Fertility Centre IVF-ICSI

azdelta

Uw ziekenhuis.

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Dear prospective parent,

This brochure gives you a clear overview of the medical precautions, treatment and practical organisation in our centre.

This brochure acts as a guide during the treatment period. Each element has already been discussed during your consultation with the gynaecologist or fertility consultant. You can always take a look at this brochure if you have any new questions or doubts about the practical arrangements. You will also find our contact details here, so you can always consult us if you do not find a clear answer to your question.

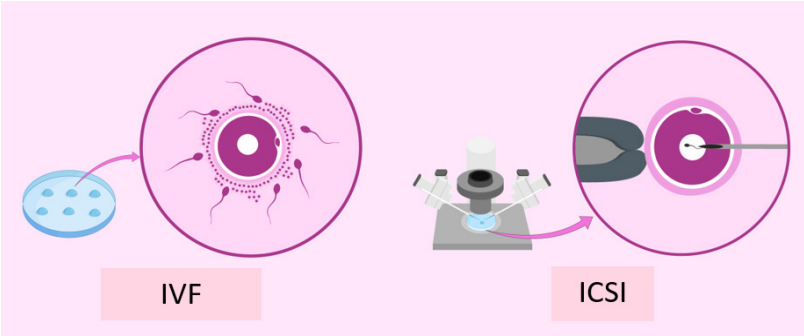
We wish you every success in your treatment.

AZ Delta Fertility team

1 Theoretical overview of the treatment

What does IVF/ICSI mean?

During the natural fertilisation process, an egg cell is fertilised in a fallopian tube. During in vitro fertilisation (IVF), fertilisation of the egg occurs outside the woman's body. This technique was initially developed as a solution for infertility due to blocked fallopian tubes. It was later found that this method could also be applied to other causes of infertility. The limiting factor was the quality of the sperm. This limiting factor was also lifted in 1993 when it was found that egg cells can be artificially fertilised by inserting a single sperm cell into an egg cell with a fine needle (intracytoplasmic sperm injection or ICSI).



The Course of Treatment

The treatment consists of a number of different steps. Before starting the actual treatment, you will have several meetings with the fertility doctor and fertility consultants, during which you will be informed in detail about your treatment. The fertility consultants will guide you through the entire process and inform you step by step.

Our centre works together with the Department of Reproductive Medicine (Afdeling Reproductieve Geneeskunde, ARG) of UZ Gent for IVF/ICSI. The first part of the treatment takes place in Roeselare in collaboration with the gynaecologist treating you. For the second part, you will go to Ghent once per treatment.

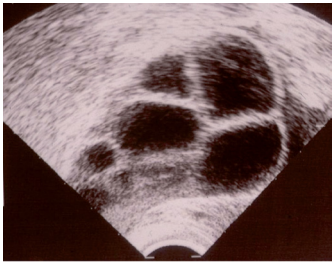
The major steps in the treatment are:

- stimulation of the ovaries to develop multiple mature eggs - **AZ Delta**
- puncture of the follicles and aspiration of the egg cells (follicular puncture) - **AZ Delta**
- processing of the sperm sample - **AZ Delta**
- fertilisation of the egg cells in the laboratory (IVF or ICSI) - **ARG UZ Gent**
- fertilisation monitoring - **ARG UZ Gent**
- embryo culture - **ARG UZ Gent**
- embryo transfer - **ARG UZ Gent**
- freezing the embryos - **ARG UZ Gent**

Stimulation of the ovaries

The chances of success are partly determined by the number of eggs we collect per treatment. In order to develop several egg cells, the ovaries must be stimulated. This is done with a natural hormone (follicle-stimulating hormone or FSH) that is secreted by the pituitary gland in the brain during the spontaneous cycle. During the natural cycle, the body regulates the production of this hormone in such a way that only one egg cell matures. However, for fertility treatment, we want to increase the number of mature egg cells. To achieve this, the activity of the pituitary gland is temporarily stopped at the same time as the stimulation is brought about. To stimulate the ovaries, a predetermined dose of FSH is administered daily by subcutaneous injection. On average, stimulation lasts 8 – 10 days, but it can vary from 7 – 20 days. There are several hormone products on the market. The doctor will discuss with you which product is most suitable for your treatment.

