

Patient Resource Guide:

IVF Information & Medication Instructions

Strong Fertility Center

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COVID-19 Updates



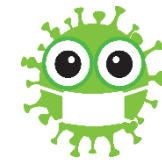
We share in the heartbreak of having to pause fertility treatments and know how difficult these past few weeks have been. We have spent this time carefully planning how to resume fertility treatment in the safest way possible, minimizing risk to you and all our patients, staff and community. Now that we have these measures in place and are seeing declining numbers of new cases, we are excited to get back to our mission of helping bring life into the world.

Beginning on Monday, May 18th, we will resume all treatment cycles (timed intercourse, intrauterine insemination with partner or donor sperm, IVF with planned fresh embryo transfer, and frozen embryo transfer) and diagnostic testing.

We have also put in place many new measures to make your treatment and the environment at Strong Fertility Center as safe as possible during this time. Below is a summary of some of the major changes taken and new policies.

1. We will be testing all patients for COVID-19 prior to the start of their IVF treatment cycles. For your convenience, a COVID-19 testing clinic is available at multiple locations in the Rochester and surrounding areas. Some sites require appointments, so please review the list and make necessary arrangements to have testing completed 1-2 days **BEFORE** your IVF Baseline appointment. The test must be negative before starting treatment.
2. COVID-19 test results will be available within 24 hours, typically the same evening. If the result is **positive**, you will be notified by our office to not come in for your scheduled baseline and options for further management will be discussed. Unfortunately, we will not be able to proceed with IVF treatment with a positive COVID-19 test.
3. Your morning monitoring appointments will be scheduled in order to reduce the number of patients present at the center at a given time. So, it is imperative that you arrive at the time of your scheduled appointment.
4. While in the office and exam rooms, you will be required to cover your nose and mouth at all times. We will provide a surgical mask at the entrance to the building if you do not already have one. We ask you to maintain physical distance of at least 6 feet from other patients in the waiting room or common hallway. All physicians and staff at the center will also be wearing masks.
5. Your temperature will be taken at each visit using a temporal or oral thermometer. If you have an elevated temperature, you will be referred to your primary physician and we will have to cancel the treatment cycle.

COVID-19 Updates



6. If you develop symptoms concerning for or test positive for COVID-19 during the cycle, we will have to cancel the cycle. We will resume treatment in a future cycle when you are medically cleared and we will make every effort to avoid any financial implications from this cancelation.
7. After your temperature check, ultrasound and blood draw are completed you may get dressed and exit the fertility center.
8. Nurses will be available for teaching and to answer questions via mychart, telephone and/or video visits. We have online medication teaching through our website: www.urmc.rochester.edu/ob-gyn/fertility-center. However, there will not be in-person, face-to-face meetings with nurses.
9. **To protect our patients and staff, only the patient should come to the visit. Partners, friends, family and children cannot be brought to any visits.** This is in accordance with UPMC's zero visitation policy. We recognize that there are visits that are very special, for example the day of your embryo transfer. We will do what we can to help to accommodate facetime with your significant other so they are also able to be "present" during your visit.
10. If a sperm sample is required for IVF, the sperm sample will need to be produced offsite (home or a nearby hotel) and bring it in to the fertility center, preferably within 1 hour of ejaculation. You will be given a home collection kit at one of your monitoring visits with required paperwork to complete prior to dropping off the sample. You must bring a valid form of identification and completed paperwork in advance. If you live greater than one hour away, please let us know at the time of your visit, we will provide you with a special collection container that has media to accommodate the longer interval of time.
11. You will still need a support person to take you home from the egg retrieval since anesthesia is given. **We will not have visitors waiting in the waiting room**, so your support person will receive a phone call when you are ready to go home.
12. We will be continuing to have all new and follow-up consultations with our physicians/providers conducted via telehealth.

We are so excited to be able to resume care and do everything possible to help you achieve success. We appreciate your understanding and patience as we navigate your fertility treatment cycle in the safest and most effective way possible. If you have any questions please contact your care team.

