

**Advanced Fertility Center of Chicago**  
**30 Tower Ct Suite F**  
**Gurnee Illinois 60031**  
**PH FAX**

DATE: 07.04.2025

TO FAX: 0019204988978

RE:

FROM: hbrzeski@advancedfertility.com

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 96

(Please call if you do not receive all pages or fax received in error. Thank You)

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Advanced Fertility Center of Chicago  
The Prelude Network

## AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient's name: Hannah Gagnon Prior Name, if any: \_\_\_\_\_  
Address: w2414 Greenspire way Phone Number: 920-639-2244  
City: Appleton State: WI Zip Code: 54915 DOB: 04/25/88

### RECEIVING PARTY

I hereby authorize Advanced Fertility Center of Chicago to release my health information, including copies of my medical records, to the following person or entity:

<u>Hannah Gganon</u>	<u>920-498-8978</u>	<u>920-639-2244</u>
Name of Person or Entity	Fax No	Telephone No.
<u>Street w2414 Greenspire way Appleton WI 54915</u>	<u>State</u>	<u>Zip</u>

### PURPOSE OF RELEASE

☐ Medical Care ☐ Legal ☐ Insurance ☒ Personal Copy

☐ Leaving Advanced Fertility Center of Chicago

☐ Other: \_\_\_\_\_

**\* If leaving the Clinic, please check the reason(s):**

☐ Discharged to Ob-Gyn ☐ Transfer to another Infertility Center

☐ Other: \_\_\_\_\_

### I REQUEST MY RECORDS TO BE RELEASED TO MY PHYSICIAN VIA (SELECT ONE OPTION)

☐ Physician's Office Email \_\_\_\_\_

☐ Fax (please complete the fax field above)

☒ Mailed to Physician's Office (please complete address field above)

### INFORMATION TO BE RELEASED

Complete medical record (please select one option below):

☒ Complete medical record (please note this will include HIV/AIDS/STD test results/information, Genetic testing information, and Alcohol/Drug Abuse unless expressly requested to be excluded)

Partial Medical record (please select one option below):

☐ Obstetrical records only (this will include only bHCG, P4 - progesterone, E2 - estradiol and OB ultrasounds)



Advanced Fertility Center of Chicago®

The Prelude Network®

☐ Other; please specify: \_\_\_\_\_

☐ Billing Records

If you would like the below information to be **excluded** from the medical records, please select the appropriate check box below, and initial next to it.

☐ HIV/AIDS/STD test results/Information

☐ Genetic testing information

☐ Alcohol/Drug Abuse

☐ Behavioral/Mental Health Information

#### EXPIRATION OF AUTHORIZATION

This authorization will automatically expire one year from the date set forth below unless otherwise specified: 3/25/2025

(Date of expiration)

#### RIGHT TO REVOKE AUTHORIZATION

I understand that I have the right to revoke this authorization at any time by giving written notification to the Clinic. I understand that the revocation will not have any effect on actions taken by the Clinic in reliance on this authorization before it receives my written notice of revocation. I also understand that the revocation will not apply to any health information that has already been released in response to this authorization. Once the Clinic has released my health information to a recipient, the recipient may re-disclose my health information to third parties.

#### RIGHT TO REFUSE TO SIGN AUTHORIZATION

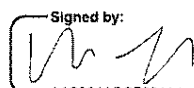
I understand that I may refuse to sign this authorization. I understand that my refusal will not affect my ability to receive treatment at the Clinic and that the Clinic may not condition treatment, payment, enrollment, or eligibility benefits on whether or not I sign the authorization.

#### RIGHT TO COPY OF AUTHORIZATION

I understand that I have a right to receive a signed copy of this authorization.

#### FEES

I understand that federal and state laws allow a fee to be charged for the copying of medical records and I will be responsible for payment of such fees.

Signed by: 

Signature of Patient (or Patient's representative)

3/25/2025

Date

Hannah Gagnon

Printed Name

If Representative, Basis for Authority

**Certificate Of Completion**

Envelope Id: DD9DD99B-FAF9-497E-A502-22A41BF16671

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Certificate Pages: 4

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afccesign@engagedmd.com

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3/25/2025 11:43:21 AM

Holder: AFCC eSign

afccesign@engagedmd.com

Location: DocuSign

**Signer Events**

Hannah Gagnon

hannahgagnon1@gmail.com

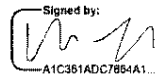
Security Level:

.Email

ID: 3f5d6635-8a7d-46b6-b15b-8c24ebf2d650

3/25/2025 12:32:53 PM

**Signature**

Signed by:  
  
A1C351ADC7854A1...

