MU: Irani, Monamad				MRN: 1401709761	761	Ho	Hosp #: 1401709761	19761	Ser	Series: 112-1775	ות
PT: Song, Julee	D	DOB: 05/18/1982		Hm#: (551)804-6028	6028	5	Wk#:		Local#:		
Partner: Kim, Myung		CBC date: 07/09/2024		Consents	Antibiotics @ RET N	@ RETN	EKG:	Ht: 5' 2"	Wt: 118 lbsBMl: 21.90		BSA: 1.53
Insurance: BIHor (Lifetime Max)	ne Max)					≥	Allergies: NKDA				
G0 P0 Full Term0		Pre Term0 E	Ect 0 Sa	Sab 0 Tab 0	0 Bioch 0		Medical History	Ÿ			
diopathic X) Jogi	3. Ma		Vasectomy	Male		Previous Sure	SurgeryHysteroscopy	copy M.D		@RET
6. Endometriosis 7. U	7. Uterus 8	8. Ovarian	8. Ovarian reserve/AMA	MA 9. Other:	r: Hydro	1	Ĕ	% Mot: ?	% Norm:?	SA D.	#Sachane
# Previous Attempts: 0	Elsewhere:	: Here:	#FET:		# Ovul Ind:	0	Cryo Bank:				
ICSI upfront:	CSI Considered:		CSI S			Ą	ASA				
nulation F	lan: E2 Patch/	Antagonist 3()0 Gonal-F +	150 Menopu	ır x 3 davs	၁ ဝ	Co-Culture:N	1.	PGT: Y Aneuploidy		**
Date 07/05/2024	07/09/2024	07/10/2024	07/11/2024	07/12/2024		07/14/2024	/15/2024	07/16/2024	07/17/2024	07/18/2024	07/19/2024
Cycle Day 2 FSH am (GF)	N	ω	4	OI	6	7	00				12
FSH pm (GF)	300	300	300	300	300	300	300	300	300	300	300
HMG pm (Men)	150	150	150	150	150	150	150	150	150	150	150
Ganirelix							Gani PM	Gani PM	Gani PM	Gani BiD	Gani BiD
Lupron	HGH 0.5 ml	HGH 0.5 ml	HGH 0.5 ml	HGH 0.5 ml	HGH 0.5 ml	HGH 0.5 ml	HGH 0.5 ml	HGH 0.5 ml			a.
E2 (Rch)	361			62.9		181		464		1085	1260
FSH (Rch)	3.18										
P4	0.187			2.03		1.00		0.996		4.5	2.58
Right Ultrasound		***						9.8, 7.6		11.6, 9.9, 9.5	
	1 < 10; Cyst 18.5					4-6 <10 (++); Cyst 19		Cyst 19.3; 2<10		Cyst 18	
Left Ultrasound								15.4, 11.4,		16.2, 14.3,	
	2-3 < 10 (+)					4<10		6.1, /./		12.2, 9.1, 7.7	
Comments	beta HCG: <5 es: 4.7			continue hgh x 8 days (MI)		es: 6.5		es: 10.6		Gan now or soon them PM (MI); es: 14.2	
MD	Irani, Mohamad					Davis, Owen		Irani, Mohamad		Irani, Mohamad	
Instructions Hughes, Jennifer	Hughes, Jennifer	Hughes, Jennifer Hughes, Jennifer		Pederson, Margaret	Pederson, Margaret	Irani, Mohamad Hughes, Jennifer		Irani, Mohamad Irani, Mohamad Irani, Mohamad Irani, Mohamad	Irani, Mohamad	Irani, Mohamad	Irani, Mohamad
# Fnns: 5 # immat: 2		# 2PN 3/3 H	Delv Toler	9		0,	D			Dato	



