**【体外受精・胚移植法実施記録**】 症例番号　　　　　　～

氏　　　　名　　　　　　　　　　　　　　　　　　　　　　　　　所属施設名

＊個人情報の観点から、カルテ番号は下2桁もしくは3桁とし、昇順（日付が古いものを上へ）でご記入下さい。

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | カルテ番号 | 採卵  年月日 | 体外受精/  顕微授精 | 新鮮/凍結胚移植 | 胚移植  年月日 | 臨床妊娠の有無 | 責任医師㊞ |
| １ | 記載例01 | 2020/04/01 | 体外受精 | 凍結胚移植 | 2020/06/01 | 〇 |  |
| ２ | 記載例02 | 2020/04/03 | 顕微受精 | 新鮮胚移植 | 2020/04/08 | × |  |
| ３ | 記載例03 | 2020/04/05 | 体外受精＋顕微授精（スプリット） | 凍結胚移植 | 2020/06/06 | 〇 |  |
| ４ |  |  |  |  |  |  |  |
| ５ |  |  |  |  |  |  |  |
| ６ |  |  |  |  |  |  |  |
| ７ |  |  |  |  |  |  |  |
| ８ |  |  |  |  |  |  |  |
| ９ |  |  |  |  |  |  |  |
| １０ |  |  |  |  |  |  |  |
| １１ |  |  |  |  |  |  |  |
| １２ |  |  |  |  |  |  |  |
| １３ |  |  |  |  |  |  |  |
| １４ |  |  |  |  |  |  |  |
| １５ |  |  |  |  |  |  |  |
| １６ |  |  |  |  |  |  |  |
| １７ |  |  |  |  |  |  |  |
| １８ |  |  |  |  |  |  |  |
| １９ |  |  |  |  |  |  |  |
| ２０ |  |  |  |  |  |  |  |
| ２１ |  |  |  |  |  |  |  |
| ２２ |  |  |  |  |  |  |  |
| ２３ |  |  |  |  |  |  |  |
| ２４ |  |  |  |  |  |  |  |
| ２５ |  |  |  |  |  |  |  |
| ２６ |  |  |  |  |  |  |  |
| ２７ |  |  |  |  |  |  |  |
| ２８ |  |  |  |  |  |  |  |
| ２９ |  |  |  |  |  |  |  |
| ３０ |  |  |  |  |  |  |  |
| ３１ |  |  |  |  |  |  |  |
| ３２ |  |  |  |  |  |  |  |
| ３３ |  |  |  |  |  |  |  |
| ３４ |  |  |  |  |  |  |  |
| ３５ |  |  |  |  |  |  |  |
| ３６ |  |  |  |  |  |  |  |
| ３７ |  |  |  |  |  |  |  |
| ３８ |  |  |  |  |  |  |  |
| ３９ |  |  |  |  |  |  |  |
| ４０ |  |  |  |  |  |  |  |

【**体外受精・胚移植法実施記録**】 症例番号　　　　　　～

氏　　　　名　　　　　　　　　　　　　　　　　　　　　　　　　所属施設名

＊個人情報の観点から、カルテ番号は下2桁もしくは3桁とし、昇順（日付が古いものを上へ）でご記入下さい。

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | カルテ番号 | 採卵  年月日 | 体外受精/  顕微授精 | 新鮮/凍結胚移植 | 胚移植  年月日 | 臨床妊娠の有無 | 責任医師㊞ |
| ４１ |  |  |  |  |  |  |  |
| ４２ |  |  |  |  |  |  |  |
| ４３ |  |  |  |  |  |  |  |
| ４４ |  |  |  |  |  |  |  |
| ４５ |  |  |  |  |  |  |  |
| ４６ |  |  |  |  |  |  |  |
| ４７ |  |  |  |  |  |  |  |
| ４８ |  |  |  |  |  |  |  |
| ４９ |  |  |  |  |  |  |  |
| ５０ |  |  |  |  |  |  |  |
| ５１ |  |  |  |  |  |  |  |
| ５２ |  |  |  |  |  |  |  |
| ５３ |  |  |  |  |  |  |  |
| ５４ |  |  |  |  |  |  |  |
| ５５ |  |  |  |  |  |  |  |
| ５６ |  |  |  |  |  |  |  |
| ５７ |  |  |  |  |  |  |  |
| ５８ |  |  |  |  |  |  |  |
| ５９ |  |  |  |  |  |  |  |
| ６０ |  |  |  |  |  |  |  |
| ６１ |  |  |  |  |  |  |  |
| ６２ |  |  |  |  |  |  |  |
| ６３ |  |  |  |  |  |  |  |
| ６４ |  |  |  |  |  |  |  |
| ６５ |  |  |  |  |  |  |  |
| ６６ |  |  |  |  |  |  |  |
| ６７ |  |  |  |  |  |  |  |
| ６８ |  |  |  |  |  |  |  |
| ６９ |  |  |  |  |  |  |  |
| ７０ |  |  |  |  |  |  |  |
| ７１ |  |  |  |  |  |  |  |
| ７２ |  |  |  |  |  |  |  |
| ７３ |  |  |  |  |  |  |  |
| ７４ |  |  |  |  |  |  |  |
| ７５ |  |  |  |  |  |  |  |
| ７６ |  |  |  |  |  |  |  |
| ７７ |  |  |  |  |  |  |  |
| ７８ |  |  |  |  |  |  |  |
| ７９ |  |  |  |  |  |  |  |
| ８０ |  |  |  |  |  |  |  |