Signature Adoption: Drawn on Device

Using IP Address: 189.199.250.190

Signed using mobile

**Timestamp**

Sent: 3/25/2025 11:43:21 AM

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Signed: 3/25/2025 12:34:50 PM

**Electronic Record and Signature Disclosure:**

Accepted: 3/21/2025 6:57:26 AM

ID: b254e82d-0c7f-40e0-8700-3961099ad882

**In Person Signer Events****Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

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Completed

Security Checked

3/25/2025 12:34:50 PM

**Payment Events****Status****Timestamps****Electronic Record and Signature Disclosure**

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [afccesign@engagedmd.com](mailto:afccesign@engagedmd.com)

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- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [afccesign@engagedmd.com](mailto:afccesign@engagedmd.com) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Advanced Fertility Center of Chicago as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Advanced Fertility Center of Chicago during the course of your relationship with Advanced Fertility Center of Chicago.



Advanced  
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The Practice Network

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PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By Note

3/5/2025  
9:41:40  
PM  
Michelle  
Catenacci

Patient: HANNAH GAGNON  
DOB: 04/25/1988, Age: 36

Partner: JAMISON GAGNON  
DOB: 03/08/1985, Age: 39

If Telemedicine, location patient is taking the call POS 10- Telehealth in Patient's Home

Patient counseled via doxy.me HIPAA-compliant tele-health web platform. Verbalized consent for telemedicine consultation.

Problem list:

All DX: Z31.69 - Encounter for other general counseling and advice on procreation  
Z31.49 - Encounter for other procreative investigation and testing  
Z31.83 - Encounter for assisted reproductive fertility procedure cycle  
E03.9 - Hypothyroidism, unspecified  
SART07 - Diminished Ovarian Reserve  
SART01 - Male factor

Interval History / Discussion / Plan:

We went over her last cycle

SF w/ GH/Dex. 450 FSH, 12 day stim, E2 3139  
5/3/2, ET x 2 -> failed cycle

She asked about adding extra progesterone after transfer. We can add vaginal to the PIO after ET

Will also plan on doing long course of GH starting the cycle prior to stim

Cycle Plan

IVF

Created on 3/5/2025

SART Diagnosis:  
Diminished Ovarian Reserve

Cycle Type:

Schoyer Microdose Flare

Insemination Technique:

Other: ICSI or zymot per pt preference

Sperm Source:

partner

Medications:

rFSH (unspecified) Dose: 450 x 3

LD HCG Dose:

Other: dex. long course/low dose of GH to start they cycle before

Trigger as directed by MD: HCG

Embryo Transfer: Day 3 / Day 5 per protocol

15 minutes face-to-face time, greater than 50% of which was spent in counseling and/or coordination of care.

Authored By: Michelle Catenacci, 3/5/2025 9:41:37 PM

2/15/2025 E2: 59 OOT P4: 16.1 OOT Q: 1.3 OOT

1:48:05

PM

Debra

Schell

**Blood Test Results**

2/15/2025

7:00:00

AM

Debra

Schell

Lab: HCG Quantitative

Element	Result/UOM	Lab Element Comments
HCG BETA	1.3 OOT mIU/ml	

Drawn: 02/15/2025 Released: 02/15/2025 11:20 AM Reviewed: 02/15/2025 01:46 PM  
Reviewed By: Debra Schell

**Blood Test Results**

2/15/2025

7:00:00

AM

Debra

Schell

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	16.1 OOT ng/ml	

Drawn: 02/15/2025 Released: 02/15/2025 11:18 AM Reviewed: 02/15/2025 01:48 PM  
Reviewed By: Debra Schell

**Blood Test Results**

2/15/2025

7:00:00

AM





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# PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By

Debra Schell Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	59 OOT pg/ml	

Drawn: 02/15/2025 Released: 02/15/2025 11:20 AM Reviewed: 02/15/2025 01:48 PM  
Reviewed By: Debra Schell

2/4/2025 12:57:04 PM  
Michelle Catenacci

E2: 1236 P4: >60.00

## Blood Test Results

2/4/2025 11:45:00 AM  
Michelle Catenacci

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	>60.00 ng/ml	Reference Range Male: 0.2 - 1.5 ng/mL Female: Follicular phase 0.2 - 1.5 ng/mL Ovulation phase 0.8 - 3.0 ng/mL Luteal phase 1.7 - 27 ng/mL Postmenopausal 0.1 - 0.8 ng/mL

Drawn: 02/04/2025 Released: 02/04/2025 12:31 PM Reviewed: 02/04/2025 12:57 PM  
Reviewed By: Michelle Catenacci

## Blood Test Results

2/4/2025 11:45:00 AM  
Michelle Catenacci

Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	1236 pg/ml	Reference Range Male 23.1 - 26.6 pg/mL Female Follicular phase 49.8 - 58.1 pg/mL Ovulation phase 113 - 145 pg/mL Luteal phase 91.2 - 114 pg/mL Postmenopause < 5-5.2 pg/mL

Drawn: 02/04/2025 Released: 02/04/2025 12:31 PM Reviewed: 02/04/2025 12:57 PM  
Reviewed By: Michelle Catenacci

2/4/2025 12:09:39 PM  
Debra Schell

## Embryo Transfer

Patient: HANNAH GAGNON  
DOB: 04/25/1988, Age: 36

Procedure physician: Debra Schell, MD

### Procedure Summary

Fresh Transfer of 2 day 3 embryo(s).