COVID-19 Updates



At this time, very little is known about COVID-19, particularly related to its effect on pregnant women and infants. Currently available data on COVID-19 does not indicate that pregnant women are at increased risk. However, pregnant women are known to be at greater risk of hospitalization and death from other respiratory infections such as influenza and SARS. As such, pregnant women should be considered an at-risk population for COVID-19. Adverse infant outcomes, such as preterm birth, have been reported among infants born to mothers positive for COVID-19 during pregnancy. However, this information is based on limited data and it is not clear that these outcomes were related to maternal infection. Currently it is unclear if COVID-19 can cross the placenta and infect the fetus though no infants born to mothers infected with COVID-19 have tested positive. We do not currently have any data on the impact of COVID-19 infection in the first trimester since the virus has only been in circulation for a few months so early pregnancy data is limited.

Prior data with other illness support that a febrile illness of any kind in pregnancy may pose risks including miscarriage, stillbirth, and preterm birth. Further, the impact of the medications used to treat COVID-19 have not been studied in pregnancy. There is a possibility of increased thrombotic risk in COVID-19 infections and this risk has not been studied in pregnancy.

Please be reassured that we are taking precaution to minimize your risk of infection if you start infertility treatment. These precautions include:

- Daily screening for symptoms and temperatures
- Physical distancing with spaced appointments
- Limiting one support person per patient and no children in the office.
- Face masks for all patients, support persons and staff
- Face shields for all physicians, advanced practice providers, nurses and technicians who come within 6 feet of you to complete a procedure
- Additional cleaning

It is your obligation to inform the clinic if you are not feeling well, have a fever or any other symptoms associated with COVID-19, or if you have reason to believe that you have been exposed to COVID-19.

You should contact the Strong Fertility to reschedule your appointment if you experience any of the following symptoms: cough, fever, shortness of breath. You should inform Strong Fertility immediately if you have been in close contact with an individual known to have COVID-19, or have had exposure to an individual with the previously listed symptoms.

Prior to and during my treatment you should continue to practice preventive measures, i.e. physical distancing, handwashing, use of personal protective equipment (PPE- i.e. masks and gloves, hand sanitizer) and all current CDC recommendations to reduce the risks of infection.

Please be aware that if you develop COVID-19 or symptoms such as a fever, body aches, shortness of breath, cough or sore throat your cycle will be canceled. Any services that have been rendered to that point will still be your financial obligation.

Stress & Emotional Support



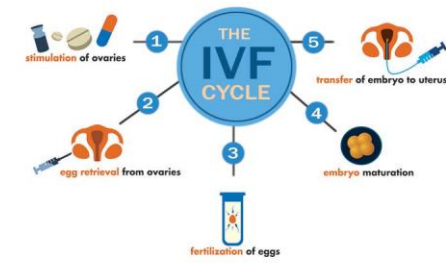
- In vitro fertilization can be an emotionally, physically and financially exhausting experience.
- Every couple dealing with fertility issues or undergoing fertility treatment rides an emotional roller coaster, which may include anxiety, depression, anger or feeling out of control. Strong Fertility 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.
- 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



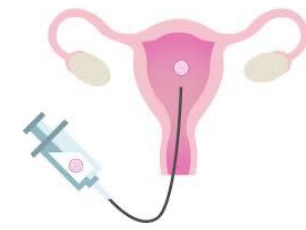
- Controlled ovarian hyperstimulation is a process where medications are given by injection to stimulate the ovaries to produce many follicles (fluid filled sacs in the ovaries) which contain an egg. This process begins early in the menstrual cycle after baseline ultrasound and labs are completed. During 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 HCG injection. It is very important that you administer the HCG 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 Embryologist will send you a MyChart message with your fertilization results the day after your retrieval.
- One of our RN's will call you the day after your retrieval to check in and 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. You will receive a call from a nurse to review your transfer instructions the day after your egg retrieval.
2. 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.
 - You will need to take your Doxycycline tablet 1-2 hours prior to transfer. This should be taken with food.
3. 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. Your partner will be given a coverall that they will wear over their clothing, shoe covers and hair net.
 - 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.
4. Following transfer:
 - A nurse will review your after embryo transfer instructions, dates to test, and provide you with lab requisitions.