【**体外受精・胚移植法実施記録**】 症例番号　　　　　　～

氏　　　　名　　　　　　　　　　　　　　　　　　　　　　　　　所属施設名

＊個人情報の観点から、カルテ番号は下2桁もしくは3桁とし、昇順（日付が古いものを上へ）でご記入下さい。

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | カルテ番号 | 採卵  年月日 | 体外受精/  顕微授精 | 新鮮/凍結胚移植 | 胚移植  年月日 | 臨床妊娠の有無 | 責任医師㊞ |
| ８１ |  |  |  |  |  |  |  |
| ８２ |  |  |  |  |  |  |  |
| ８３ |  |  |  |  |  |  |  |
| ８４ |  |  |  |  |  |  |  |
| ８５ |  |  |  |  |  |  |  |
| ８６ |  |  |  |  |  |  |  |
| ８７ |  |  |  |  |  |  |  |
| ８８ |  |  |  |  |  |  |  |
| ８９ |  |  |  |  |  |  |  |
| ９０ |  |  |  |  |  |  |  |
| ９１ |  |  |  |  |  |  |  |
| ９２ |  |  |  |  |  |  |  |
| ９３ |  |  |  |  |  |  |  |
| ９４ |  |  |  |  |  |  |  |
| ９５ |  |  |  |  |  |  |  |
| ９６ |  |  |  |  |  |  |  |
| ９７ |  |  |  |  |  |  |  |
| ９８ |  |  |  |  |  |  |  |
| ９９ |  |  |  |  |  |  |  |
| １００ |  |  |  |  |  |  |  |
| １０１ |  |  |  |  |  |  |  |
| １０２ |  |  |  |  |  |  |  |
| １０３ |  |  |  |  |  |  |  |
| １０４ |  |  |  |  |  |  |  |
| １０５ |  |  |  |  |  |  |  |
| １０６ |  |  |  |  |  |  |  |
| １０７ |  |  |  |  |  |  |  |
| １０８ |  |  |  |  |  |  |  |
| １０９ |  |  |  |  |  |  |  |
| １１０ |  |  |  |  |  |  |  |
| １１１ |  |  |  |  |  |  |  |
| １１２ |  |  |  |  |  |  |  |
| １１３ |  |  |  |  |  |  |  |
| １１４ |  |  |  |  |  |  |  |
| １１５ |  |  |  |  |  |  |  |
| １１６ |  |  |  |  |  |  |  |
| １１７ |  |  |  |  |  |  |  |
| １１８ |  |  |  |  |  |  |  |
| １１９ |  |  |  |  |  |  |  |
| １２０ |  |  |  |  |  |  |  |