PGT: Unscreened

### Comments:

We went over the ASRM recommended number of embryos to transfer based on age, and emphasized importance of lowering the risk of multiple gestation.  
The final decision regarding the number of embryos to be transferred was discussed with both partners (where applicable). The patient(s) provided signed consent for embryo transfer.

Ultrasound Guidance: Well visualised  
Speculum Size: 9  
Type of Catheter Used: Wallace 18 cm sure view  
Difficulty of Transfer: Easy

Additional notes:  
No retained embryos

### Procedure Detail

Comments:  
After proper informed consent was obtained, the patient was taken to the OR and placed in lithotomy position. The embryologist confirmed her name and date of birth. Her embryo dish was placed under the microscope which also confirmed the correct name of the patient. A speculum was placed in the vagina. The cervix was gently cleansed with sterile media. A transfer catheter was introduced into the cervical



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#### PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By

Note

canal under abdominal ultrasound guidance. Once correct placement was confirmed sonographically, the inner catheter was removed and the transfer catheter was loaded with the embryo. The inner catheter was threaded into the outer catheter and the embryo deposited roughly 1.5 cm from the fundus. The catheter was rotated and then removed and the lab flushed the inner catheter to confirm no retained embryos. The speculum was then removed and the patient returned to the supine position. She was returned to her room and rested for 30 minutes. There were no complications and the patient tolerated the procedure well.

Authored By: Debra Schell, 2/4/2025 12:08:57 PM

2/1/2025  
12:05:52  
PM  
Michelle  
Catenacci

#### Blood Test Results

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	9.26 ng/ml	Reference Range Male: 0.2 - 1.5 ng/mL Female: Follicular phase 0.2 - 1.5 ng/mL Ovulation phase 0.8 - 3.0 ng/mL Luteal phase 1.7 - 27 ng/mL Postmenopausal 0.1 - 0.8 ng/mL

Drawn: 02/01/2025 Released: 02/01/2025 11:46 AM Reviewed: 02/01/2025 12:05 PM  
Reviewed By: Michelle Catenacci

2/1/2025  
11:53:57  
AM  
Eli Reshef,  
MD

#### Oocyte Retrieval

2/1/2025

Patient: HANNAH GAGNON  
DOB: 04/25/1988, Age: 36

Procedure physician: Eli Reshef, MD

Anesthesia: MAC

Ovarian Stimulation: IVF - Schoyer Flare

Pre-Op/Post-Op Diagnosis: IVF treatment/Multiple ovarian follicles

Number of follicles aspirated: All visible follicles bilaterally

Number of oocytes Total: 5

Oocyte yield: # higher than expected from stimulation

Complications: None EBL: Minimal (<20cc)

#### Detailed Procedure Note

After obtaining proper informed consent, the patient was taken to the OR where anesthesia was established. She was placed in lithotomy and the vaginal vault was cleansed with sterile saline. The vaginal ultrasound probe with needle guide was introduced into the vagina and both ovaries were visualized. The needle was passed through the vaginal wall into ovarian follicles for aspiration. Once all accessible follicles were aspirated, the pelvis was inspected sonographically for the presence of any intra-abdominal bleeding. The ultrasound was removed. The vagina was hemostatic after application of vaginal pressure. The patient was returned to the supine position, awoken in the OR and transferred to the recovery bed. She was returned to her room without issues. There were no anesthetic or surgical complications.

Authored By: Eli Reshef, MD, 2/1/2025 11:53:38 AM

1/31/2025  
9:39:18  
AM  
Michelle  
Catenacci

Q: 174.1 //oot

#### Blood Test Results

Lab: HCG Quantitative

Element	Result/UOM	Lab Element Comments
HCG BETA	174.1 //oot mIU/ml	

Drawn: 01/31/2025 Released: 01/31/2025 09:36 AM Reviewed: 01/31/2025 09:39 AM  
Reviewed By: Michelle Catenacci

1/30/2025  
1:09:13  
PM  
Michelle  
Catenacci

Review for monitoring labs performed on: 01/30/2025-Thu  
E2: 3139/oot LH: 3.4/oot P4: 0.9/oot  
- LF(>2mm): 22, 22, 18,  
16, 14, 13,  
12, 12, 10,  
< 10mm 8  
- RF(>2mm): 21, 17, 17,  
12,



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# PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By

