

Patient _____ MRN _____

Prepared by _____ Date _____

Attending physician _____

If you have questions, call 514 843-1650, option 4 to speak with a nurse. Please inform the nurse that you are an egg donor.

Month _____ / _____

1. On your first day of heavy or persistent menstrual bleeding, begin taking the birth control pill (BCP), 1 pill per day and continue until _____, inclusively. You will need 3-5 weeks of pills.

2. View the videos on how to do the injections **before** your first ultrasound.

3. Book your **first IVF ultrasound (U/S) with blood test** (blood test may be needed), to be done on:

4. Following your IVF ultrasound, you will be advised by a nurse to begin your hormone injections:

_____, _____ units per day (p.m.)

_____, _____ units per day (p.m.)

5. On **Day 6** of injections begin:

Orgalutran (or Cetrotide), 0.25 mg per day (a.m.)

This injection should be taken before noon.

Continue your hormone injections.

6. Book your **2nd IVF ultrasound and E2 blood test** on:
_____ (day 8 of injections).

On the day of ultrasound, take your Orgalutran (or Cetrotide) injection, but **wait for the ultrasound results before taking your hormone injections.**

7. Your egg retrieval should occur during the week of _____.