【**体外受精・胚移植法実施記録**】 症例番号　　　　　　～

氏　　　　名　　　　　　　　　　　　　　　　　　　　　　　　　所属施設名

＊個人情報の観点から、カルテ番号は下2桁もしくは3桁とし、昇順（日付が古いものを上へ）でご記入下さい。

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | カルテ番号 | 採卵  年月日 | 体外受精/  顕微授精 | 新鮮/凍結胚移植 | 胚移植  年月日 | 臨床妊娠の有無 | 責任医師㊞ |
| １２１ |  |  |  |  |  |  |  |
| １２２ |  |  |  |  |  |  |  |
| １２３ |  |  |  |  |  |  |  |
| １２４ |  |  |  |  |  |  |  |
| １２５ |  |  |  |  |  |  |  |
| １２６ |  |  |  |  |  |  |  |
| １２７ |  |  |  |  |  |  |  |
| １２８ |  |  |  |  |  |  |  |
| １２９ |  |  |  |  |  |  |  |
| １３０ |  |  |  |  |  |  |  |
| １３１ |  |  |  |  |  |  |  |
| １３２ |  |  |  |  |  |  |  |
| １３３ |  |  |  |  |  |  |  |
| １３４ |  |  |  |  |  |  |  |
| １３５ |  |  |  |  |  |  |  |
| １３６ |  |  |  |  |  |  |  |
| １３７ |  |  |  |  |  |  |  |
| １３８ |  |  |  |  |  |  |  |
| １３９ |  |  |  |  |  |  |  |
| １４０ |  |  |  |  |  |  |  |
| １４１ |  |  |  |  |  |  |  |
| １４２ |  |  |  |  |  |  |  |
| １４３ |  |  |  |  |  |  |  |
| １４４ |  |  |  |  |  |  |  |
| １４５ |  |  |  |  |  |  |  |
| １４６ |  |  |  |  |  |  |  |
| １４７ |  |  |  |  |  |  |  |
| １４８ |  |  |  |  |  |  |  |
| １４９ |  |  |  |  |  |  |  |
| １５０ |  |  |  |  |  |  |  |
| １５１ |  |  |  |  |  |  |  |
| １５２ |  |  |  |  |  |  |  |
| １５３ |  |  |  |  |  |  |  |
| １５４ |  |  |  |  |  |  |  |
| １５５ |  |  |  |  |  |  |  |
| １５６ |  |  |  |  |  |  |  |
| １５７ |  |  |  |  |  |  |  |
| １５８ |  |  |  |  |  |  |  |
| １５９ |  |  |  |  |  |  |  |
| １６０ |  |  |  |  |  |  |  |

【**体外受精・胚移植法実施記録**】 症例番号　　　　　　～

氏　　　　名　　　　　　　　　　　　　　　　　　　　　　　　　所属施設名

＊個人情報の観点から、カルテ番号は下2桁もしくは3桁とし、昇順（日付が古いものを上へ）でご記入下さい。

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | カルテ番号 | 採卵  年月日 | 体外受精/  顕微授精 | 新鮮/凍結胚移植 | 胚移植  年月日 | 臨床妊娠の有無 | 責任医師㊞ |
| １６１ |  |  |  |  |  |  |  |
| １６２ |  |  |  |  |  |  |  |
| １６３ |  |  |  |  |  |  |  |
| １６４ |  |  |  |  |  |  |  |
| １６５ |  |  |  |  |  |  |  |
| １６６ |  |  |  |  |  |  |  |
| １６７ |  |  |  |  |  |  |  |
| １６８ |  |  |  |  |  |  |  |
| １６９ |  |  |  |  |  |  |  |
| １７０ |  |  |  |  |  |  |  |
| １７１ |  |  |  |  |  |  |  |
| １７２ |  |  |  |  |  |  |  |
| １７３ |  |  |  |  |  |  |  |
| １７４ |  |  |  |  |  |  |  |
| １７５ |  |  |  |  |  |  |  |
| １７６ |  |  |  |  |  |  |  |
| １７７ |  |  |  |  |  |  |  |
| １７８ |  |  |  |  |  |  |  |
| １７９ |  |  |  |  |  |  |  |
| １８０ |  |  |  |  |  |  |  |
| １８１ |  |  |  |  |  |  |  |
| １８２ |  |  |  |  |  |  |  |
| １８３ |  |  |  |  |  |  |  |
| １８４ |  |  |  |  |  |  |  |
| １８５ |  |  |  |  |  |  |  |
| １８６ |  |  |  |  |  |  |  |
| １８７ |  |  |  |  |  |  |  |
| １８８ |  |  |  |  |  |  |  |
| １８９ |  |  |  |  |  |  |  |
| １９０ |  |  |  |  |  |  |  |
| １９１ |  |  |  |  |  |  |  |
| １９２ |  |  |  |  |  |  |  |
| １９３ |  |  |  |  |  |  |  |
| １９４ |  |  |  |  |  |  |  |
| １９５ |  |  |  |  |  |  |  |
| １９６ |  |  |  |  |  |  |  |
| １９７ |  |  |  |  |  |  |  |
| １９８ |  |  |  |  |  |  |  |
| １９９ |  |  |  |  |  |  |  |
| ２００ |  |  |  |  |  |  |  |