

Patient Resource Guide:

IVF Information & Medication Instructions

Strong Fertility Center

Table of Contents



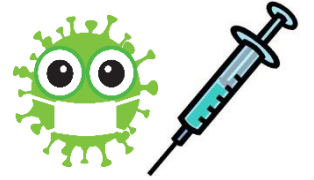
3. COVID-19 Update
4. COVID-19 Vaccine Recommendation
5. COVID-19 Mandate & Exemption Info
6. Stress & Emotional Support
7. Insurance & Prior Authorization
8. Introduction to IVF Process
9. Controlled Ovarian Hyperstimulation (COH)
10. Egg Retrieval Basics
11. Embryo Transfer Instructions
12. Required Documents
13. ReproTech Account Set-Up
14. Reasons for Cancellation
15. Fact Sheets
16. Types of Medications Used
17. Subcutaneous Injection Instructions
18. Subcutaneous Injection Sites
19. Intramuscular Injection Instructions
20. Intramuscular Injection Sites
21. Medication Instruction Guide
22. Follistim
23. Gonal F
24. Important note on Follistim & Gonal F
25. Menopur
26. Menopur Dilution Instructions
27. Cetrotide
28. Ganirelix
29. HCG
30. Progesterone in Oil
31. Lupron (Leuprolide Acetate)
32. Lupron Syringe Photo
33. Microdose Lupron
34. Omnitrope (Growth Hormone)

COVID-19 Update



- As the guidelines for COVID-19 are frequently changing, our office will be adhering to any current University Policies & Procedures in place at the time of your IVF Cycle
- Please reach out to us either by phone or MyChart with any questions related to COVID-19 and it's current possible impact on your IVF cycle.

COVID-19 Vaccine Recommendation



The following are the current recommendations regarding COVID-19 vaccination in women trying to conceive and who are pregnant from the American Society for Reproductive Medicine (ASRM) Advisory Committee for Immunization Practices (ACIP) of the U.S. Centers for Disease Prevention and Control (CDC), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM).

- Because COVID-19 mRNA vaccines are not composed of live virus, they are not thought to cause an increased risk of infertility, first or second trimester loss, stillbirth, or birth defects.
- Recent studies have suggested that pregnancy is a risk factor for severe COVID-19 disease. Other risk factors for severe COVID-19 disease include obesity, hypertension and diabetes.
- Patients undergoing fertility treatment and pregnant patients are encouraged to receive COVID-19 vaccination, particularly if they are at high risk for exposure to COVID-19 or at risk for severe COVID-19 disease.
- Since the vaccine is not a live virus, there is no reason to delay pregnancy attempts because of vaccination administration or to defer treatment until the second dose has been administered.
- Patients who conceive in the window between the first and second dose of the vaccine should receive the second dose at the scheduled time.
- COVID-19 vaccination can cause fever in some patients (up to 16% of those vaccinated and mostly after the second dose). Fever in the first trimester has not been associated with an increased risk for birth defects, particularly when patients take a 400mcg of folic acid daily, which is part of a prenatal vitamin. Patients who experience fever following vaccination should take acetaminophen. Keep in mind that fever is the most common symptom of a COVID-19 infection and the fever associated with vaccine tends to be of a short duration.
- Patients undergoing elective procedures, such as oocyte retrievals, embryo transfers, inseminations and hysteroscopies, should avoid a COVID-19 vaccination at least 3 days prior to or after the procedure. This recommendation is not because being vaccinated is unsafe, but rather because known side effects of the vaccine including fever, chills, headache, muscle aches and fever may impact our ability to complete the procedure and monitor for procedure related side effects.

COVID-19 Mandate & Exemptions Info



We would like to take this time to reassure you that there is now an abundance of evidence that the COVID vaccine is safe in patients who are currently pregnant or lactating as well as those working toward conception. In fact, research and clinical experience has shown that even here in Rochester, pregnant patients are susceptible to COVID and we have had unfortunately had a number of cases of pregnant patients with COVID needing ICU care and delivery at very early gestational ages.

For lactating mothers, there is no evidence that receiving the COVID-19 vaccine is harmful to the breastfeeding mother or the nursing infant. Conversely, there are benefits for nursing infants who will receive COVID-19 antibodies from their mothers' breastmilk, giving them an additional layer of protection.

Given the safety of the vaccine and the recommendations from the CDC, ACOG, ASRM, SMFM, AAP we will be unable to offer any exemptions for any patients who are currently lactating, currently pregnant or are planning to be so in the near future. In direct contrast, we strongly recommend all patients who are currently pregnant (regardless of gestational age) or who are planning pregnancy, go as soon as possible to get their vaccine for their own safety as well as for their pregnancy and their community.