MD: Irani, Mohamad PT: Song, Julee	DOB: 0	NOB: 05/18/1982	MRN: 1401709761 + Hm#: (551)804-8028	Hosp #: 1401709761	Series: 112-1775
Partner: Kim, Myung Insurance: BlHor (Lifetime Max)		CBC date: 07/09/2024 C	Consents Antibiotics @ RET N	EKG: Ht: 5' 2"	Wt: 118 lbsBMI: 21.90 BSA: 1.53
G0 P0 Full Term0	m0 Pre Term0	Ect 0	Sab 0 Tab 0 Bioch 0	Medical History	
1. IdiopathicX 2. Immu 4. Anov/pco 5. Tubal	unologic_ BII occl	3. Male factor_ VTubal lig	Vasectomy Male cancer Salpingectomy Hydro	Previous SurgeryHysteroscopy Sounding Count: ? % Mot: ? % N	M.D. @RET
6. Endometriosis 7.	7. Uterus 8. Ov	resen	9.0	- 2	霉
ICSI upfront: ICS	CSI Considered:	ICSI Spec Inst:	Inst:		
Follicular Stimulation Plan: E2 Patch/Antagonist 300 Gonal-F + 150 Menopur x 3 days Date 07/20/2024 07/21/2024 07/22/2024 07/23/2024	an: E2 Patch/Antagonist 07/21/2024 07/22/2024	onist 300 Gonal-F	+ 150 Menopur x 3 days	CC:	T.G I Alleubiology
13	14 Guessed 15 Guessed 16	essed 16			
HMG am (Men)	300				
Men) 150					
Ganirelix Gani BiD	Gani BiD Gani BiD				
Lupron	4mg Lupron 10000 @11:00 PM	4mg Lupron + BHCG: 377 10000 @11:00 PM			
E2 (Rch) 1749 :	2292 2390	2663			
ch) 1.65		47.5			
Right 14.1, 14, 12 Ultrasound 2-3 < 10 (+); Cyst 18	14.7, 14.4, 18.2, 16.9, 14.1, 12 14.3 1 < 10; Cyst 2-3 < 10 (+); 19 Cyst 17.5	6.9. 0 (+);			
Left Ultrasound 15.8, 15.7, 14.9 2-3 < 10 (+)	20, 18.8, 15 20.4, 19.6, 18.9, 13.7	9.6. 3.7			
Comments es: 13	es: 13.5 150 HMG + Gan at 4 PM (MI); es: 17.2	G+ beta HCG: 377	7		
MD Kang, Hey-Joo Instructions Irani, Mohamad Reviewed	Kang, Hey-Joo Elias, Rony Irani, Mohamad Irani, Mohamad Irani, Mohamad Jakupaj, Kosovere < Confirm>	hamad (osovare <confirm></confirm>			
# Eggs: 5 # immat: 2	:2 # 2PN 3/3	3 ICSIY	ET: P4	Plan:	Date: /



IVF Summary 1401709761 Julee Song

DOB: 05/18/1982 Date of Study: 07/24/2024 Age: 42 Gender: F

Partner: Myung Kim DOB: 04/25/1982

Weill Medical College of Cornell University Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine 1305 York Avenue, 6th Floor, New York, NY 10021

Cycle Information

Protocol	E2 Patch/Antagonist
Date of Retrieval	07/24/2024

Sperm Data	Initial	After Prep
Source	Ejaculate	
Volume (ml)	1.4	1.5
Concentration(x10 /ml)	4.2	3
Motility (%)	43	98
Total Motile(x10)		

Fertilization Results

ICSI	Yes
# Oocytes	5
# Mature	3
# 2PN	3

Other Data

PGT (cryopres embryos)Yes Coculture No

Transfer Data

Transfer Data Not Available

Cryo Data

D5/D6 Blast 2

Embryo Culture Information

07/24/2024 Culture of oocyte(s)/embryo(s) less than 4 days 07/28/2024 Extended culture of oocyte(s)/embryo(s) 4-7 days

Laboratory of Preimplantation Genetics, CRMI Weill Cornell Medical College of Cornell University Box 30, 1300 York Avenue, Room LC601 New York, NY 10065 Tel: 212-746-6626 | Fax: 212-746-8589

Preimplantation Genetic Test Report

Test for Aneuploidy

Treat# 1117831

Page 1 / 2

Name (f) Song, Julee DoB (f) 5/18/1982 Emb Lab-ID 112-0026

Name (Ptn) Kim, Myung DoB (Ptn) 04/25/1982 Physician: Mohamad Irani, MD

D-Spec-Collect 2024-07-29 D-Spec-Received 7/29/2024 Accession#: OME240966-20240729

Date test started 7/31/2024 D-Test Completed 8/1/2024 Spe-Type D5/6/7 #Specimen: 2

Test Type: VitroLife EmbryoMAP If Batched | T# Reporting:

Comments:

00a2-PGS24-Ind-EmbTab-Query subreport

R#: Emb-ID(Grade)	Sex Chr	Gain(s)/Loss(es)	Interpretation	Recommendation
112-0026-02 2BB-/C	XX	-14, -15, -22	Abnormal, Comp-Abn.	NO ET
112-0026-03 2B-B-, +F	XY	+16, -22	Abnormal, tri. 16, mono. 22.	NO ET

Abbreviation Definitions

PB: polar body (I or II). D3: D3 blastomeres. D5/6/7: D5/6/7 embryonic cells. Grd: Embryo grade at biopsy. WGA: Whole genome amplification. Emb#: Embryo No. Ch.: chromosome. Mono.: monosomy, Null:, nullisomy, Tri.: trisomy, Poly.: polysomy. NR: No Result. Inc: Inconclusive. Comp-Abn.: complex abnormalities (gain/loss ≥ 3 ch.). seq: next generation sequencing; st.: segmental loss; sG: segmental gain; sm: small segmental changes; mos-: mosaic loss; mos+: mosaic gain; multi-mos: mos- and/or mos+,involving ≥3 chromosomes; ET: Embryo transfer; ET(w/caution): possible lower implantation rate or increased risk of abnormal pregnancy.