Note

< 10mm 8  
suboptimal view due to overlying bowel shadowing  
Endo Thickness-6.14 faint triple layer seen

1/30/2025 Lab: Ultrasound (Follicular)

7:45:00  
AM  
Michelle  
Catenacci

<b>Left Ovary</b>	
Follicles (mm)	16, 14, 12, 22, 10, 18, 13, 22, 12
< 10mm	8
Left Ovary Length (mm)	
Left Ovary Volume (cc)	
Left Ovary Height (mm)	
Left Ovary Width (mm)	
<b>Right Ovary</b>	
Follicles (mm)	12, 17, 21, 17
< 10mm	8
Right Ovary Length (mm)	39
Right Ovary Volume (cc)	13.3
Right Ovary Height (mm)	25
Right Ovary Width (mm)	26
<b>General Observation</b>	
Uterus Length	
Uterus Height	
Uterus Width	
Uterus Volume (cc)	
Endo Thickness	6.14 faint triple layer seen
Endo Type	
Cul de Sac Fluid	
Cysts Left Ovary	
Cysts Right Ovary	
U/S Method	
<b>Provider Review</b>	
Follicular Growth Noted	Not Selected
Uterine Fibroids	Not Selected
Other	Not Selected
Normal Examination	Not Selected
<b>Sonographers Comments</b>	
suboptimal view due to overlying bowel shadowing	

Performed: 01/30/2025 Released: 01/30/2025 9:42 AM  
Reviewed: 01/30/2025 1:09 PM Reviewed By: Michelle Catenacci

Ref: 218663-500728

## 1/30/2025 Blood Test Results

7:45:00  
AM  
Michelle  
Catenacci

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	0.9/oot ng/ml	

Drawn: 01/30/2025 Released: 01/30/2025 11:07 AM Reviewed: 01/30/2025 01:09 PM  
Reviewed By: Michelle Catenacci

## 1/30/2025 Blood Test Results

7:45:00  
AM  
Michelle  
Catenacci

Lab: LH

Element	Result/UOM	Lab Element Comments
LH	3.4/oot mIU/ml	

Drawn: 01/30/2025 Released: 01/30/2025 11:07 AM Reviewed: 01/30/2025 01:09 PM  
Reviewed By: Michelle Catenacci

## 1/30/2025 Blood Test Results

7:45:00  
AM  
Michelle  
Catenacci

Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	3139/oot pg/ml	

Drawn: 01/30/2025 Released: 01/30/2025 11:07 AM Reviewed: 01/30/2025 01:09 PM  
Reviewed By: Michelle Catenacci

1/28/2025 Review for monitoring labs performed on: 01/28/2025-Tue  
12:22:50 E2: 1,889 oot LH: 5.1 oot P4: 0.8 oot  
PM - LF(>2mm): 16, 15, 14,  
Michelle 13, 12, 10,  
Catenacci 10, 9, 9,



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# PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By

Note  
< 10mm 4  
- RF(>2mm): 17, 15, 11,  
10, 10, 9,  
< 10mm 12  
OOT - Trace free fluid visualized  
Endo Thickness-7.3mm  
Endo Type-Trilaminar

1/28/2025 Lab: Ultrasound (Follicular)

7:30:00  
AM  
Michelle  
Catenacci

<b>Left Ovary</b>	
Follicles (mm)	10, 9, 12, 15, 16, 10, 14, 13, 9
< 10mm	4
Left Ovary Length (mm)	
Left Ovary Volume (cc)	
Left Ovary Height (mm)	
Left Ovary Width (mm)	
<b>Right Ovary</b>	
Follicles (mm)	17, 15, 10, 11, 10, 9
< 10mm	12
Right Ovary Length (mm)	
Right Ovary Volume (cc)	
Right Ovary Height (mm)	
Right Ovary Width (mm)	
<b>General Observation</b>	
Uterus Length	
Uterus Height	
Uterus Width	
Uterus Volume (cc)	
Endo Thickness	7.3mm
Endo Type	Trilaminar
Cul de Sac Fluid	
Cysts Left Ovary	
Cysts Right Ovary	
U/S Method	
<b>Provider Review</b>	
Follicular Growth Noted	Not Selected
Uterine Fibroids	Not Selected
Other	Not Selected
Normal Examination	Not Selected
Sonographers Comments	
OOT - Trace free fluid visualized	

Performed: 01/28/2025 Released: 01/28/2025 8:17 AM  
Reviewed: 01/28/2025 12:22 PM Reviewed By: Michelle Catenacci

Ref: 218281-499909

## 1/28/2025 Blood Test Results

7:45:00  
AM  
Michelle  
Catenacci

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	0.8 oot ng/ml	

Drawn: 01/28/2025 Released: 01/28/2025 10:44 AM Reviewed: 01/28/2025 12:22 PM  
Reviewed By: Michelle Catenacci