If you'd like to learn more about the safety of the vaccine in pregnancy/preconception please refer to these links:

American College of OB/GYN and Society of Maternal Fetal Medicine:

- <https://www.acog.org/news/news-releases/2021/07/acog-smfm-recommend-covid-19-vaccination-for-pregnant-individuals>
- <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care>

University of Rochester and Mother to Baby:

- <https://www.urmc.rochester.edu/ob-gyn/maternal-fetal-care/maternal-care/covid-19-in-pregnancy.aspx>
- <https://mothertobaby.org/fact-sheets/covid-19/>

CDC:

- <https://www.cdc.gov/media/releases/2021/s0811-vaccine-safe-pregnant.html>

American Society of Reproductive Medicine:

- <https://www.asrm.org/news-and-publications/news-and-research/press-releases-and-bulletins/new-study-reveals-covid-vaccine-does-not-cause-female-sterility/>
- <https://www.asrm.org/news-and-publications/news-and-research/press-releases-and-bulletins/american-society-for-reproductive-medicine-asrm-position-on-covid-vaccine-use-in-pregnant-women/>

American Academy of Pediatrics:

- <https://www.aafp.org/news/media-center/statements/covid-vaccine-pregnant-individuals.html>

Stress & Emotional Support



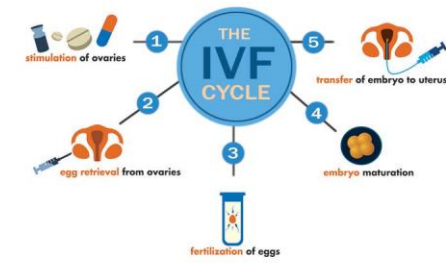
- In vitro fertilization can be an emotionally, physically and financially exhausting experience.
- Every couple dealing with fertility issues or undergoing fertility treatment rides an emotional roller coaster, which may include anxiety, depression, anger or feeling out of control. Strong Fertility Center wants to be sure you have access to the resources that can help you get through this process.
- Strong Fertility Center has counseling services available here at the office for you. They have both day and evening hours available as we know taking even more time off from work can be just as stressful. If you would like to schedule an appointment with one of our counselors just give the office a call and speak to one of our receptionists.
 - We also have an Infertility Support Group offered through Counseling Services which meets the 2nd Monday of the month from 5:30-7:00 PM. For more information or to register to be a part of this group please contact Lindsay Sycz, PsyD by phone at 585-275-0222 or through email at Lindsay_Sycz@urmc.Rochester.edu.
- Here at Strong Fertility Center, we encourage the use of acupuncture as another way to help you deal with the stressors that can go along with treatment. If you are interested in trying acupuncture, reach out to your provider or nurse for some names of reputable acupuncturists.
- To view more on how stress & infertility are linked click on the following link: [Stress & Infertility](#)

Insurance & Prior Authorization



- Some insurances may require a cycle authorization to be completed prior to approving any fertility treatments. Please ensure that your insurance information is up to date and if any changes occur notify our front staff so that they are able to make the necessary changes to your account. Many fertility medications require a prior authorization be completed through your insurance. Insurance companies have up to 15 business days to approve or deny coverage. Once you have been notified of approval status, it is your responsibility to ensure that your medications are delivered prior to treatment start date. Many medications are taken on specific cycle days and if you do not have these medications it could delay or potentially defer your treatment until your next cycle.
- IVF Coverage is contract dependent and some policies may require you to meet certain criteria or complete specific treatments prior to IVF being covered, however, not all IVF services may be covered (for example, assisted hatching). Prior authorization must be obtained from your insurance company before beginning an IVF Cycle. Prior authorization can take up to 15 business days to be approved or denied. You will not be able to start IVF treatment (medications) without a prior authorization in place. If prior authorization is not obtained, you will be considered to be self-pay. Please note that a prior authorization will need to be completed for each IVF/FET cycle. Medications will also require prior authorization, this is in addition to the prior authorization for your IVF cycle, and can also take up to 15 business days for approval or denial. Genetic testing (PGT-A) is not covered by most insurance companies, unless you, your partner, or a previous child are a genetic carrier of a disease; a separate authorization will be required for this testing.

Introduction to IVF Process



1. Controlled Ovarian Hyperstimulation (COH): medications are taken to produce several eggs in one cycle.
2. Egg Retrieval: the doctor will surgically remove the eggs.
3. Fertilization & Embryo Culture: the embryologist mixes egg and sperm.
4. Embryo Transfer: the embryo(s) are transferred into the uterus.

For more detailed information on steps 3 & 4 please click on the link below:

- [IVF Step-by-Step](#)

Controlled Ovarian Hyperstimulation



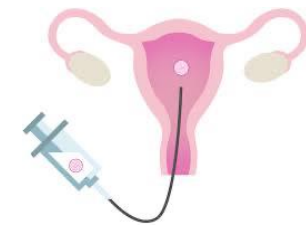
- Controlled ovarian hyperstimulation is a process where medications are given by injection to stimulate the ovaries to produce many follicles (fluid filled sacs in the ovaries) which contain an egg. This process begins early in the menstrual cycle after baseline ultrasound and labs are completed. During a typical IVF cycle, stimulation medications are taken for approximately 7-14 days. Injections are given once or twice a day, and the times of administration should not vary by more than 1/2 hour daily. Morning injections should be given between 5-7am and evening injections should occur between 9-10pm.
- Each patient will be provided with a calendar that details their individualized medication protocol and when to return for their first midcycle monitoring appointment (labs & ultrasound). It is the patient's responsibility to continue filling in their calendar after this first appointment. If you are monitoring out of town (Syracuse, Buffalo, Ithaca, etc.) it is imperative that you schedule your appointments early in the morning and that the facility does same day lab results. Failure to do this may result in an unsuccessful IVF cycle or cancellation of cycle.
- Response to the stimulation medication is monitored closely by transvaginal ultrasound and blood levels. When the providers have determined that you are ready to be triggered you will receive a phone call with your pre-op instructions including the specific time to take your trigger injection (this could be hCG and/or Lupron). It is very important that you administer the trigger injection at the exact time you are instructed.