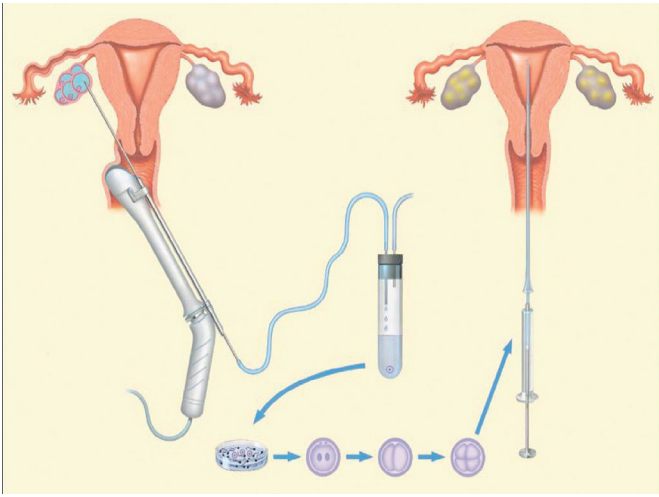
The progress of the stimulation is closely monitored using ultrasound (follicular measurement) and blood sampling. This is necessary to monitor and adjust the stimulation when necessary. An egg cell is microscopically small: you can't see it with the naked eye, and you can't see it using ultrasound, either. However, an egg cell is contained in a sac of fluid called a follicle. This follicle grows bigger as the egg cell matures, and you can see this fluid-filled space on an ultrasound scan. An egg cell also produces female hormone, and this amount increases as the egg cell matures. By counting the number of follicles and measuring their size, while simultaneously determining the amount of female hormone in the blood, it is possible to estimate how far the egg cells have progressed in their maturation process. Once a number of follicles have reached a diameter of approximately 17 to 20 mm and the hormones in the blood have increased sufficiently, a second hormone will be given to allow the egg cells to go through a final maturation phase and let them detach from the follicular wall, so that they are released into the follicular fluid.
The follicular puncture is performed 34 to 36 hours after this injection.



Ultrasound image of a stimulated ovary

Follicular puncture (follicle aspiration or pick-up)
Using a fine needle, the fertility doctor punctures the follicles through the wall of the vagina, using vaginal ultrasound for guidance. The follicular fluid containing the egg cell is aspirated. In the laboratory, the egg cells are isolated from the follicular fluid one by one and transferred to test tubes for transport. After the pick-up procedure, you will also immediately know the number of egg cells collected. In any case, you must remain under medical supervision for a few

hours after the puncture. The risk of complications (bleeding, infection) is very small. A small amount of blood from the punctured follicle enters the abdominal cavity. This also happens with natural ovulation. This slight bleeding almost always stops by itself. There may also still be some bleeding afterwards at the site where the needle went through the vaginal wall. Infection very rarely occurs because of the puncture (the risk is less than 1/1000). That is why we do not provide preventive antibiotics (except in cases of risk). If you do develop a fever in the days after the puncture, you must inform a nurse or doctor immediately.



Puncture of the ovaries guided by ultrasound

Processing of the semen (sperm)

On the morning of the follicular puncture, the semen is prepared in the laboratory. The sperm can be produced at home or in a room set aside for this in our centre. In both cases, you must deliver the sperm to the laboratory within an hour. The semen must be kept at body temperature during transport.

In exceptional cases, it is possible that the partner cannot be present on the day of the puncture or that problems are anticipated with the production of the semen. If this is a possibility, we recommend having a sperm sample frozen in advance at UZ Gent's fertility centre. The fertility consultant will assist you in making appointments and practical arrangements.
It is also possible that the laboratory will ask for a second ejaculate to be produced.

After the pick-up, the egg cells, together with the capacitated sperm sample, are taken to UZ Gent's laboratory by medical transport in a heated transport box. Transport has no influence whatsoever on the quality of the cells transported, nor on the result of the treatment.

Fertilisation of the egg cells in the laboratory
In vitro fertilisation (IVF)
After the follicular puncture, the test tubes containing the egg cells are taken to the laboratory. The egg cells are transferred to a culture medium, and a number of sperm cells with good motility are added. The test tubes are then put into an incubator so that fertilisation can take place.