Test

EmbryoMap (eMAP, VitroLife, Sweden AB) is a test using molecular techniques to screen embryonic materials for all 24 chromosomes. The test is designed for single polar bodies from mature oocytes, or blastomeres, or a few trophectoderm cells from preimplantation embryos for the detection of chromosomal copy number imbalance using next generation sequencing platform (NGS) (Fiorentino, et al., 2014). First, the whole genome from biopsied specimens is amplified with a technique called whole genome amplification (WGA). WGA-DNA are cut into small pieces with defined lengths. A library of each specimen with all pieces is prepared. The DNA sequences will be determined on a NGS system, such as the Illumina's MiSeq or NextSeq sequencer. Raw data from the sequencer are then aligned to a known reference genome (GRCh 38). With analytic software (eMAP, VitroLife), the quality of aligned raw data (called "reads") will be assessed and suboptimal reads are filtered out. After software filtering, only "good reads" will be counted per specific chromosome, or the specific region (windows) and the counts are used to assess chromosome copy number. In addition to whole chromosome aneuploidy, this NGS platform may be able to detect large segments of duplications and/or deletions of chromosomes. Furthermore, NGS may provide some information on mosaicism in the biopsied samples. Results are classified in the following categories:

- 1) Normal: A "Normal" embryo is characterized as: Female, 46,XX /seq (1-22,X)x2, or Male, 46,XY /seq (1-22)x2,(XY)x1, and no gain or loss is detected, for any of the chromosomes; the embryo is recommended for transfer (ET).
- 2) Aneuploidy: any gain or loss of sex chromosome(s) and/or autosome(s); transfer of the embryo is not recommended (No ET).
- 3) Inconclusive or no result: a sample that wasn't successfully amplified or doesn't meet quality requirement to be processed for NGS; a retest of WGA products, or rebiopsy of the embryo, if possible, is recommended.
- 4) This test enables the detection of large sub-chromosomal aberrations in single cell. When a clear segmental gain (dup) or loss (del), ≥10 Mb, is detected, embryo may be described as "Abnormal" (partial/segmental aneuploidy). When a smaller segmental gain(s) or loss(es), between 5 and ≤10 Mb, are suspected, transfer with caution or rebiopsy is recommended. Segmental gain/loss, ≤5 Mb, will not be reliably detected (below current NGS resolution),
- 5) The test may detect mosaicism within biopsied specimens, gains/losses of whole chromosome or a segment(s) of chromosomes, typically ≥ 25-30 < 75%, will be reported as mosaic. Transfer with caution (ET/caution) may be recommended depending on the degree of mosaicism and on specific chromosomes involved.

Disclaimer

Preimplantation Genetic Testing for aneuploidy (PGT-A) is a test for which the couple has given informed consent. The test was developed, and its performance determined by the Laboratory of Preimplantation Genetics, Center for Reproductive Medicine (CRM), Weill Cornell Medical College of Cornell University. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). VitroLife Embryo Map PGT-A is considered analyte specific reagents (ASR) by the FDA. Due to the limitation in resolution, the test should accurately reflect the whole chromosome and large sub-chromosomal aberrations. This test is unable to

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09/04/2024 15:26 Page 2 (5)

Laboratory of Preimplantation Genetics, CRMI Weill Cornell Medical College of Cornell University Box 30, 1300 York Avenue, Room LC601 New York, NY 10065

Tel: 212-746-6626 | Fax: 212-746-8589

Preimplantation Genetic Test Report

Test for Aneuploidy

Treat# 1117831

Page 2 / 2

detect uniparental disomy (UPD) and will not distinguish the presence of normal karyotype from balanced translocations. The test is also unable to detect haploid or polyploid chromosome sets. Since this analysis is based on a single cell or a few cells, the test is not as reliable as a test using hundreds of cells. Although PGT generally provides accurate genotype information it is important to know that there are many potential sources of diagnostic error, including but not limited to misidentification of samples or other factors that interfere with analysis. Results may be inaccurate in cases where mosaicism is present in the embryos (i.e. in the cleavage stage blastomeres and in trophectoderm or inner cell mass cells of blastocysts), or within the biopsied specimens (i.e. in trophectoderm cells). Therefore, patients should understand that diagnostic errors may occur and the likelihood of the embryo being abnormal is not reduced to zero. Genetic counseling (available at the center or elsewhere) and prenatal diagnosis following PGD are strongly recommended.