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](#)
- [Anesthesia History Form](#)
- ReproTech Account (see next slide for further instruction)

ReproTech Account Set-Up



- ReproTech is the facility that we will ship your frozen embryos to for long term storage, should you choose to store your embryos for more than one year.
- This account needs to be set up prior to your baseline visit. You may contact ReproTech, Limited directly if you have any questions about setting up this account.
- You will only be billed by ReproTech, Limited for their services once your embryos are transferred to their facility.
- You may be asked if you have Progeny coverage; this is a self purchased infertility insurance.
- If you are a “couple” banking, you will need to choose the Embryo Couple Link. You will be required to provide email addresses for both the patient and partner.
- If you are “single” and banking, you will need to choose the Embryo Single Depositor link.
- 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



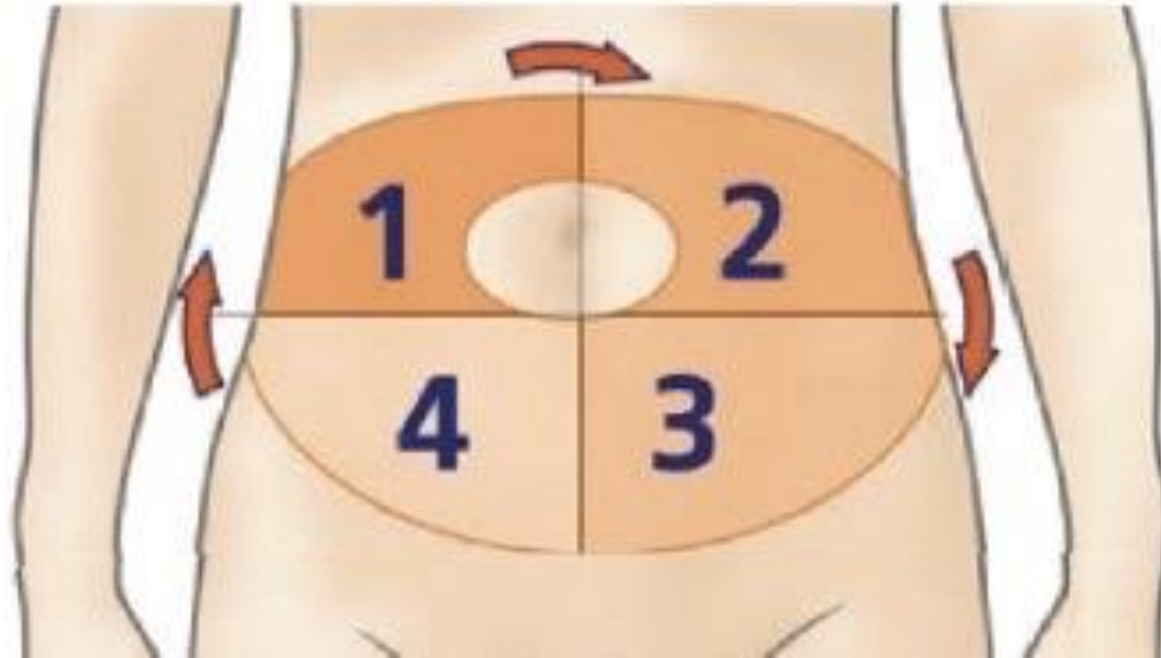
- Stimulation Therapy:
 - Menopur- an injectable medication containing two hormones, FSH and LH, which stimulate egg and ovarian follicle growth.
 - Gonal F/Follistim- an injectable medication containing FSH which stimulate egg and ovarian follicle growth.
- Trigger Ovulation Therapy:
 - Pregnyl/Novarel/Generic 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

