENNIS, ARIEL

Collection Date: 02.13.23	Collection Time: 917	Collection Site: AFS HOME	Abstinence (2-5 days) 4
Method of Collection (Circle One): Masturbation Condom Coitus Interruptus		SPILLAGE (Circle One): No Yes Percentage:	
Time to Lab: 918	Time of Analysis: 948	Specimen Container Type: AFS Other	Analysis Temperature: 37°C RT
Specimen Received by: LJ	Test performed by: JS	Type of Sample: Fresh Partner Semen Frozen Partner Semen Frozen Donor #	

INITIAL EXAMINATION	RESULT	NORMAL VALUES (World Health Organization Laboratory Manual for the Examination of Human Semen 2010)
Volume	3.6 mL	≥ 1.5 mL
Color	Yellow	Grey-White
Liquefaction	Complete/ VTS	Complete by 60 minutes or VTS
Viscosity	< 2cm	Normal < 2 cm
Agglutination	1	Normal = None or Grade: 1 isolated Abnormal = 2 moderate, 3 large, 4 gross
Characteristics	mod. debris	Normal (Free of gelatin, blood, debris, agglutination, and other cellular content) or specific characteristics observed.

PRE-PROCESSING SPERM COUNT					
Duplicate total counts should be <15%, to report mean. If ≥15% difference between duplicate counts, reload same Makler and recount.					
Makler #	Count 1	Count 2	Makler #	Count 3	Count 4 Region #
# Sperm motile	17	16	# Sperm motile		
# Sperm immotile	14	14	# Sperm immotile		
# Total	31	31	# Total		
Mean (x10 ⁶ /mL)	31	% Difference 0	Mean (x10 ⁶ /mL)		% Difference
Dilution: Yes No If diluted, multiply the mean by 10 to report the concentration Mean (x10 ⁶ /mL) x 10 =					
Motility	52		Motility		

COUNT & MOTILITY	RESULT	NORMAL VALUES (World Health Organization Laboratory Manual for the Examination of Human Semen 2010)
Sperm Concentration	31.0 x10 ⁶ /mL	≥ 15 x 10 ⁶ /mL
Total Sperm Count	111.4 x10 ⁶	≥ 39 x 10 ⁶
Sperm Motility	52 %	≥ 40 % with forward progression.
Progression: P 47 NP: 4 NM: 47		P>25%: P=Progressive, NP=Non-progressive, NM=Non-motile
Total Motile Count (10 ⁶)	58.0 X 10 ⁶	Volume x Sperm Concentration x Motility



EMBRYOLOGY LABORATORY QUALITY CONTROL/ ASSURANCE FORM
IVF/ICSI Sperm Preparation Worksheet

F-LAB-EMB-321 A
Version Date: April 9, 2019
Page 1 of 2

ICSI

POST-PROCESSING SPERM COUNT					
Duplicate total counts should be <15%, to report mean. If ≥15% difference between duplicate counts, reload same Makler and recount.					
Makler #	Count1	Count 2	Makler #	Count 3	Count 4 Region #
# Sperm motile			# Sperm motile		
# Sperm immotile			# Sperm immotile		
# Total			# Total		
Mean (x10 ⁶ /mL)		% Difference	Mean (x10 ⁶ /mL)		% Difference
Dilution: Yes No *If diluted, multiply the mean by 10 to report the concentration Mean (x10 ⁶ /mL) x 10 =					
Motility			Motility		
Post Swim Up TMC (x 10 ⁶) (concentration x motility)			Insemination Volume (uL)		

Specimen ID Check:	Processing Technician	Witness Technician
Simple Wash		
Sample to Gradient		
Pellet to Wash Tube		
Wash Tube to Final Tube		
Andrology to IVF		

27668
KRAMER, IAN

02/19/1993

27667
JENNIS, ARIEL

04/16/1992