Kangpu Xu, PhD, Director

KangpuXu

Date Report

8/5/2024

Author: Chung, Pak H, MD Filed: 7/24/2024 10:23 AM Service: Ob/Gvn

Date of Service: 7/24/2024 10:09 AM Status: Signed

Author Type: Attending

Editor: Chung, Pak H, MD (Attending)

Operative Note

Surgery Date: 7/24/2024 Patient Name: Julee Song MRN: 1401709761 Date of Birth: 5/18/1982

Pre-operative Diagnosis:

1. Ovarian follicles

Patient undergoing assisted reproductive surgery

Post-operative Diagnosis: Same

Procedure: Ultrasound-guided aspiration of ovarian cysts

Surgeon: Pak H. Chung, MD

Assistant: None

Anesthesia: MAC EBL: Minimal

Fluids Replaced: Crystalloid Complications: None

Findings: 5 oocytes recovered at the time of dictation

Indications:

Julee Song is a 42 year old female undergoing ultrasound-guided aspiration of ovarian follicles for assisted reproductive surgery

Procedure:

Consents were re-affirmed and re-signed with the patient. The patient was then brought to the OR. The patient's name and date of birth were verified with embryology and myself prior to the administration of anesthesia. After suitable MAC anesthesia was administered, the patient was prepped and draped in the usual sterile fashion. A transvaginal ultrasound was performed with a sterile draped probed with a needle guide attached. Using a 16G Cook aspiration needle and a negative pressure of 80 mmHg, all of the follicles were serially aspirated and the follicular fluid was sent to the IVF laboratory.

Once all of the follicles were aspirated, a sterile vaginal speculum exam was performed and hemostasis was obtained. The patient was then placed in a dorsal supine position and transported to the recovery room having tolerated the procedure well.

I was present and scrubbed for the entirety of the procedure.

Pak H. Chung, MD

Complications: None, patient tolerated the procedure well.

Attestation: I was present for the entire procedure.

MD: Irani, Mohamad	ohamad		DOB: 05/18/1082		MRN: 1401709761 Hm# (551)804-6028	761	H	Hosp #: 1401709761	9761	Seri Local#:	Series: 112-2727	
Partner: Kim Myung	Myling		CBC date: 09/02/2024		Consents	Antibiotics @ RET	$_{\perp}$	EKG	Ht. 5' 2"	Wt: 118 lbsBMI: 21.90	3MI: 21.90 BSA:	A: 1.53
Insurance: E	Insurance: BIHor (Lifetime Max), United (Lifetime Max)	Max), Unite	d (Lifetime M.			I	`	Allergies: NKDA	Y Y			
G0 P0	5 Full Termo		Pre Term0	Ect 0	Sab 0 Tab 0	0 Bioch 0		Medical History	J.			
1. IdiopathicX	١.	2. Immunologic_	3. Male factor_		Vasectomy	Male	. 1	Previous surg Sounding	Previous Surgery <u>nysteroscopy</u> Sounding	M.D.	@RET	
4. Anov/pco {6. Endometriosis_	. T	ibalBil occl	نما	Tubal ligSal Ovarian reserve/AMA	Salpingectomy MA 9. Other:	nyHydro_ er:		5	% Mot: ? ce:HAR	% Norm: ? #1 Microffuidics	SA D	acolste
# Previous Attempts: 0	Attempts: 0	Elsewhere	e. Here.		#FET:#0	# Ovul Ind:		Cryo Bank:				
ICSI upfront:X		ICSI Considered:	red:	ICSI Spec Inst.	lnst		∢ Ó	ASA Co-Culture: N		PGT: Y Aneuploidy		
Follicular St	imulation Pla	n: Micro-Do	se 300 Follist	im + 150 M	ē			CC			***************************************	
Date Cycle Day	09/02/2024	09/03/2024	09/04/2024	09/05/2024	09/06/2024	09/0//2024	09/08/2024 8	9	10 Guessed	Ţ,	12	
FSH am (Fol)		300	300	300	300	300	300	300	300			The second
HMG am (Men)												
HMG pm (Men)		150	150	150	150	150	150	150	150			
НСС										10000 @9:20 PM	BHCG: 310	
MDL	/0.2	0.2 / 0.2	0.2 / 0.2	02/02	0.2 / 0.2	0.2 / 0.2	0.2 / 0.2	0.2 / 0.2	0.2/0.2	_		
E2 (Rch) FSH (Rch) LH (Rch)					715		1281	; 	1995	2502	2899	
P4 Right	0.525				11.7, 10, 10		15, 12.9, 12.9	-50	196 173 17	19.6, 17.3, 17.21, 19.3, 19.2		
Ultrasound	2-3 < 10 (+); Cyst 20.6				4-6 <10 (++); Cyst 20		Cyst 21.2	<u> </u>	Cyst 19.4			
Left Ultrasound			175 83		11.6		13.3	; <u>L</u> e	18.2.8.6.8.3	21.5	-2445	
	2-3 < 10 (+)		0.000710.000		1 < 10		1 < 10			AFC 2<10	rotosasis	
Comments	beta HCG: <5 es: 9.9		200, 72-74		es: 9.7		es 11.4		es. 11.9	36 hrs (MI); es: beta HCG. 310 11.3	beta HCG: 310	
MD Instructions Reviewed	Stewart Joshua Pederson Margaret	Pederson Margaret	Pederson, Margaret	Pederson Margaret		Kang, Hey-Joo Irani, Mohamad Irani,	Irani, Mohamad Irani, Mohamad	Irani, Mohamad	Irani, Mohamad Reichman, David Irani, Mohamad Chambers, Jessic	Reichman, David Chambers, Jessica	«Confirm»	
Day 3 Fellow: # Foos: 3	# imn	R. S.	Start L # 2PN 2 / 3	Start Lupron Date	e. ET:	Result:	Result: <u>No Embryo Development</u> P4 Pl	evelopment Plan:	FH x.		Cryo: Ye	Yes / No
1001	1					38						