Egg Retrieval Basics



- When you are ready to be triggered for your egg retrieval you will receive a call from a nurse who will go through detailed pre-op instructions with you.
- You will arrive at our office 1 hour before your scheduled appointment (procedure) time.
- Upon arrival you will be instructed to change into a hospital gown and vital signs will be obtained.
- An IV will be placed and you will be started on IV fluids. You will also receive an IV antibiotic prior to going in for the procedure.
- The IVF doctor, Anesthesiologist, and one of our Embryologists will meet with you to review the plan.
- The procedure can take anywhere from 20-45 minutes and once completed you will come back to our PACU area for approximately an hour. Prior to discharge, a nurse will review your post-op instructions.
- An IVF Team Member will send you a MyChart message with your fertilization results the day after your retrieval and check in to see how you are feeling. If you are doing a fresh transfer you will be given transfer instructions at this time. If you are a freeze all, you will be instructed to call the office with the start of your next period.

Embryo Transfer Instructions



1. Day of embryo transfer:

- You will need to arrive to our office 15 minutes prior to your scheduled appointment.
- You will need to have a partially full bladder for the transfer as it is done using ultrasound guidance. To do this, you will empty your bladder one hour before the procedure and then drink 3-4 full 8oz. glasses of water. You will not empty your bladder again until the transfer is completed.

2. At time of transfer:

- When you arrive at our office a tech will bring you back to our procedure area where you will be asked to change into a hospital gown; you will also be given socks and a hair net.
- Only the patient will be allowed in the procedure area.
 - You are welcome to record or FaceTime with your partner during the procedure.
- One of our embryologists and the doctor performing the transfer will review the embryo quality with you and verify how many embryos are being transferred.

3. Following transfer:

- We will review your after embryo transfer instructions and date to test.

Required Documents



Before beginning your IVF cycle you will be given paperwork that needs to be completed and returned to the office by or before the IVF Baseline appointment. Some of these consents will need to be signed and notarized; you can find a notary at any local bank. **If this paperwork is not returned at that time, you will not be allowed to move forward with your cycle.**

- [IVF Consent Packet](#)
- [Embryo Disposition & Cryopreservation Form](#)
- [Anesthesia History Form](#)
- [Embryo Biopsy Consent](#) (only required if doing PGT genetic testing)
- ReproTech Account (see next slide for further instruction)

ReproTech Account Set-Up



- We ship all embryos to ReproTech of Minnesota after approximately one year of storage, as we are not a long-term storage facility. If you ever need to contact them, they can be reached at 1-888-489-8944.
- You will need to set up an account with ReproTech before the start of your IVF baseline by visiting this link: <https://www.reprotech.com/forms/>.
- You will receive a MyChart message when your embryos are on the list to be shipped, and from that time, you will have approximately two weeks to decide if you would like to keep your embryos at Strong Fertility Center for an upcoming treatment cycle (within the next 3 months) and/or if you would like to discard any genetically abnormal embryos prior to shipping. If we do not receive a response from you within that timeframe, everything remaining in storage at the clinic will be shipped to ReproTech.
- Once your embryos have been shipped to ReproTech, you will receive a MyChart message from the lab stating this.
- You will then receive a letter from ReproTech confirming safe embryo arrival, which typically happens within a week of receipt.
- You will be responsible for paying embryo storage fees from Strong Fertility Center only as long as your embryos physically remain at the clinic. Once your embryos have been shipped to ReproTech, you will start to receive embryo storage bills from Reprotech instead.
- Whenever you are ready to ship your embryos back to Strong Fertility Center for further fertility treatment, you will need to contact ReproTech of Minnesota at 1-888-489-8944 to start this process. This requires a notarized consent form, which ReproTech will provide. ReproTech asks you to give them 30 days' notice in order to facilitate shipping arrangements with our clinic, but they do offer a same-day/STAT shipping option for an additional fee.
- You will then receive another MyChart message from the Strong Fertility Center IVF lab once your embryos have been received and are ready for use.
- Clinic Information: Strong Fertility Center, 500 Red Creek Drive, Suite 220, Rochester, NY 14623. Office phone: 585-487-3378. Office fax: 585-487-3466
- Click on the following link to begin account set up: [ReproTech-Get Started](#)

ReproTech contact information: Phone 651-489-0827 or 888-489-8944
Email: infoMN@reprotech.com



Reasons for Cancellation

There are certain points throughout the cycle where cancellation may be necessary. Some of these reasons include:

1. If there is a cyst on your baseline ultrasound the cycle may be postponed, usually for about a month. You would be put back on the birth control pill and be brought back to repeat ultrasound prior to start.
2. If the baseline estrogen or progesterone level is elevated it means that the Lupron/Birth control pills has not taken full effect. We may postpone the cycle for a week and repeat the estrogen and progesterone levels again before starting stimulation medications.
3. If blood estrogen levels remain low after stimulation medications have started, the cycle may be cancelled or be converted to IUI if you have open tubes and adequate sperm count.
4. If only one or two follicles develop during cycle you may be cancelled or converted (This occurs about 5% of the time).
5. If the egg(s) are not successfully retrieved (about 1% of the time), the remainder of the cycle will be cancelled.
6. If the egg(s) fail to fertilize (about 5-7% of the time), an embryo transfer will not be done.
7. Any abnormally fertilized egg(s) will not be transferred. If in the same treatment cycle normal and abnormal fertilization occurs, only normally fertilized egg(s) will be transferred.
8. In rare cases, ovulation may occur prematurely despite taking Lupron/Ganirelix/Cetrotide or if HCG is given too early we may not get any eggs at retrieval.