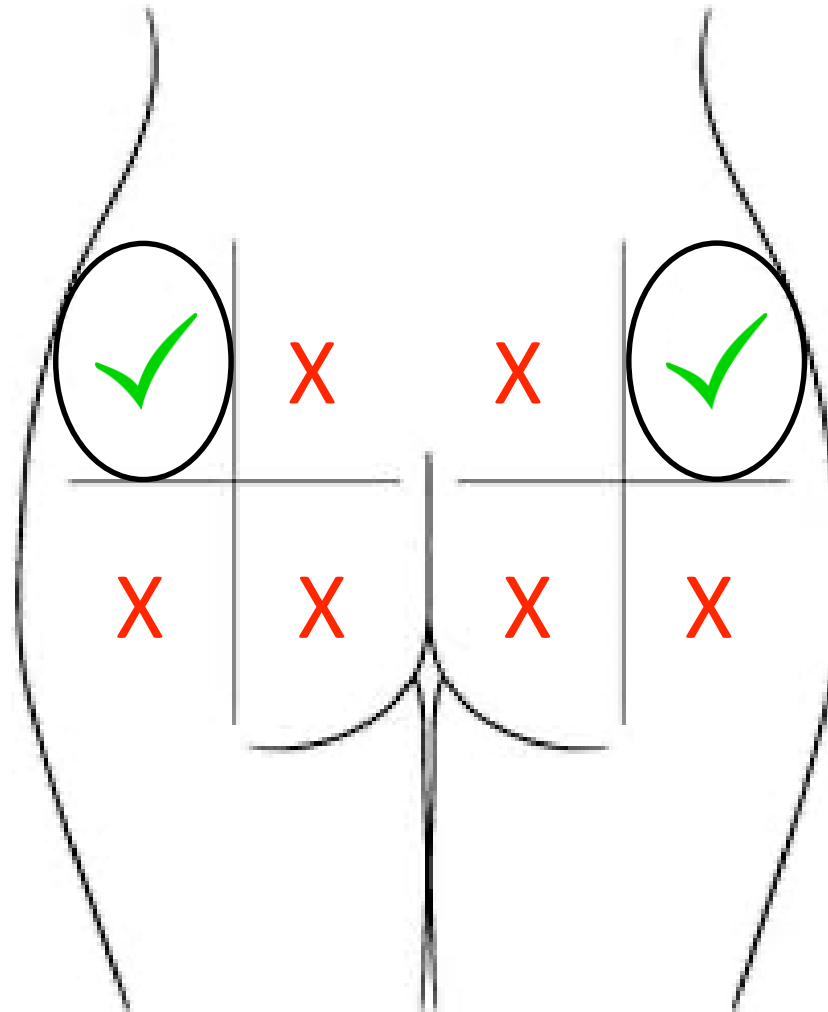


Intramuscular Injections



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



- **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.

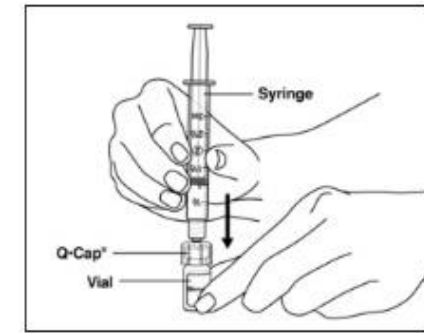
Menopur



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 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 are 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](#)

Doxycycline



- **Description:** Antibiotic
- **Purpose:** Doxycycline is prescribed to clear the reproductive tract of bacteria that can potentially interfere with conception or increase the possibility of miscarriage.
- **Route or Administration:** One 100mg tablet taken orally 1-2 hours prior to transfer. Take with food.
- **Most Common Side Effects:** Nausea, vomiting, intestinal discomfort. Taking Doxycycline with bigger meals of the day can reduce this. Skin sensitivity when exposed to sunlight i.e. skin rash or sunburn. Avoid sun exposure and use sunscreen at all times when outdoors. No tanning.

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.
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](#)

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



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