IVF Summary 1401709761 Julee Song

DOB: 05/18/1982 Date of Study: 09/13/2024 Age: 42 Gender: F

Partner: Myung Kim DOB: 04/25/1982

Weill Medical College of Cornell University Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine 1305 York Avenue, 6th Floor, New York, NY 10021

Cycle Information

Protocol	Micro-Dose
Date of Retrieval	09/13/2024

Sperm Data	Initial	After Prep
Source	Ejaculate	
Volume (ml)	1.2	0.5
Concentration(x10 ⁶ /ml)	57	3
Motility (%)	41	98
Total Motile(x10 ⁶)	28.04	1.42

Fertilization Results

ICSI	Yes
# Oocytes	3
# Mature	3
# 2PN	2
# Not Fertilized	1

Other Data

PGT	No
Coculture	No

Transfer Data

Transfer Data Not Available

Cryo Data

No Cryo

Embryo Culture Information

09/13/2024 Culture of oocyte(s)/embryo(s) less than 4 days 09/17/2024 Extended culture of oocyte(s)/embryo(s) 4-7 days



Author: Stewart, Joshua D., MD

Service: Ob/Gyn

Author Type: Attending

Status: Signed

Filed: 9/13/2024 10:05 AM

Date of Service: 9/13/2024 9:30 AM

Editor: Stewart, Joshua D., MD (Attending)

Operative Note

Surgery Date: 9/13/2024 Patient Name: Julee Song MRN: 1401709761 Date of Birth: 5/18/1982

Pre-operative Diagnosis:

1. Ovarian follicles

2. Patient undergoing assisted reproductive surgery

Post-operative Diagnosis: Same

Procedure: Ultrasound-guided aspiration of ovarian cysts

Surgeon: Joshua D. Stewart, MD

Assistant: None

Anesthesia: MAC EBL: Minimal

Fluids Replaced: Crystalloid

Complications: None

Findings: 3 oocytes recovered at time of dictation

Indications:

Julee Song is a 42 year old female undergoing ultrasound-guided aspiration of ovarian follicles for assisted reproductive surgery

Procedure:

Consents were re-affirmed and re-signed with the patient. The patient was then brought to the OR. The patient's name and date of birth were verified with embryology and myself prior to the administration of anesthesia. After suitable MAC anesthesia was administered, the patient was prepped and draped in the usual sterile fashion. A transvaginal ultrasound was performed with a sterile draped probed with a needle guide attached. Using a 16G Cook aspiration needle and a negative pressure of 80 mmHg, all of the follicles were serially aspirated and the follicular fluid was sent to the IVF laboratory.

Once all of the follicles were aspirated, a sterile vaginal speculum exam was performed and hemostasis was obtained. The patient was then placed in a dorsal supine position and transported to the recovery room having tolerated the procedure well.

I was present and scrubbed for the entirety of the procedure.

Joshua D. Stewart, MD

Complications: None, patient tolerated the procedure well.

Attestation: I was present for the entire procedure.

Sounding - Embryo Transfer

1401709761 Julee Song
DOB: 05/18/1982 Date of Study: 11/12/2024 Age: 42 Gender: F

Weill Medical College of Cornell University Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine 1305 York Avenue, 6th Floor, New York, NY 10021

	Series	:	1	1	2	-4	5	3	5	
--	--------	---	---	---	---	----	---	---	---	--

Diagnosis: N97.8_

Insem	N	AHA N	
ICSI	Υ	CC N	
Oocytes	6	1PN	
Mature	5	3PN	
2PN	5	Deg 0	
No Fert	0	Cryo 2]
Transf	2 D	eselect 1	
# Cells	10, 9		