Fact Sheets



Click on the following links to see the ASRM fact sheets on these topics:

- Infertility: An Overview-
 - [IVF Overview](#)
- Assisted Reproductive Technology (ART)-
 - [ART](#)
- Intracytoplasmic Sperm Injection (ICSI)-
 - [ICSI](#)
- Assisted Hatching (AHA)-
 - [AHA](#)
- Smoking & Infertility-
 - [Smoking](#)
- Stress & Infertility-
 - [Stress](#)

Types of Medications Used



- Stimulation Therapy:

- Menopur- an injectable medication containing two hormones, FSH and LH, which stimulate egg and ovarian follicle growth.
- Gonal F/Follistim- an injectable medication containing FSH which stimulate egg and ovarian follicle growth.

- Trigger Ovulation Therapy:

- Pregnyl/Novarel/Generic HCG- an injectable medication which cause the final maturing of the egg and ovulation. They are given when the follicles have reached sufficient size after stimulation therapy.
- Lupron- an injectable medication that is used to trigger egg maturation. This may used in place of or together with an HCG trigger shot in cases where there is a risk of ovarian hyperstimulation.

- Suppression Therapy:

- Birth Control Pills (OCPs)- used prior to beginning IVF cycle to suppress hormones. They can also be used for when you do not get regular periods.
- Lupron- an injectable medication used to suppress FSH and LH. It is used in some cycles to prevent premature ovulation. It may be used once or twice a day. It is important that you do not get pregnant while taking this medication, therefore, barrier method (condoms) must be used.
- Ganirelix/Cetrotide- an injectable medication used to suppress the hormones FSH and LH. These are used to prevent premature ovulation and are used once a day.

- Progesterone:

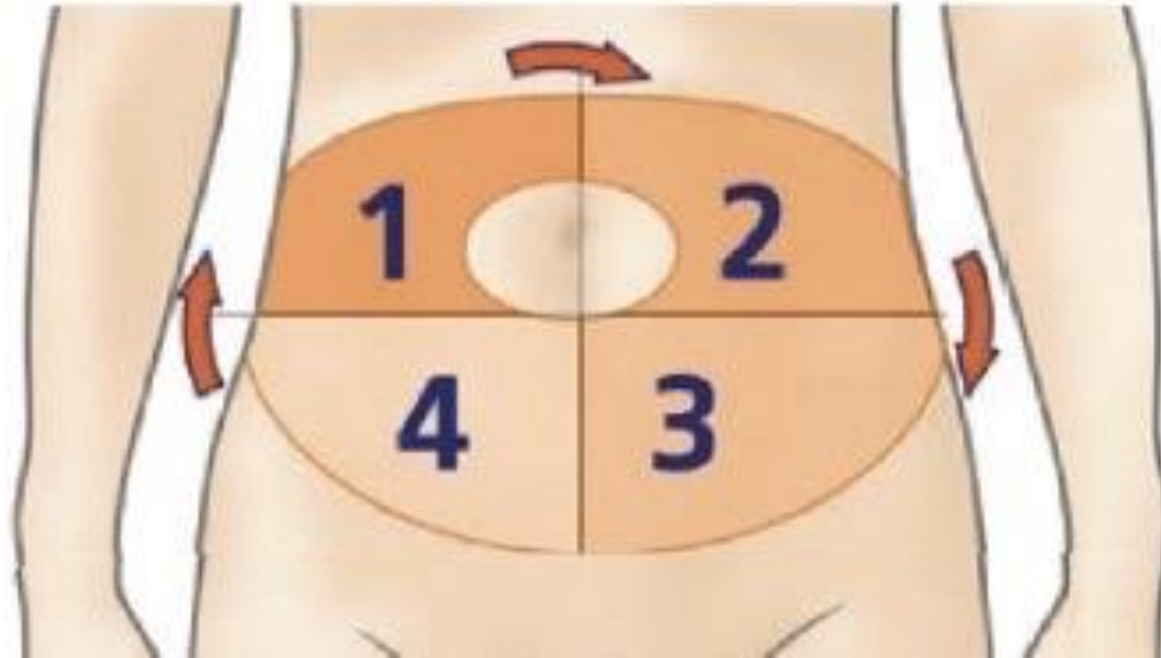
- Progesterone in Oil- an injectable medication that is used to help thicken and maintain the lining of the uterus. Used once a day.
- To view videos on how to administer injectable medications visit the following link. Note- specific links for each medication are included on the medication information pages: [FreedomMedTeach](#)