Intracytoplasmic sperm injection or ICSI
Sperm cells have natural mechanisms to enter the egg cell. The egg cell, in turn, ensures that only one sperm cell is admitted. Sometimes fertilisation does not occur because there are too few motile sperm cells or because they lack the natural characteristics needed for penetration of the egg cell membrane. In other cases, fertilisation failure may be due to an egg cell membrane that the sperm cells cannot penetrate. Since 1993, there has been a method whereby we pick up a sperm cell with a fine needle under a microscope and inject it directly into an egg cell.

ICSI leads (on average) to the fertilisation of 70% of injected mature egg cells. If fertilisation does not occur after ICSI, there may be several reasons: abnormal egg cells, damage to the egg cell during injection or defects in the sperm cell.

Since so-called “natural selection” is excluded with this technique, the question arises as to whether this can lead to an increased risk of birth defects in the child. Data on “ICSI babies” already born show that this is not the case. In our centre, both partners are tested beforehand for certain genetic disorders. The results of this will be discussed with you during the preliminary investigations.

Fertilisation monitoring

The day after the puncture and the IVF/ICSI procedure, we will check whether fertilisation has occurred. This can be assessed by examining the egg cells under a microscope. A normally fertilised egg cell has not yet divided at that time, but contains two precursor nuclei (one from the egg cell and one from the fertilising sperm cell) that are visible under a microscope.

The fertilised egg cells are then put back in the incubator to allow them to continue dividing.



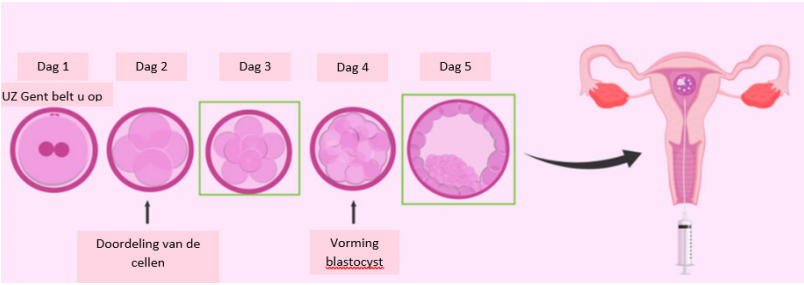
A fertilised egg cell in which the two precursor nuclei are clearly visible

Embryo culture

After another 24 hours, an embryo is formed consisting of several cells. This embryo continues to divide into blastomeres over the next three days.

The embryos are usually inserted into the uterus five days after the follicular puncture. The embryos are normally in the blastocyst stage at that time.

In an embryo at the blastocyst stage, we can distinguish between two cell types: the cells of the inner cell mass (which becomes the foetus) and the trofectoderm cells (the placenta will later form from these cells). These are supported by a fluid that accumulates in a cavity. This cavity becomes larger (expansion) as the blastocyst grows. A blastocyst is therefore assessed for the quality of the inner cell mass, the trofectoderm cells and the state of the expansion.



Embryo transfer

You must register at UZ Gent's fertility centre for the transfer. The embryos are placed in the uterus five days after the follicular puncture, when the fertilised egg cells have divided properly.

The quality of each embryo is assessed before it is transferred. The best embryo is selected in advance and taken up from the Petri dish with a fine catheter. This catheter is inserted into the uterine cavity through the cervix using ultrasound for guidance. The transfer of embryos into the uterus is a simple procedure for which no hospitalisation or anaesthesia

is required. An important condition is that the bladder is well filled. This allows for better ultrasound imaging of the uterus and better alignment of the uterine body with the cervix.

Drink at least half a litre of water beforehand, and do not urinate just before the transfer.

In the womb, the embryos continue to develop until they are ready for actual implantation. There is no evidence that resting immediately after the transfer or the following days promotes the implantation of the embryos. Whether or not you become pregnant depends mainly on the quality of the embryos. The chances of implantation of embryos are, on average, 30% to 45%.

Freezing embryos (cryopreservation)
If one or more embryos of good quality remain after the embryo transfer, they can be stored in liquid nitrogen (cryopreservation). The embryos are usually frozen on day five. That way, the embryologist can select only the vital (further developing) embryos. If the embryos are of insufficient quality, they are left to their natural fate (i.e., to perish).

A small number of embryos do not survive the freezing and thawing processes.

The chance of becoming pregnant after the transfer of embryos that are still vital after thawing is the same as for fresh embryos.

Since 1 July 2003, it has been legally stipulated that no more than two thawed embryos may be transferred. As a rule, we recommend thawing and transferring only one embryo at a time.