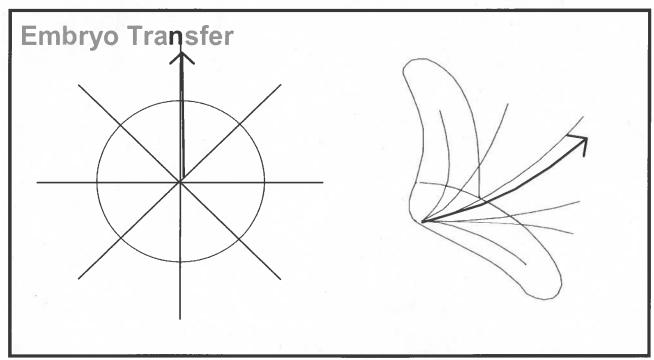


Diagram depicts patient in lithotomy position

)е	pti	h:	6

Position: AV

Comments: Patient identified verbally and confirmed wrist band. Name on dish confirmed and

matched with wrist., Ultrasound guidance, Easy, Straight

Electronic Signatures

Hey-Joo Kang, MD

Ronald O. Perelman and Claudia Cohen

After discussing the procedure and obtaining consent, we proceeded with the procedure. The patient was placed in a lithotomy position and a speculum was positioned in the usual fashion. The cervix was clearly visualized. A sterile prep was done. After such, a catheter was inserted in the cervix and was utilized to map out the cervical and uterine pathways. After the placement of the catheter, measurements of the length from the cervix to the uterus was obtained so as to determine the correct size catheter to be used during the actual embryo transfer. The ideal angle at which the catheter should be placed was established depicting the best route and ideal location for the actual transfer. Once this was determined, the speculum was removed in the usual fashion. After the procedure, the distance was confirmed by ultrasonic guidance. The patient tolerated the procedure well.

Electronic Signatures

Hey-Joo Kang, MD



MD Instructions Reviewed	Comments	Left Ultrasound	Right Ultrasound	CC E2 (Rch) FSH (Rch) LH (Rch)	Dexamethasone Lupron	HMG pm (Men) Cetrotide HGH	FSH pm (GF) HMG am (Men)	Date Cycle Day FSH am (GF)	# Previous Attempts:0	1. Idiopathic	MD: Irani, Mohamad PT: Song, Julee Partner: Kim, Myung Insurance: BIHor (Ca
Prieifer, Samanthay 3 RN:	beta HCG: <5 HGH x 8 days (MP); es: 9.3	2-3 < 10 (+)	2-3 < 10 (+); Cyst 19.7	100 151 4.33 1.59		HGH 0.5 ml		Follicular Stimulation Plan: Clomid/Antagonist 225 Gonal-F + Date	Attempts:0	losis	MD: Irani, Mohamad PT: Song, Julee DOB: 05/18/1982 Partner: Kim, Myung CBC date: 11/08/2 Insurance: BIHor (Calendar Max), United (Lifetime Max) GOPOFull TermOPre TermOEct
				100		HGH 0.5 ml		an: Clomid/Ai 10/25/2024 3	Elsewhere: ICSI Considered:	2. Immunologic_ 5. Tubal BII occl 7. Uterus 8	ar Max), Unite
Start L Pederson, Margaret				100		75 HGH 0.5 ml	225	ntagonist 225 10/26/2024 4	ed:Here: <u>0</u>	1. U	DOB: 05/18/1982 CBC date: 11/08/2024 ited (Lifetime Max) e Term <u>0</u> Ect 0
JDron Date:				100	Dex 0.5mg	75 HGH 0.5 ml	225	10/27/2024 5	:0 #FET:_ ICSI Spec Inst:	Ve/A	2024
Pederson, Margaret				100	Dex 0.5mg	75 HGH 0.5 ml	225	75 Menopur x 3 days 10/28/2024 10/29/20 7	nst:# 0\	Vasectomy Salpingectomy AMAX 9. Other:	MRN: 1401709761 Hm#: (551)804-6028 Consents Ant Sab 0 Tab 0
Irani, Mehamad Irani, Mohamad Irani, Mohamad Irani, Mohamad Irani, Mohamad Irani, Mohamad Irani, Mohamad	MI to scan (MP); es: 5.8	7.3 2-3 < 10 (+)	6.9 2-3 < 10 (+); Cyst 20.6	152	Dex 0.5mg	75 HGH 0.5 ml	225	3 days 10/29/2024 7	# Ovul Ind:	Male cancer	761 -6028 _ Antibiotics (
Not Pregnant Irani, Mohamad					Dex 0.5mg	75 Cetr PM HGH 0.5 ml	225	10/30/2024 8	O > O		@ RETN
Irani, Mohamad Irani, Mohamad	last day of HGH (TH); es:	10, 6.9 2-3 < 10 (+)	10.6, 9.9, 8.7 2-3 < 10 (+); Cyst 19.7	451 2.51	Dex 0.5mg	75 Cetr PM HGH 0.5 ml	225	10/31/2024 9	Cryo Bank: ASA Co-Culture:N	Sounding Count: ?% Mot: ?% N Sperm Source:HAR #1 _	Hosp #: 1401709761 Wk#: N EKG: Ht Allergies: NKDA Medical History
FH x: Irani, Mohamad	labs only oot (TH)			698	Dex 0.5mg	75 Cetr PM	225	11/01/2024 10	PGT: N	% Mot: ?	טַ טַ
Pfeifer, Samantha Irani, Mohamad	es: 11.2	11.3, 10.4 1 < 10	13.7, 12.8, 12, 9.8 Cyst 19	1068	Dex 0.5mg	75 Cetr PM	225	11/02/2024		M.D. M.D. Norm: 2 #1 Microfluidics	118 -00
Irani, Mohamad Irani,	labs only (MI)			1540	Dex 0.5mg	150 Cetr BiD	150	11/03/2024		SA D	1 1 199
Vers. Mohamad	TID CET (MI); es: 13.5	14.1, 11.4, 11.4 2-3 < 10 (+)	15.4, 14.3, 14.1, 12.2, 12 2-3 < 10 (+); Cyst	1938	Dex 0.5mg	150 Cetr BiD	150	11/04/2024 13		@RETate:?	85A: 1.53