Subcutaneous Injections



1. Clean the injection site with alcohol. Allow the area to dry before giving injection (do not blow air on site).
2. Hold the needle at a 90 degree angle to the skin.
3. Hold onto barrel of syringe only. Do not place finger or thumb on the plunger- this helps to prevent you from accidentally pushing out the medication prior to insertion.
4. Pinch an inch of skin and insert needle into skin using quick forward motion (dart like) all the way to the plastic hub of the needle.
5. Push down plunger to inject medication.
6. After injecting medication, release pinch and keep finger on the plunger as you withdraw needle from skin. Place needle and syringe into red sharps container.
7. If you see blood or a small amount of fluid at injection site, wipe with gauze pad or alcohol wipe and apply light pressure.
8. If you experience any discomfort during injection you can ice area for a few minutes prior to performing injection.
9. You may experience some swelling or tenderness around injection site. To relieve discomfort, gently massage area or apply warm moist heat. Make sure to alternate sites daily.
10. Click on the following link to view a video on how to give this type of injection: [SC Video](#)

Subcutaneous Injection Sites

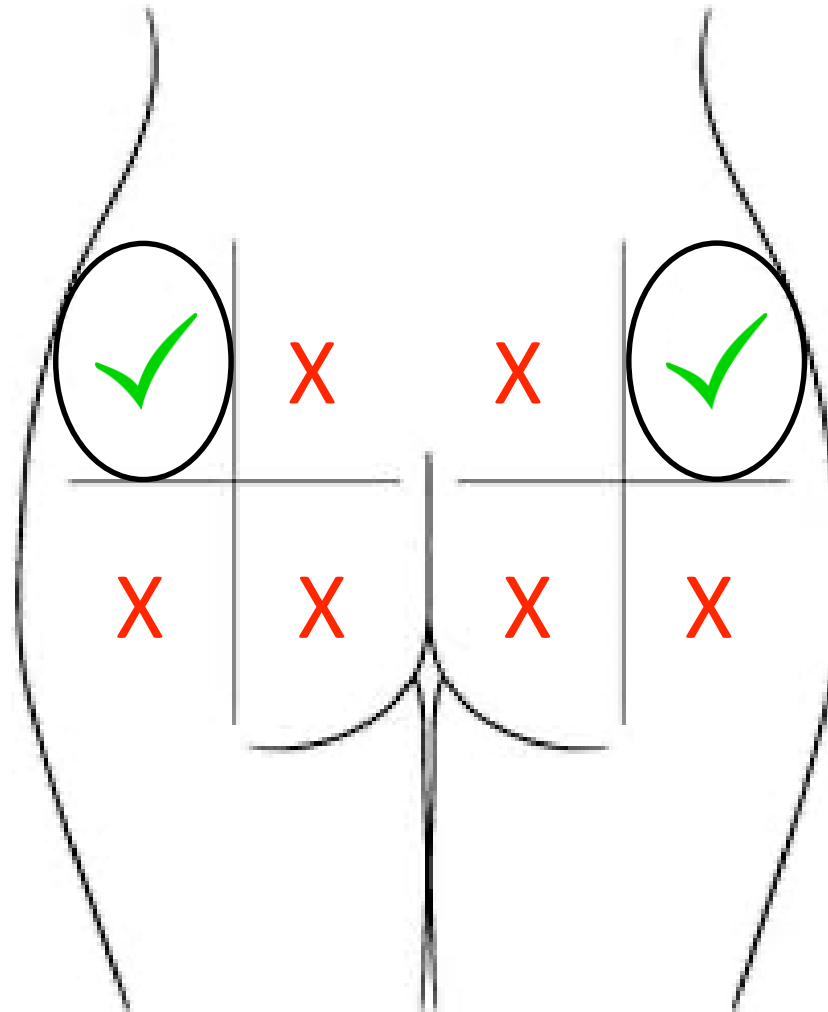


Intramuscular Injections



1. Clean injection site with alcohol wipe by rubbing in a circular motion.
2. Remove cap off of needle.
3. Hold onto barrel of syringe only. Do not place finger or thumb on plunger to avoid pushing out any medication prior to insertion.
4. Stretch the injection site with one hand and using other hand, quickly insert the needle at a 90 degree angle, using dart like motion, straight into the skin until plastic hub on needle is touching the skin.
5. Inject medication by pushing down on plunger.
6. Remove the needle and place into sharps container.
7. Rub the area in circular motion to massage medication.
8. If you see blood or small amount of fluid at injection site wipe with alcohol wipe or gauze and apply light pressure.
9. To minimize discomfort: push needle quickly into skin, have medication be room temperature, put ice on site for one minute prior to injection, and/or put a warm, wet cloth on site for 10 minutes after injection. Make sure to alternate sites daily.
10. Click on the following link to view a video on how to give this type of injection: [IM Video](#)

Intramuscular Injection Sites



Medication Instruction Sheet Guide



- Follistim
- Gonadotropin Releasing Hormone (Gonadotropin) F
- Menopur
- Cetrotide
- Ganirelix
- HCG (Novarel/Pregnyl)
- Progesterone in Oil
- Doxycycline
- Lupron
- Microdose Lupron
- Omnitrope (Growth Hormone)

Follistim



Storage: Refrigerate

1. Gather supplies: Follistim Pen, Follistim AQ Cartridge (300IU, 600IU or 900IU), injection needle & alcohol wipes
2. Take cartridge out of package and wipe off rubber stopper with alcohol. Insert cartridge into the cartridge holder with the metal rimmed cap end first.
3. Screw the pen body onto the cartridge holder and align the blue arrow on the cartridge holder with yellow rectangle on the blue pen body. Wipe tip of the pen with alcohol.
4. Attach injection needle to pen by first removing the protective paper seal and then pushing the end of the cartridge holder into the outer needle shield and screw tightly together.
5. Dial up dose by turning dial towards you until you see the desired dose in the dosage window.
6. Clean injection site with alcohol swab and let dry.
7. Remove cover off needle. Pinch skin and insert needle straight into skin at 90 degree angle. Press the injection button all the way; the dosage window should display “0.” Once injection is complete unscrew needle from pen and place into sharps container (see important note regarding Follistim & Gonal F on slide 19).
8. Click the following link to view a video on how to give this subcutaneous injection: [Follistim Video](#)

