



NAME:
DATE OF BIRTH:
CLINIC OR HOSPITAL:
CITY:
YEAR'S EXPERIENCE:

NUMBER OF PROCEDURES PERFORMED DURING THE YEAR	
PROCEDURES	YEAR 1
Basic semen analysis (min 20 per year)	
Ejaculated sperm preparation (min 20 per year)	
Preparation of frozen / thawed sperm (min 5 per year)	
Oocyte pick up(min 20 per year)	
ICSI with ejaculated sperm (min 20 per year)	
Cycles with evaluated oocyte fertilization (min 20 per year)	
Cycles with evaluated embryo morphology (min 20 per year)	
Embryo transfer (min 20 per year)	
Sperm cryopreservation (min 5 per year)	
Embryo/Oocyte cryopreservation – vitrification (min 10 per per year)	
Oocyte, embryo thawing / warming (min 10 per year)	

Date :/...../..... (day/ mo / yr)

Signature

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