The transfer of thawed embryos can be done in a natural cycle if it is regular or after the preparation of the uterine lining with hormones. Injections are usually not necessary. However, in some cases, the timing of ovulation is regulated by a single injection of hCG.

If you become pregnant after this procedure, the course of the pregnancy and the chance of a healthy child are completely comparable to those of a spontaneous pregnancy.

Freezing and storing embryos is an important investment for the centre.
We are legally obliged to ask you in advance to choose from various options should you no longer wish to use the frozen embryos:

1. thawing, which results in destroying them; or
2. thawing and donating them for scientific research, which ultimately destroys them.

All possible options are also described in detail in the consent form you must sign before starting treatment.

Frozen embryos are stored for a maximum of five years. The right of disposal of embryos belongs to the couple and is not transferable to the individual partners. In the event of disagreement, divorce or death of one of the partners, the embryos will undergo the decision agreed with you in advance.

For more detailed information, please consult the brochure “Medisch begeleide voortplanting”, which can be found on the ARG UZ Gent website.

Chances of success

Overall, the chance of pregnancy with IVF/ICSI is about 30% to 45%.

The chances of success of IVF/ICSI are determined by your age, the number and quality of the egg cells and the number and quality of the embryos that are transferred. The chance of pregnancy remains constant until the age of 35. There is a gradual decrease in the chance of pregnancy from the age of 36.

The transfer of multiple embryos increases the chance of pregnancy, but also increases the risk of multiple births. If it is legally permitted in your case to transfer multiple embryos, the benefits and risks will be discussed with you.

Risks

Hyperstimulation syndrome
The number of egg cells that are matured per cycle in a woman varies greatly from one woman to another. The optimal number of egg cells is around 10. In some cases, the ovaries do not respond well to stimulation. This may adversely affect the outcome of the treatment. In other cases, however, the ovaries unexpectedly overreact to such an extent that too many egg cells develop. As a result, after ovulation or pick-up, the ovaries can swell greatly and produce fluid that accumulates in the abdominal cavity, which can disrupt the body's fluid balance. In most women, this only causes a temporary feeling of heaviness in the lower abdomen. However, some women suffer from ovarian hyperstimulation syndrome (OHSS). The symptoms are usually limited to a swollen abdomen and some abdominal pain, but they can also be more severe: nausea, vomiting, severe abdominal pain, substantial weight gain, breathing difficulties, etc.

Fortunately, OHSS is generally not dangerous. The symptoms almost always disappear on their own. Rest, moderate fluid intake, a protein-rich diet (meat, fish, cheese, etc.) and a little

patience are the most important recommendations. In the rare cases in which the syndrome manifests itself forcefully and you gain weight quickly or have problems urinating or breathing, for example, you must contact the centre immediately, and hospitalisation may be necessary.

Multiple births
In most cases, one embryo is transferred to the uterus. The chance of multiple births is therefore very low. If you do qualify for the transfer of two embryos due to your age, for example, the chance of having twins is 25%.

Long-term consequences
Studies have shown that IVF/ICSI treatment does not adversely affect women in the long term. In particular, treatment does not increase the risk of ovarian cancer and breast cancer.

Abnormalities in the baby
It is important to know that children conceived through IVF/ICSI are no more likely to have birth defects than children conceived spontaneously.

Medical precautions

Monitoring of the vaccination status and infectious diseases in both partners
As both the woman and the man play a crucial role in the treatment, and must be well prepared for the subsequent pregnancy, both partners will undergo prior blood tests to detect any infections and to check which vaccinations are necessary.

Genetic tests
If ICSI is indicated as the treatment most likely to be successful, both partners will be requested to undergo genetic testing. Genetic abnormalities can in fact cause fertility problems at the level of chromosomes or genes. In the context of infertility, the following genetic tests are possible: chromosome analysis, carrier test for cystic fibrosis, carrier testing for Spinal Muscular Atrophy (SMA), carrier testing for fragile X syndrome and deletions of the Y chromosome. This is done by taking a blood sample, which can only be done in the laboratory from Monday until Thursday.

Prevention of abnormalities in the baby (spina bifida)
The risk of a defect developing in the closure of the baby's spinal column during pregnancy is approximately 1 in 1,000. This risk is not increased in pregnancies resulting from medically assisted fertilisation. If the child is born with an open spine (spina bifida), this will result in a permanent disability. Research has shown that taking a folic acid supplement during the first weeks of pregnancy significantly reduces the number of cases of children with spina bifida. It is best to start a few weeks before conception, and the supplements must be taken until the 10th week of pregnancy.