## 1/28/2025 Blood Test Results

7:45:00  
AM  
Michelle  
Catenacci

Lab: LH

Element	Result/UOM	Lab Element Comments
LH	5.1 oot mIU/ml	

Drawn: 01/28/2025 Released: 01/28/2025 10:44 AM Reviewed: 01/28/2025 12:22 PM  
Reviewed By: Michelle Catenacci

## 1/28/2025 Blood Test Results

7:45:00  
AM  
Michelle  
Catenacci

Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	1,889 oot pg/ml	

Drawn: 01/28/2025 Released: 01/28/2025 10:43 AM Reviewed: 01/28/2025 12:22 PM  
Reviewed By: Michelle Catenacci

1/26/2025 Review for monitoring labs performed on: 01/26/2025-Sun  
11:43:27 E2: 1261/OOT LH: 3.9/OOT P4: 1.0/OOT



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PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By:

AM - LF(>2mm): 15, 14, 13,  
Michelle 12, 11,  
Catenacci < 10mm 5  
- RF(>2mm): 14, 13, 12,  
< 10mm 4  
No free fluid visualized  
Endo Thickness-6.4mm

1/26/2025 Lab: Ultrasound (Follicular)

7:15:00

AM

Michelle

Catenacci

<b>Left Ovary</b>	
Follicles (mm)	15, 14, 13, 12, 11
< 10mm	5
Left Ovary Length (mm)	
Left Ovary Volume (cc)	
Left Ovary Height (mm)	
Left Ovary Width (mm)	
<b>Right Ovary</b>	
Follicles (mm)	14, 13, 12
< 10mm	4
Right Ovary Length (mm)	
Right Ovary Volume (cc)	
Right Ovary Height (mm)	
Right Ovary Width (mm)	
<b>General Observation</b>	
Uterus Length	
Uterus Height	
Uterus Width	
Uterus Volume (cc)	
Endo Thickness	6.4mm
Endo Type	
Cul de Sac Fluid	
Cysts Left Ovary	
Cysts Right Ovary	
U/S Method	
<b>Provider Review</b>	
Follicular Growth Noted	Not Selected
Uterine Fibroids	Not Selected
Other	Not Selected
Normal Examination	Not Selected
<b>Sonographers Comments</b>	
No free fluid visualized	

Performed: 01/26/2025 Released: 01/26/2025 8:50 AM  
Reviewed: 01/26/2025 11:43 AM Reviewed By: Michelle Catenacci

Ref: 218051-499384

1/26/2025 Blood Test Results

7:15:00

AM

Michelle

Catenacci

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	1.0/OOT ng/ml	

Drawn: 01/26/2025 Released: 01/26/2025 10:28 AM Reviewed: 01/26/2025 11:43 AM  
Reviewed By: Michelle Catenacci

1/26/2025 Blood Test Results

7:15:00

AM

Michelle

Catenacci

Lab: LH

Element	Result/UOM	Lab Element Comments
LH	3.9/OOT mIU/ml	

Drawn: 01/26/2025 Released: 01/26/2025 10:28 AM Reviewed: 01/26/2025 11:43 AM  
Reviewed By: Michelle Catenacci

1/29/2025 Blood Test Results

7:15:00

AM

Michelle

Catenacci

Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	1261/OOT pg/ml	

Drawn: 01/26/2025 Released: 01/26/2025 10:28 AM Reviewed: 01/26/2025 11:43 AM  
Reviewed By: Michelle Catenacci

1/24/2025 Review for monitoring labs performed on: 01/24/2025-Fri  
12:12:01 E2: 653 /oot LH: 2.0 /oot P4: 0.4 /oot



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# PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and Time / By Note  
PM - LF(>2mm): 12, 11, 10,  
Michelle 9, 7,  
Catenacci < 10mm 6  
- RF(>2mm): 12,  
< 10mm 2  
OOT Faint trilaminar noted  
Endo Thickness-8.25 mm

## 1/24/2025 Lab: Ultrasound (Follicular)

7:15:00  
AM  
Michelle  
Catenacci

<b>Left Ovary</b>	
Follicles (mm)	10, 11, 12, 9, 7
< 10mm	6
Left Ovary Length (mm)	
Left Ovary Volume (cc)	
Left Ovary Height (mm)	
Left Ovary Width (mm)	
<b>Right Ovary</b>	
Follicles (mm)	12
< 10mm	2
Right Ovary Length (mm)	
Right Ovary Volume (cc)	
Right Ovary Height (mm)	
Right Ovary Width (mm)	
<b>General Observation</b>	
Uterus Length	
Uterus Height	
Uterus Width	
Uterus Volume (cc)	
Endo Thickness	8.25 mm
Endo Type	
Cul de Sac Fluid	
Cysts Left Ovary	
Cysts Right Ovary	
U/S Method	
<b>Provider Review</b>	
Follicular Growth Noted	Not Selected
Uterine Fibroids	Not Selected
Other	Not Selected
Normal Examination	Not Selected
Sonographers Comments	
OOT Faint trilaminar noted	