Instructions Reviewed	Comments	Left Ultrasound	Right Ultrasound	LH (Rch)	E2 (Rch)	Lupron CC	Cetrotide HGH	HMG pm (Men)	FSH pm (GF)	Follicular St Date Cycle Day FSH am (GF)	ICSI upfront:X	# Previous Attempts:0	GO PO F 1. Idiopathic 4. Anov/pco 6. Endometriosis	MD: <u>Irani, Mohamad</u> PT: <u>Song, Julee</u> Partner: <u>Kim, Myung</u> Insurance: <u>BIHor</u> (Ca
Irani, Mohamad Chung, Pak Irani, Mohamad Irani, Mohama	TID CET (MI); es: 14	18.9, 14, 13.7, 13.1	18.7, 16.8, 15.4,20.5, 19.5, 14.3, 13.3, 12 16, 16 Cyst Cyst 0	4.13	2463	Dex 0.5mg	Cetr BiD	150	150	imulation Pl 11/05/2024 14 Guessed		Attempts:0	iosis	ohamad liee l, Myung lHor (Calenc
Irani, Mohamad Chung, Pak Irani, Mohama Irani, Mohamad Irani, Mohamad Chambers, Jessica	TID CET (MI); es: 12	19.5, 15.5, 13.5 2-3 < 10 (+)		2.14	2786	Dex 0.5mg	Cetr BiD	150	150	an: Clomid/A 11/06/2024 15 Guessed	CSI Considered:	Elsewhere:	-ull Term <u>0</u> Pre To 2. Immunologic 5. Tubal Bll occl 7. Uterus 8	lar Max), Unit
Chambers, Jessica Confirm>	**	20.6, 17.3, 15.2, 11.2 2-3 < 10 (+)	21.5, 19.1, 17.8, 17.6, 17.5, 17.4 2-3 < 10 (+)	1.7 44.3	4281 3795	4mg Lupron + BHCG: 77.9 1500 @9:00 PM	Cetr AM			mulation Plan: Clomid/Antagonist 225 Gor 11/05/2024 11/06/2024 11/07/2024 11/08 14 Guessed 15 Guessed 16 Guessed 17	1	Here: 0	Termo Ect O Sab O 3. Male factor Vasec: cl Tubal lig Salpi 8. Ovarian reserve/AMAX	MD: Irani, Mohamad PT: Song, Julee DOB: 05/18/1982 Partner: Kim, Myung CBC date: 11/08/2024 Insurance: BlHor (Calendar Max), United (Lifetime Max)
firm>	beta HCG: 77.9 rpt CBC (TH)					3: 77.9				Follicular Stimulation Plan: Clomid/Antagonist 225 Gonal-F + 75 Menopur x 3 days Date 11/05/2024 11/06/2024 11/07/2024 11/08/2024 Cycle Day 14 Guessed 15 Guessed 16 Guessed 17 FSH am (GF)	ICSI Spec Inst:	#FET: # Ovul Ind:	Sab 0 Tab 0 Bioch 0 Vasectomy Male cancer Salpingectomy Hydro	MRN: 1401709761 Ho Hm#: (551)804-6028 V 024 Consents Antibiotics @ RETN P
										CC:	ASA Co-Culture N PGT N	ank:	Medical History Previous SurgeryHysteroscopy Sounding M.D. @RET Count: ? % Norm: ? SA Date: ? Sperm Source:HAR #1 Microfluidics#2nides/12sides/1	Hosp #: 1401709761 Series: 112-4535 Wk#: Local#: Local#: TNEKG: Ht: 5' 2" Wt: 118 lbsBMI: 21.90 BSA: 1.53 Allergies: NKDA