Smoking, alcohol and drugs

It is common knowledge that smoking during pregnancy is harmful to the child, but many people do not know that fertility is also lower among smokers than among non-smokers. Research has shown that the chances of becoming pregnant after IVF/ICSI are about half as low in women who smoke. Passive smoking also reduces the chance of pregnancy. Smoking has an adverse effect on sperm quality as well. Therefore, we strongly advise men and women who smoke to stop smoking before starting the treatment.

Like nicotine, alcohol also has an effect on fertility. Alcohol affects ovulation and sperm quality and increases the risk of miscarriage.
Drug use in any form whatsoever is generally strongly discouraged, especially during fertility treatment and pregnancy.

Lifestyle

In general, a healthy lifestyle has a positive impact on fertility treatment. This means having a healthy diet and sufficient physical activity. An increased body mass index (BMI) may adversely affect the hormone cycle and ovulation. Especially during pregnancy and childbirth, an excessively high BMI is often the cause of complications. You can always contact the nutritionist at our centre for guidance.
Exercise during fertility treatment not only has a positive effect on your health, but also makes you mentally stronger. That is why you can also benefit from less active sports, such as hiking and yoga.

Psychological support

It is not difficult to be courageous, but it is difficult to be courageous all the time. (Honore de Balzac)

Having IVF/ICSI treatment is not difficult physically: the treatment consists of a series of small, low-risk procedures that are generally painless. The possible side effects of the drugs are limited and certainly not threatening. Moreover, the treatment is entirely outpatient: you do not have to spend a single night in the hospital.
Mentally, however, IVF/ICSI demands a lot of a couple. The "side effects" are often more psychological in nature. There is a lot involved in the treatment, and lifestyle changes need to be made for a certain amount of time, which can in itself be a source of stress. In addition, there is the uncertainty and fear associated with that one crucial question, "Will it work or not?" Together, these factors can be experienced as very tiring or stressful and can seriously strain the relationship.

The fertility team tries to help and support each couple the best they can. Fulfilling your desire to have children and ensuring your comfort during treatment are obvious priorities for us. We have one rule that counts: dare to come to us with your questions or concerns.
You may be invited to visit our team's psychologist. As well as lending you a listening ear, she can also offer tips and advice on how to reduce the burden of the entire treatment. These conversations are not mandatory, but can be highly recommended for some couples. Although many couples show perseverance, the courage and optimism sometimes wane, and conversations can help them along a bit of their way or prevent them from doing less well. Support in processing failure, loss or grief is an important factor in being able to move on together afterwards.

Conditions for participation at our centre

Legislation

Since 2007, the Belgian government has established a legal framework, including the absolute age limit for women undergoing treatment and the number of embryos that may be transferred.

- The application for IVF/ICSI treatment must be made before the age of 43 (for the woman).
- The removal of gametes (follicular puncture) is allowed up to a maximum age of 45.
- The transfer of embryos is permitted up to a maximum age of 47.

Consent forms

Before the treatment can start, you and your partner must give permission in various documents to have the treatment carried out . At the same time, you will also make mutual arrangements on the storage of surplus frozen embryos. These forms will be handed to you and explained by the fertility consultant.

Screening for infectious diseases in both partners

The Belgian law on tissue banks stipulates that screening for HIV, hepatitis B and C and syphilis must have been done a maximum of three months before the first follicular puncture, which means that this blood sample must sometimes be repeated. Staff coming into contact with blood, sperm and egg cells also need to know if the biological material is free from contamination.

If positive values are established for one of these pathogens, treatment is postponed for extensive medical review.

If one partner of the couple is a carrier of the HIV virus or the hepatitis C virus, this couple cannot receive treatment in our centre and will be referred to a suitable fertility centre for this treatment.

No donor material
If using your own egg cells or sperm does not provide you with a sufficient chance of becoming pregnant, donor material may be used.
However, this is not possible in our centre, and we would therefore be happy to refer you to the fertility centre in Ghent. If it transpires that you want to have your cycle monitored in our centre for practical reasons, you can - in consultation with the centre in Ghent - contact us to have the follicular measurements and blood sampling done. The fertility doctors and consultants then ensure that all the necessary results are available to the doctors at the centre in Ghent in good time. This way, you can find out about new instructions or appointments from them. If you wish, you can always discuss this with the fertility doctor or the consultants at our centre.