Gonal F Redi-ject Pen



Storage: Refrigerate

1. Gather supplies: Gonal F pen (300IU, 450IU, 900IU), pen needle & alcohol wipes
2. Remove the pen cap and clean the rubber stopper at the end of the pen with alcohol wipe.
3. Attach a needle by twisting clockwise.
4. Dial up required dose. If the pen does dial up to required dose then there is not enough medication in that pen and you will need to use a new pen.
5. Clean injection site with alcohol wipe and allow to dry.
6. Pinch skin and with dart like action inject needle into skin at a 90 degree angle. Push dosing knob (plunger) down as far as it will go and hold for 5 seconds.
7. Remove needle from skin and verify that there is now a “0” in the dosing window (see important note regarding Follistim & Gonal F on slide 19).
8. Remove needle from pen and put in sharps container. If the pen is empty it will go into the sharps container as well; if there is medication left replace pen cap and store properly for next day.
9. Click on the following link to view a video on how to give this subcutaneous injection: [Gonal F Video](#)

Note on Follistim & Gonal F



- **These two medications can be used interchangeably. Follow directions for the medication you have on hand.**
- **If the dosage window does not show “0” after you have performed the injection you did not complete your dose**
- If this happens, you will need to do the following:
 - Follistim- When the dosage window does not show a “0” and you cannot push the injection button in, do not try to force the button down. The number remaining in the window is the amount needed to complete your dose. You will need to write this number down and then remove the needle, place it in your sharps container, and then reset the pen to show “0” in the dosage window. You will then need to place a new cartridge in the pen, place a new needle on the syringe, dial up the dose remaining from the previous injection and give yourself the second injection. For example, if “75” was left in the window from the first injection you will dial up the new pen to 75IU and perform a subcutaneous injection.
 - Gonal F- When the dosage window does not show a “0” you will need to write down this remaining dose and then dispose of the empty needle and pen into the sharps container. You will then need to open a new pen and place a new needle on the pen. Dial up the remaining dose from the first injection and perform a subcutaneous injection. For example, if “75” was left in the dosage window after your first injection, you will dial up the new pen to 75IU and inject that dose.

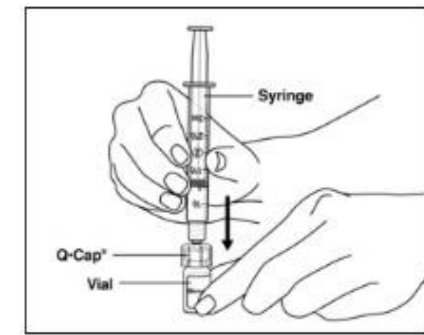
Menopur



Storage: Room Temperature

1. Gather supplies: Menopur powder vial, liquid diluent vial, 3mL syringe, Q-cap, 27 gauge 1/2” injection needle & alcohol wipes
2. Remove plastic caps off of powder and liquid vials and clean rubber stoppers with alcohol wipe.
3. Place liquid vial on table. Open Q-cap blister pack and holding onto outside of package turn Q-cap over and push it down onto the top of the liquid vial. Push down until the spike pierces the rubber stopper and Q-cap snaps into place. Pull plastic packaging off making sure to not touch connector of Q-cap.
4. Draw 1mL of air into syringe. Connect syringe to Q-cap by twisting the syringe clockwise until tight. Instill air into liquid vial.
5. Turn vial upside down and draw 1mL of liquid into syringe. Remove liquid vial from Q-cap by either pulling it straight off or gently bending vial down to disconnect and discard vial into sharps container.
6. Hold powder vial in one hand on table and firmly push Q-cap onto vial until it snaps into place. Inject liquid into powder vial and gently swirl to mix.
7. Turn vial upside down and pull back on syringe to withdraw all medication into syringe. Remove syringe from Q-cap by twisting it off counterclockwise. Place Q-cap and attached powder vial in sharps container.
8. Attach 27 gauge 1/2” injection needle to syringe. Remove any air bubbles by tapping syringe. Push plunger slowly until a drop of medication is on tip of needle.
9. Clean injection site with alcohol and let dry. Pinch skin and using dart like motion inject needle into skin. Push down on plunger to inject medication. Remove needle and place in sharps container.
10. Click on the following link to view a video on how to give this subcutaneous injection: [Menopur Video](#)

Menopur Dilution Instructions



- Menopur 37.5IU= Mix one powder vial with 2mL of liquid vial; administer 1mL.
- Menopur 75IU = Mix one powder vial with 1mL of liquid vial; administer 1mL.
- Menopur 125IU= Mix one powder vial with 1.5mL of liquid vial, draw out 1mL of medication; add 1mL to second powder vial; administer 1mL.
- Menopur 150IU = Mix two powder vials with 1mL of liquid vial; administer 1mL.
- Menopur 225IU = Mix three powder vials with 1mL of liquid vial; administer 1mL.