Performed: 01/24/2025 Released: 01/24/2025 8:13 AM  
Reviewed: 01/24/2025 12:12 PM Reviewed By: Michelle Catenacci

Ref: 217764-498842

## 1/24/2025 Blood Test Results

7:45:00  
AM  
Michelle  
Catenacci

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	0.4 //oot ng/ml	

Drawn: 01/24/2025 Released: 01/24/2025 11:16 AM Reviewed: 01/24/2025 12:12 PM  
Reviewed By: Michelle Catenacci

## 1/24/2025 Blood Test Results

7:45:00  
AM  
Michelle  
Catenacci

Lab: LH

Element	Result/UOM	Lab Element Comments
LH	2.0 //oot mIU/ml	

Drawn: 01/24/2025 Released: 01/24/2025 11:16 AM Reviewed: 01/24/2025 12:12 PM  
Reviewed By: Michelle Catenacci

## 1/24/2025 Blood Test Results

7:45:00  
AM  
Michelle  
Catenacci

Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	653 //oot pg/ml	

Drawn: 01/24/2025 Released: 01/24/2025 11:16 AM Reviewed: 01/24/2025 12:12 PM  
Reviewed By: Michelle Catenacci

1/22/2025 Review for monitoring labs performed on: 01/22/2025-Wed  
11:37:12 E2: 370//oot LH: 3.2//oot P4: 0.6//oot



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# PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By Note

AM - LF(>2mm): 13, 10,  
Michelle < 10mm 8  
Catenacci - RF(>2mm): 9  
Endo Thickness: 7.07 mm/oot

1/22/2025 Lab: Ultrasound (Follicular)

7:15:00  
AM  
Michelle  
Catenacci

<b>Left Ovary</b>	
Follicles (mm)	13, 10
< 10mm	8
Left Ovary Length (mm)	
Left Ovary Volume (cc)	
Left Ovary Height (mm)	
Left Ovary Width (mm)	
<b>Right Ovary</b>	
Follicles (mm)	9
< 10mm	
Right Ovary Length (mm)	
Right Ovary Volume (cc)	
Right Ovary Height (mm)	
Right Ovary Width (mm)	
<b>General Observation</b>	
Uterus Length	
Uterus Height	
Uterus Width	
Uterus Volume (cc)	
Endo Thickness	7.07 mm/oot
Endo Type	
Cul de Sac Fluid	
Cysts Left Ovary	
Cysts Right Ovary	
U/S Method	
<b>Provider Review</b>	
Follicular Growth Noted	Not Selected
Uterine Fibroids	Not Selected
Other	Not Selected
Normal Examination	Not Selected

Performed: 01/22/2025 Released: 01/22/2025 11:36 AM  
Reviewed: 01/22/2025 11:37 AM Reviewed By: Michelle Catenacci

Ref: 217653-497251

## 1/22/2025 Blood Test Results

7:15:00  
AM  
Michelle  
Catenacci

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	0.6/oot ng/ml	

Drawn: 01/22/2025 Released: 01/22/2025 11:35 AM Reviewed: 01/22/2025 11:37 AM  
Reviewed By: Michelle Catenacci

## 1/22/2025 Blood Test Results

7:15:00  
AM  
Michelle  
Catenacci

Lab: LH

Element	Result/UOM	Lab Element Comments
LH	3.2/oot mIU/ml	

Drawn: 01/22/2025 Released: 01/22/2025 11:35 AM Reviewed: 01/22/2025 11:37 AM  
Reviewed By: Michelle Catenacci

## 1/22/2025 Blood Test Results

7:15:00  
AM  
Michelle  
Catenacci

Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	370/oot pg/ml	

Drawn: 01/22/2025 Released: 01/22/2025 11:34 AM Reviewed: 01/22/2025 11:37 AM  
Reviewed By: Michelle Catenacci

1/17/2025  
1:02:47  
PM  
Cathy  
Polnau

Cycle Type: IVF  
Smoker: No  
AMH Level : 1.7  
FSH Level : 7  
SART Diagnosis: DOR  
Secondary Diagnosis:



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# PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By Note

PGT Indication: Elective PGT  
Procedure week: 01/26/2025  
Cycle start date: 01/17/2025  
Insem Plan : Zymot  
Transfer Plan : Fresh ET; PGS Remaining  
Egg Type: Fresh  
Egg Source: Patient  
Sperm : Partner  
Sperm Type : Fresh  
Consents: Done  
Verification by RN: Verified plan with patient; patient confirmed

Donor #:

Egg Source :

