

Form 14B

[See rule 13 (2) (i)]

Oocyte-Embryo Record (AADHAR card no. to be entered)

Patient name:

ID no.:

Day 0		Day 1			Day 2			Day 3		Day 4	Day 5	Day 6		Frozen Info.	
Date:		Date: Sci:			Date:			Date:		Date:	Date:	Date:		Date:	
Time:		Diss. Time:			Sci.:			Sci.:		Sci.:	Sci.:	Sci.:		Time:	
Sci.:		Score Time:			Time:			Time:		Time:	Time:	Time:			
Dr.:		Hrs.(from OPU):			Hrs.:			Hrs.:		Hrs.:	Hrs.:	Hrs.:			
Hyal. Time:					Sci:									Method:	
Inject Time:					Sci:									Slow / Vitri	
Egg	Comm.	PN	PB	Comm.	Cell#	Grade	Frag %	Cell#	Grade		Grade	Grade	FATE	Cell#/ Grade	Straw no.
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

Frozen embryo details :

Tank :

Canister :

Goblet/Loop :

Arrangement :

The ART bank will maintain a separate register which will give the name and address, telephone no. etc., of the donor, that will match with the donor ID mentioned above. This register will be kept in a safe, under lock and key, and will be accessible to only a small number of persons in the ART bank who will be sworn on oath to maintain the above identity secret.