IVF Summary

1401709761 Julee Song
DOB: 05/18/1982 Date of Study: 11/09/2024 Age: 42 Gender: F
Partner: Myung Kim DOB: 04/25/1982

Weill Medical College of Cornell University Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine 1305 York Avenue, 6th Floor, New York, NY 10021

Cycle Information

Protocol	Clomid/Antagonist
Date of Retrieval	11/09/2024
Date of Transfer	11/12/2024

Sperm Data	Initial	After Prep
Source	Ejaculate	
Volume (ml)	1.5	1
Concentration(x10 /ml)	72	2
Motility (%)	44	99
Total Motile(x10)		

Fertilization Results

ICSI	Yes
# Oocytes	6
# Mature	5
# 2PN	5

Other Data

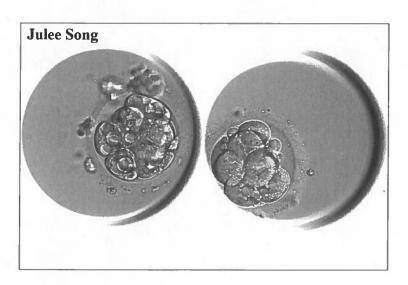
PGT	No
Coculture	No

Transfer Data

Day of Transfer	3
# 2PN Transferred	2
Cell Stages	10, 9
Grade	1

Cryo Data

D5/D6 Blast 2



Embryo Culture Information

11/09/2024 Culture of oocyte(s)/embryo(s) less than 4 days 11/13/2024 Extended culture of oocyte(s)/embryo(s) 4-7 days

Embryology Report 1401709761 Julee Song

Partner: Myung Kim DOB: 04/25/1982

12/09/2024 09:18 Page 1 (1) Weill Medical College of Cornell University 1305 York Avenue, 6th Floor New York, NY (212) 746-1762

Treatment: 112-4535 IVF (Lab#: 112-1434)

Retrieval Date: 11/09/2024

Sperm Source: Ejaculate

Oocytes: 6 Immature: 1 **ICSI:** 5 **2PN:** 5

#	Oocyte	PN	Day 3 AM	Frag	Day 5	Day 6	Transferred	Cryopreserved
	Mature	2	9+	-	•	•	Yes- D3	No
	Mature	2	8	-		-	Yes- D3	No
	Mature	2	5	-	M	3BB	No	Yes- D6
	Mature	2	4	-	-	CM	No	Yes- D7
	Mature	2	4	-	ARR		No	No
	Deg/Abn		-	-	-	-	No	No

Op Note by Kang, Hey Joo, MD at 11/9/2024 8:41 AM

Author: Kang, Hey Joo, MD Filed: 11/9/2024 9:29 AM

Service: Ob/Gyn - Ambulatory Care Au Date of Service: 11/9/2024 8:41 AM St

Author Type: Attending Status: Addendum

Editor: Kang, Hey Joo, MD (Attending)

Related Notes: Original Note by Kang, Hey Joo, MD (Attending) filed at 11/9/2024 5:57 AM

Complications: None, patient tolerated the procedure well.

Attestation: I was present for the entire procedure.

Operative Note

Surgery Date: 11/9/2024 Patient Name: Julee Song MRN: 1401709761 Date of Birth: 5/18/1982

Pre-operative Diagnosis:

1. Ovarian follicles

2. Patient undergoing assisted reproductive surgery

Post-operative Diagnosis: Same

Procedure: Ultrasound-guided aspiration of ovarian cysts

Surgeon: Hey Joo Kang, MD

Assistant: None

Anesthesia: MAC EBL: Minimal

Fluids Replaced: Crystalloid Complications: None

Findings: 6 oocytes recovered

Indications:

Julee Song is a 42 year old female undergoing ultrasound-guided aspiration of ovarian follicles for assisted reproductive surgery

Procedure:

Consents were re-affirmed and re-signed with the patient. The patient was then brought to the OR. After suitable MAC anesthesia was administered, the patient was prepped and draped in the usual sterile fashion. A transvaginal ultrasound was performed with a sterile draped probed with a needle guide attached. Using a 16G Cook aspiration needle and a negative pressure of 80 mmHg, all of the follicles were serially aspirated and the follicular fluid was sent to the IVF laboratory.

Once all of the follicles were aspirated, a sterile vaginal speculum exam was performed and hemostasis was obtained. The patient was then placed in a dorsal supine position and transported to the recovery room using a surgi-lift having tolerated the procedure well.

I was present and scrubbed for the entirety of the procedure.

Hey Joo Kang, MD