Donor DOB: / /

Batch Date: / /

# of Eggs to Thaw:

1/17/2025 Review for monitoring labs performed on: 01/17/2025-Fri  
11:56:21 E2: 291.6 LH: 1.80 P4: 0.405 Q: <0.100  
AM - LF(>2mm):  
Michelle - RF(>2mm):  
Catenacci Endo Thickness-4

1/17/2025 Lab: Ultrasound (Follicular)

9:00:00

AM

Michelle

Catenacci

<b>Left Ovary</b>	
Follicles (mm)	
< 10mm	
Left Ovary Length (mm)	
Left Ovary Volume (cc)	
Left Ovary Height (mm)	
Left Ovary Width (mm)	
<b>Right Ovary</b>	
Follicles (mm)	
< 10mm	
Right Ovary Length (mm)	
Right Ovary Volume (cc)	
Right Ovary Height (mm)	
Right Ovary Width (mm)	
<b>General Observation</b>	
Uterus Length	
Uterus Height	
Uterus Width	
Uterus Volume (cc)	
Endo Thickness	4
Endo Type	
Cul de Sac Fluid	
Cysts Left Ovary	
Cysts Right Ovary	
U/S Method	
<b>Provider Review</b>	
Follicular Growth Noted	Not Selected
Uterine Fibroids	Not Selected
Other	Not Selected
Normal Examination	Not Selected

Performed: 01/17/2025 Released: 01/17/2025 10:06 AM  
Reviewed: 01/17/2025 11:56 AM Reviewed By: Michelle Catenacci  
Ref: 216848-496715

1/17/2025

9:00:00

AM

Michelle

Catenacci

## Blood Test Results

Lab: HCG Quantitative

Element	Result/UOM	Lab Element Comments
HCG BETA	<0.100 mIU/ml	Reference Range
		Female:
		5.8 - 71.2 3 Weeks Gestation
		9.5 - 750.4 Weeks Gestation
		217 - 7,138 5 Weeks Gestation
		158 - 1,795 6 Weeks Gestation





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#### PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1986

Date and  
Time / By Note

Drawn: 01/17/2025 Released: 01/17/2025 10:58 AM Reviewed: 01/17/2025 11:56 AM  
Reviewed By: Michelle Catenacci

1/17/2025  
9:00:00  
AM  
Michelle  
Catenacci

#### Blood Test Results

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	0.405 ng/ml	Reference Range Male: 0.2 - 1.5 ng/mL Female: Follicular phase 0.2 - 1.5 ng/mL Ovulation phase 0.8 - 3.0 ng/mL Luteal phase 1.7 - 27 ng/mL Postmenopausal 0.1 - 0.8 ng/mL

Drawn: 01/17/2025 Released: 01/17/2025 10:58 AM Reviewed: 01/17/2025 11:56 AM  
Reviewed By: Michelle Catenacci

1/17/2025  
9:00:00  
AM  
Michelle  
Catenacci

#### Blood Test Results

Lab: LH

Element	Result/UOM	Lab Element Comments
LH	1.80 mIU/ml	Reference Range Male: 1.7 - 8.6 mIU/mL Female: Follicular phase 2.4 - 12.6 mIU/mL Ovulatory 14.0 - 95.6 mIU/mL Luteal phase 1.0 - 11.4 mIU/mL Postmenopausal 7.7 - 58.5 mIU/mL

Drawn: 01/17/2025 Released: 01/17/2025 10:58 AM Reviewed: 01/17/2025 11:56 AM  
Reviewed By: Michelle Catenacci

1/17/2025  
9:00:00  
AM  
Michelle  
Catenacci

#### Blood Test Results

Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	291.6 pg/ml	Reference Range Male 23.1 - 26.6 pg/mL Female Follicular phase 49.8 - 58.1 pg/mL Ovulation phase 113 - 145 pg/mL Luteal phase 91.2 - 114 pg/mL Postmenopause < 5-5.2 pg/mL

Drawn: 01/17/2025 Released: 01/17/2025 10:58 AM Reviewed: 01/17/2025 11:56 AM  
Reviewed By: Michelle Catenacci

1/17/2025  
10:10:32  
AM  
Sommer  
Nietfeldt

#### Clinical Values

Element Name	Data Value	Comments
Clinical Value: Vital Signs		
Elements	Value/UOM	Element Comments
Height	5' 3" (160 cm) ft & inches	
Weight	141 lbs (63.95 kg) lbs	
BMI	24.97 None	
Pulse	86 BPM	
BP Systolic	128 mmHG.	
BP Diastolic	86 mmHG.	
Temperature	DegF	
PCP		
OB/GYN		
Medication 1		
Medication 2		
Medication 3		
Medication 4		
Medication 5		
Medication 6		
Medication 7		
Medication 8		
Medication 9		



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# PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By

