

ERA mock cycle and pET cycle checklist	Mock cycle # _____ Biopsy month and year: _____	ERA result: _____ pET timing (hours): _____ Transfer month and year: _____
<input type="checkbox"/> *Cycle type (select one)	<input type="checkbox"/> HRT <input type="checkbox"/> Natural with <input type="checkbox"/> LH surge or <input type="checkbox"/> hCG trigger <input type="checkbox"/> Modified natural (with progesterone supplementation) with <input type="checkbox"/> LH surge or <input type="checkbox"/> hCG trigger	<input type="checkbox"/> HRT <input type="checkbox"/> Natural with <input type="checkbox"/> LH surge or <input type="checkbox"/> hCG trigger <input type="checkbox"/> Modified natural (with progesterone supplementation) with <input type="checkbox"/> LH surge or <input type="checkbox"/> hCG trigger
<input type="checkbox"/> **Endogenous progesterone level measured just prior to the first intake of exogenous progesterone in HRT cycles or at LH+0/hCG+0 in natural cycles (indicate level and mark corresponding unit of measurement)	_____ <input type="checkbox"/> ng/mL <input type="checkbox"/> mol/L	_____ <input type="checkbox"/> ng/mL <input type="checkbox"/> mol/L
<input type="checkbox"/> Date and time of above endogenous progesterone measurement (select AM or PM)	____/____/____ @ ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____/____/____ @ ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Endometrial thickness before the first intake of exogenous progesterone or on LH+0/hCG+0	_____ mm	_____ mm
<input type="checkbox"/> Date of above endometrial thickness measurement	____/____/____	____/____/____
<input type="checkbox"/> Date and time of hCG trigger or LH surge (select AM or PM) Natural ONLY	____/____/____ @ ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____/____/____ @ ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Date and time of the first intake of exogenous progesterone (select AM or PM) HRT or modified natural ONLY	____/____/____ @ ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____/____/____ @ ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> The daily dose of exogenous progesterone (indicate units and also note if doses differed from day to day) HRT or modified natural ONLY		
<input type="checkbox"/> Route of exogenous progesterone (select all applicable) HRT or modified natural ONLY	<input type="checkbox"/> IM <input type="checkbox"/> Vaginal + IM <input type="checkbox"/> Vaginal <input type="checkbox"/> Oral	<input type="checkbox"/> IM <input type="checkbox"/> Vaginal + IM <input type="checkbox"/> Vaginal <input type="checkbox"/> Oral
<input type="checkbox"/> Date of biopsy/pET	____/____/____	____/____/____
<input type="checkbox"/> Time of biopsy/pET (select AM or PM)	____/____/____ @ ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____/____/____ @ ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> #of hours at ERA biopsy/pET		
<input type="checkbox"/> List ALL additional medications administered during the ERA mock cycle and pET cycle		

*NOTE: Cycle types and cycle protocols (including medications, dosages, etc) must be replicated exactly between the ERA mock cycle and pET cycle to ensure reproducibility of the ERA results.
 **NOTE: endogenous progesterone must be less than 1ng/ml within the 24 hours prior to the first intake of exogenous progesterone start in an HRT cycle or at LH+0) hCG+0 in natural or modified natural cycles to ensure accuracy and reproducibility of the ERA results. If the level is >1ng/ml, then we recommend canceling the cycle.