Name: Nadine Lindsay

## **Shady Grove Fertility Reproductive Science Centers**

## **ANTAGONIST - VIVELLE PROTOCOL**

(No birth control pills)

## **Medications**

Vivelle Patch 0.1mg - transdermal 2 patches every other day, to start 5th day after LH surge.

Ganirelix or Cetrotide syringes.

Gonadotropin FSH (Follistim, Gonal-F, or Bravelle) and 75IU FSH&75IU LH (Repronex or Menopur)

Lupron Trigger # 1 vial - "Trigger" subQ injection.

Zithromax 1 gram - taken when directed evening before egg retrieval.

Prenatal vitamin 1 tablet every day.

It is critical that you carefully track the quantity of medications you have during your cycle. These medications may be difficult to obtain on short notice (many come through mail order pharmacies). If you are running low and need a refill, please confirm with your nurse how much to order before calling in your refill.

| Date     | Menses Day                  | Instructions   |
|----------|-----------------------------|--|
|          | 1                           | Call your primary nurse with day 1 of menses. REMEMBER TO USE BARRIER                                |
| CONT     | RACEPTION THIS M            | ONTH!  |
|          | 10 to 15                    | Start LH predictor kit on day 10, call nurse with positive LH surge result. *if no surge by day 15   |
| call the | e office to schedule bloo   | d work, lh and p4 will be drawn to estimate surge.   |
|          |                             | Begin using the Vivelle patch (2 patches) on day 5 after the LH surge as advised by the nurse.       |
| Replace  | e patch every other day.    |  |
|          |                             | Start Ganirelix or Cetrotide injection on DAY 2 of the patch. You will only take 3 days of           |
| injectio | ons at this time. Dates for | r Ganirelix or Cetrotide:,, and  |
|          | 1                           | Call your primary nurse with DAY 1 of menses (FULL FLOW). Schedule appointment for "                 |
| Pre IV   | F Evaluation" ultrasoun     | d and bloodwork on day 2 of menses. Do not put on another new patch after this appointment. The      |
| patch th | nat you have on this day i  | is the last patch and stays on until it falls off or until your trigger injection.                   |
|          | 2                           | **Office Visit. You will be called in the afternoon with your results.** No unprotected intercours   |
| during   | the cycle.                  |  |
|          | Stimulation day 1           | If blood work & ultrasound are within normal limits gonadotropins are started in the                 |
|          |                             | ew dosing instructions and give the date to return for follow-up monitoring. The stimulation wit     |
| _        | -                           | to 12 days, with frequent office visits. Dosing: A.M   |
| Dosing   | : P.M                       |  |
|          |                             | Once follicles are >14mm (or per physicians orders) you will be given instructions for continuing    |
|          |                             | anirelix or Cetrotide. When instructed, you will take your first dose of Ganirelix or Cetrotide that |
| evening  | g, and starting the next    | morning you will take the Ganirelix or Cetrotide once a day in the morning until instructed to       |
| stop.    |                             |  |
|          |                             | Egg retrieval (approximate date)   |
|          |                             | Embryo transfer (approximate date)   |
|          |                             |  |

\*\*INFECTIOUS DISEASE BLOODWORK MUST BE CURRENT FOR PATIENT AND PARTNER (WITHIN THE LAST 12 MONTHS) AND ALL CONSENTS MUST BE SIGNED AND RETURNED PRIOR TO STARTING TREATMENT. CONSENTS CAN BE SIGNED WITH A CLINICAL STAFF MEMBER, NOTARIZED OR SIGNED ELECTRONICALLY VIA ENGAGEDMD.