Cost

For Belgian patients with health insurance, there is financial compensation from the government for an IVF/ICSI treatment. Six IVF/ICSI cycles will be reimbursed until the 43rd birthday. The request for reimbursement will be made by the fertility doctor. As a result, the cost for patients is limited to the patient's contribution for medication, check-ups and medical procedures. All of this comes to about EUR 400 for the first cycle and EUR 250 for the following cycles.

For patients who do not have health insurance, women over the age of 43 and after the six reimbursed attempts, there is no longer any financial compensation from the Belgian government. The costs per IVF/ICSI treatment are therefore fully at the expense of the patient and amount to approximately EUR 3,000 to EUR 4,000. You will be asked to pay the estimated amount per cycle in advance.

2 Practical

Presentation of the fertility team

Fertility doctors
- Dr Annelies De Knijf
- Dr Veerle Dewulf
- Dr Elvira Serkei
- Dr Danielle Vandenweghe

Andrologists
- Dr Xavier-Philippe Aers
- Dr Francis Duyck
- Dr Katrien Spincemaille
- Dr Jan Van den Saffele

Clinical biologists
- Inge De Cuyper
- Hilde Vanpoucke

Quality coordinator
- Kimberly Ver Eecke

Fertility consultants
- Anne-Marie Breyne
- Evi Delarue
- Tine Desodt
- Anneleen Jongbloet

Fertility laboratory
- Ineke Debruyne
- Freya Houthoofd
- Magalie Houthoofd
- Annelies Ver Eecke

Psychologist
- Joke Corneillie

Preparation

Intake interview

If your own gynaecologist's investigations indicate that only IVF or ICSI can help you fulfil your wish to have a child, you may make an appointment with a fertility consultant. Theoretical information is given during the first meeting, and the necessary administrative matters are put in order. The treatment will thus be explained to you, and you will have an idea of what it all entails.
During the second consultation, practical arrangements are made to start the treatment. Your individual treatment schedule will be explained in detail. You will also receive the required medication. It is therefore important that you can submit the reimbursement form for the treatment.
The injections can be done by a home nurse or by yourself. If you want to do it yourself, the fertility consultant will teach you how to do this.
Finally, you will also be given the directions to the Department of Reproductive Medicine at UZ Gent.

Preparation for medication

Sometimes the body needs to be prepared for the upcoming stimulation. This can be taken as an oral contraceptive pill or as an injection. You will be given the necessary information in advance if you qualify.

Stimulation

At the start of your period, whether or not after preparation with the pill, contact the fertility consultant. The injections can then be started the next day (day two of your period) according to the planned schedule.

Follicular measurements and blood sampling will be scheduled at regular intervals to monitor or adjust your response to the stimulant medication. At the end of each appointment, the fertility consultant will give you the appropriate instructions and arrange a new appointment.

These checks can be performed at all of the AZ Delta campuses.
Patients who were referred from another hospital will be given the documents they need to have the follicular measurements and blood sampling done by their own gynaecologist.

When the ovaries have been sufficiently stimulated, ovulation will be initiated to allow the egg cells to go through a final maturation phase and let them detach from the follicular wall, so that they are released into the follicular fluid. This is done by the single administration of a second hormone. This is the last injection of the stimulation phase: 34 to 36 hours later, the follicular puncture takes place. It is therefore important that this injection is administered promptly at the agreed time. If the fertility consultant gives you these final instructions, you can use the form “Instructions for pick-up” as a guide.

Organisation on the *day* of the follicular puncture

On the morning of the follicular puncture, both partners report to the fertility centre of AZ Delta Roeselare, Rumbeke campus. Enter the hospital through the east entrance. There you can sign in at the kiosk. To get to the Fertility centre, follow route 1.G4-5 on the first floor. Take lift B8 for this.

Please report punctually at the agreed time. The follicular puncture is performed approximately 36 hours after the last injection. In our centre, this is done with brief (about 30 minutes) deep sedation, under the supervision of an anaesthetist. Because of this, the woman must not have eaten before the procedure.

You must bring the following documents with you:

- ID cards of both partners
- A2 form for reimbursement by the health insurance fund
- Consent forms if you have not yet submitted them.