Cetrotide



Storage: Refrigerate

1. Gather supplies: 1 Cetrotide box & alcohol wipes
2. Open package of Cetrotide. Hold the vial in one hand and snap off plastic cover.
3. Clean rubber stopper on vial with alcohol wipe. Remove cap from diluent syringe. Twist on 20 gauge 1-1/2 inch mixing needle. Insert needle into the vial and push all of the diluent into powder vial. Swirly gently to mix.
4. Turn vial upside down and draw out all of the medication. Always keep needle in the solution. Holding needle straight up, tap any air bubbles to top and gently push out. Remove from vial when bubbles are gone.
5. Twist mixing needle off and discard in sharps container. Replace smaller injection needle on syringe of medication. Slowly push up on plunger until a drop of medication is at the tip of the needle.
6. Choose an injection site on the stomach and clean area with alcohol wipe. Let alcohol dry.
7. Pinch an inch of skin. Using a gentle dart action, stick needle in at a 90 degree angle and slowly depress plunger.
8. Remove needle from skin and dispose of syringe and needle in sharps container.
9. Click the following link to view a video on how to give this subcutaneous injection: [Cetrotide Video](#)

Ganirelix



Storage: Room Temperature

1. Gather supplies: 1 box of Ganirelix & alcohol wipes
2. Remove cap over needle
3. Remove air from the pre-filled syringe by holding needle straight up, pull back on the plunger to break the seal on the stopper and then push the plunger until medicine reaches top of syringe. This will be just below the needle.
4. Choose an injection site on abdomen about an inch from the belly button. Clean site with an alcohol wipe and allow to dry.
5. Pinch skin, then with a gentle dart action, stick needle in at a 90 degree angle and slowly depress the plunger.
6. Remove needle and place in sharps container.
7. Click the following link to view a video on how to give this subcutaneous injection:

[Ganirelix Video](#)

HCG (Novarel/Pregnyl)



Storage: Room Temperature until mixed. Once mixed store in refrigerator.

1. Gather supplies: Medication (Powder) vial, Diluent (liquid) vial, 18 gauge mixing needle, 3mL syringe, 22 gauge 1-1/2” injection needle & alcohol wipes
2. Remove plastic covers off of both powder and liquid vials and clean rubber stoppers with alcohol wipe.
3. Using 3mL syringe with 18 gauge mixing needle attached, draw up 1mL of water from liquid vial.
4. Inject liquid into powder vial to dilute medication and swirl gently to mix.
5. Invert vial to draw up the medication into syringe. Pay attention to where needle is in vial as it will need to be below liquid to draw out all of the medication.
6. Remove 18 gauge mixing needle and replace with 22 gauge 1-1/2” injection needle.
7. Push up plunger slowly to remove any air from syringe and to prime the needle. Push slowly until you see a drop of liquid on tip of needle.
8. Clean injection site (upper outer quadrant of buttocks) with alcohol wipe and let dry.
9. Inject needle into skin and push down on plunger to inject medication. Remove needle from skin and place needle & syringe in sharps container.
10. Click on the following link to view a video on how to give this intramuscular injection: [HCG Video](#)

Progesterone in Oil



Storage: Room Temperature

1. Gather supplies: Progesterone vial, 3mL syringe, 18 gauge needle, 22 gauge 1-1/2” injection needle & alcohol wipes
2. Remove cap from medication vial and clean rubber stopper with alcohol wipe.
3. Place 18 gauge needle onto syringe and draw up 1mL of air into syringe.
4. Push needle through rubber stopper of vial and inject air into vial.
5. Invert vial and withdraw 1mL of medication into syringe. Expel air by tapping out bubbles and pushing up on plunger until no air remains in syringe.
6. Remove 18 gauge needle and place 22 gauge 1-1/2” injection needle onto syringe.
7. Clean injection site with alcohol wipe and let dry.
8. Inject needle into skin using dart like motion. Inject medication and keep needle inserted for 5 seconds prior to removing from skin. Gently massage injection site and apply heat if you experience any discomfort. Make sure to alternate injection sites.
9. Click on the following link to view a video on how to give this intramuscular injection: [PIO Video](#)