Note

Element Name	Data Value	Comments
Medication 10		
Medication 11	None	
Medication 12	None	
Medication 13	None	
Medication 14	None	
Medication 15	None	

Comments:

Reviewed By: Sommer Nietfeldt

Reviewed Date: 01/17/2025 10:10 AM

1/16/2025 Agreement for Multicycle IVF without monitoring (without refund) - \$16,000.00 sent to patient. Created by Ashly Rodriguez

6:27:02  
PM  
Prelude  
Connect

1/10/2025 P4: 11.7 oot

1:09:30  
PM  
Cathy  
Polnau

## Blood Test Results

1/10/2025  
7:00:00  
AM  
Cathy  
Polnau

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	11.7 oot ng/ml	

Drawn: 01/10/2025 Released: 01/10/2025 09:50 AM Reviewed: 01/10/2025 01:09 PM

Reviewed By: Cathy Polnau

11/27/2024 I explained the concern for current impending ovulation despite Schoyer prep. There is some confusion on her part about E2 patches (she is on a patch now). I suggested to recheck E2, P4 and do US in 2d to look for a CL but she is aware that it may not alter the decision to cancel stim (she is paying cash) and seek MC's advise about the next stim protocol.

5:13:03

PM

Eli Reshef,

MD

11/27/2024 E2: 130 oot LH: 4.6 oot P4: 2.2 oot

12:50:04  
PM  
Eli Reshef,  
MD

## Blood Test Results

11/27/2024  
9:00:00  
AM  
Eli Reshef,  
MD

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	2.2 oot ng/ml	

Drawn: 11/27/2024 Released: 11/27/2024 10:12 AM Reviewed: 11/27/2024 12:50 PM

Reviewed By: Eli Reshef, MD

## Blood Test Results

11/27/2024  
9:00:00  
AM  
Eli Reshef,  
MD

Lab: LH

Element	Result/UOM	Lab Element Comments
LH	4.6 oot mIU/ml	

Drawn: 11/27/2024 Released: 11/27/2024 10:11 AM Reviewed: 11/27/2024 12:50 PM

Reviewed By: Eli Reshef, MD

## Blood Test Results

11/27/2024  
9:00:00  
AM  
Eli Reshef,  
MD

Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	130 oot pg/ml	

Drawn: 11/27/2024 Released: 11/27/2024 10:12 AM Reviewed: 11/27/2024 12:50 PM

Reviewed By: Eli Reshef, MD

11/26/2024 E2: 156 oot LH: 9.4 oot P4: 1.9 oot

11:15:58  
AM  
Eli Reshef,  
MD



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PATIENT CHART NOTE

PATIENT NAME: Hannah Gagnon PATIENT ID: 38003 DOB: 04/25/1988

Date and  
Time / By Note

11/26/2024 9:30:00 AM  
Eli Reshef, MD

Blood Test Results

Lab: Progesterone

Element	Result/UOM	Lab Element Comments
PROGESTERONE	1.9 nat ng/ml	

Drawn: 11/26/2024 Released: 11/26/2024 10:39 AM Reviewed: 11/26/2024 11:15 AM  
Reviewed By: Eli Reshef, MD

11/26/2024 9:30:00 AM  
Eli Reshef, MD

Blood Test Results

Lab: LH

Element	Result/UOM	Lab Element Comments
LH	9.4 nat mIU/ml	

Drawn: 11/26/2024 Released: 11/26/2024 10:39 AM Reviewed: 11/26/2024 11:15 AM  
Reviewed By: Eli Reshef, MD

11/26/2024 9:30:00 AM  
Eli Reshef, MD

Blood Test Results

Lab: Estradiol, Total

Element	Result/UOM	Lab Element Comments
Estradiol Total	156 nat pg/ml	

Drawn: 11/26/2024 Released: 11/26/2024 10:39 AM Reviewed: 11/26/2024 11:15 AM  
Reviewed By: Eli Reshef, MD

11/25/2024 Review for monitoring labs performed on: 11/25/2024-Mon

12:39:37 LF(>2mm):  
PM - RF(>2mm):  
Eli Reshef, Endo Thickness-5  
MD

11/25/2024 Review for monitoring labs performed on: 11/25/2024-Mon

12:39:21 LF(>2mm):  
PM - RF(>2mm):  
Eli Reshef, Endo Thickness-5  
MD

11/25/2024 Review for monitoring labs performed on: 11/25/2024-Mon

12:37:56 E2: 173.8 LH: 30.62 P4: 1.59 Q: <0.100  
PM - LF(>2mm):  
Eli Reshef, - RF(>2mm):  
MD Endo Thickness-5

11/25/2024 Lab: Ultrasound (Follicular)

10:00:00

AM  
Eli Reshef, MD

Left Ovary
Follicles (mm)
< 10mm