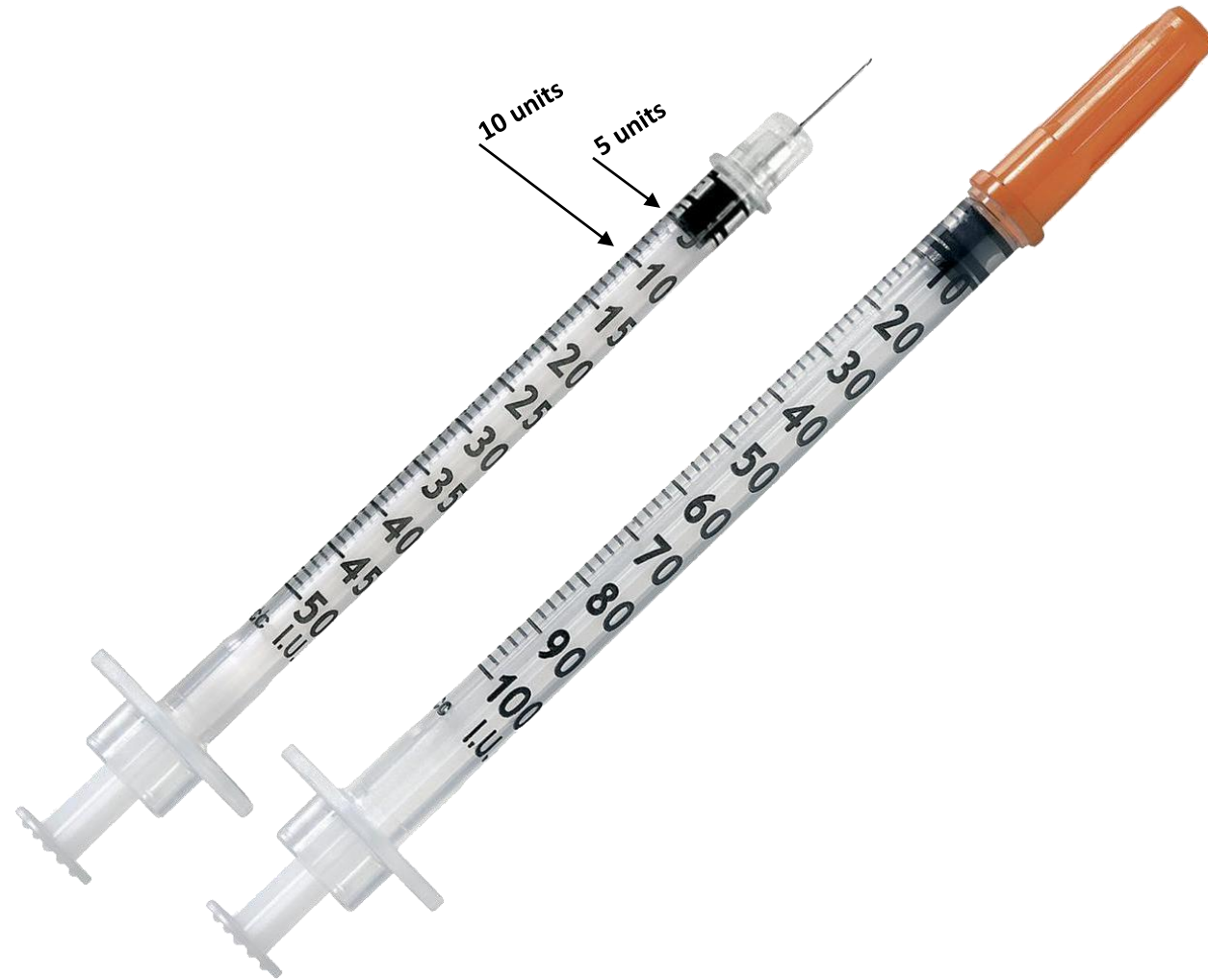
Lupron (Leuprolide Acetate)



Storage: Room Temperature

1. Gather supplies: Medication vial, syringe & alcohol wipes
2. Remove plastic cover off of medication vial and clean rubber stopper with alcohol wipe.
3. Draw back plunger to either the 5 or 10 unit mark on syringe to fill syringe with air, see next slide for photo.
4. Instill air into the medication vial.
5. Invert vial and draw up liquid into syringe until you have reached your indicated dose (per protocol).
6. Clean injection site with alcohol wipe and let dry.
7. Pinch skin and using dart like motion inject needle into skin. Push down on plunger to inject medication.
8. Remove needle and place into sharps container.
9. Click on the following link to view a video on how to give this subcutaneous injection: [Lupron Video](#)

Lupron Syringe Photo



Microdose Lupron



Storage: Refrigerate

1. Gather supplies: Microdose Lupron vial, syringe & alcohol wipes
2. Remove cap from vial and clean rubber stopper with alcohol wipe.
3. Remove syringe from packaging and pull off needle cap.
4. Draw up 10 units of air into the syringe.
5. Insert needle into medication vial and inject air into vial.
6. Turn vial upside down and pull back on plunger to withdraw 10 units of medication. Verify dosage on your protocol prior to drawing up medication.
7. Remove syringe from the vial and loosely replace cap on needle.
8. Clean injection site with alcohol wipe and let dry. Remove cap from needle.
9. Pinch skin and inject needle using dart like motion. Push down on plunger to inject medication. Remove needle and place in sharps container.
10. This medication is done twice daily. Make sure to alternate injection sites.

Omnitrope (Growth Hormone)



Storage: Refrigerate

1. Gather supplies: Omnitrope medication vial, liquid diluent vial, 1mL syringe & alcohol wipes
2. Snap off plastic caps on medication and liquid vials. Clean rubber stoppers with alcohol wipe.
3. Remove needle cap. Turn liquid vial upside down and draw up all of the liquid into syringe.
4. Inject all of the liquid into the powder vial gently swirl to help medication dissolve.
5. Draw out 0.53mL of liquid into syringe. Remove any air bubbles by tapping syringe.
6. Clean injection site with alcohol and let dry.
7. Pinch skin and with dart like motion inject needle into skin. Push down on plunger slowly to inject medication.
8. Remove needle and place in sharps container.
9. Place remaining medication dose in refrigerator. You will get 2 doses out of each vial.

Contact Information



Made with
LOVE
♥ AND ♥
♥ a little ♥
SCIENCE

500 Red Creek Drive, Suite 220, Rochester, NY 14623

Phone: 585-487-3378 & Fax: 585-334-8998