You will be welcomed by one of the fertility consultants. She will accompany you to the ward.
Before leaving for the puncture room, the woman is asked to urinate again.
In order to fertilise the egg cells, a sperm sample is required. The partner can produce this during the pick-up in the room provided for this purpose.
The follicular fluid is immediately checked for eggs in the laboratory. That way, you will immediately know how many eggs were found during the pick-up.

After the pick-up, you will return to your room and remain under observation for a few hours, during which your blood pressure, pain and blood loss will be monitored. If everything is fine, you can return home by noon. However, you are not allowed to drive a car yourself as you have been given full sedation. It is recommended that you rest at home as well. Mild abdominal pain for a few days is normal. You may take painkillers.

When you leave the hospital, you will also be given information about the further course of the treatment with the help of the document “Praktische richtlijnen bij het verder verloop van de behandeling in UZ Gent”.
The egg cells that were collected are transported together with the sperm to UZ Gent, where the fertilisation process occurs. Depending on your file and the results of the puncture, this is done either via IVF or via ICSI. The following day, the egg cells are checked to see whether they have been fertilised. UZ Gent will inform you of the result by telephone. The cell division of the embryos is further monitored every day until their transfer.

Embryo transfer at UZ Gent

The embryo transfer will take place at Polikliniek 4 (P4) of UZ Gent on the 2nd floor (see "Praktische richtlijnen bij het verder verloop van de behandeling in UZ Gent"). Once you arrive at the property, park in the central parking building on the left. You will enter through entrance 50 where Ms. will sign in with her ID card. After signing in, follow route 710 where you sign in again at the sign-in kiosk. You will be assigned a tracking number and wait in the large waiting room on the ground floor. As soon as it is your turn, your sequence number will appear on the call screen. Follow route 733 and you will be directed to the second floor, where you will be seated at the waiting room.
The woman must have a full bladder when she arrives.
After the embryo transfer, you may get up immediately and leave the hospital.

After the embryo transfer

Exactly 16 days after the follicular puncture, you can find out whether you are pregnant by having a blood sample taken. You have blood taken in the lab your treating gynaecologist uses and contact the fertility consultant about three hours later.

If the test is negative, it is best first to give your body time to process the stimulation physically and psychologically. Then you can start again with a new cycle or a cycle using a stored egg. In both cases, make an appointment with the fertility consultant.

If you are pregnant, an appointment for the first pregnancy ultrasound will be scheduled with your gynaecologist. You must certainly continue to take folic acid, as well as any medication prescribed by the fertility doctor at the time of the pick-up procedure.

3 Organisation of the various services

Below you will find an overview of the services involved per hospital campus.

AZ Delta, Rumbeke campus, Roeselare

Identification stickers must be made for each visit (consultation, blood sampling, ultrasound, collecting medication, etc.). These can be printed at the kiosks by reading in the identity card. All the telephone numbers can be found on the back of this brochure.

Gynaecology Administration
Enter the hospital through the central entrance. There you can sign in at the kiosk. To get to the Gynaecology Administration, follow route 1.G1 on the first floor. Lifts B1 to B5 will take you there. For each consultation, report to the Gynaecology Administration.

Fertility Centre
Enter the hospital through the east entrance. There you can sign in at the kiosk. To get to the fertility consultation, follow route 1.G4-5 on the first floor. Take lift B8 for this.

Laboratory
Enter the hospital through the central entrance. There you can sign in at the kiosk. To get to the laboratory, follow route 1.D4 on the first floor. Lifts B1 to B5 will take you there.
Blood samples can be taken here on weekdays from 7:30 a.m. to 8 p.m., and on Saturdays between 8 a.m. and 2 p.m.

AZ Delta, Menen campus

Identification stickers must be made for each visit (consultation, blood sampling, ultrasound, etc.). These can be printed at the kiosks at the entrance.

Gynaecology Administration
Follow route 50 from the entrance

Laboratory
Follow route 60 from the entrance

Blood samples can be taken here on weekdays from 7:30 a.m. to 8 p.m., and on Saturdays between 8 a.m. and noon.

AZ Delta, Torhout campus

Identification stickers must be made for each visit (consultation, blood sampling, ultrasound, etc.). These can be obtained at the entrance.

Gynaecology Administration
Follow route 910 from the entrance

Laboratory
Follow route 740 from the entrance

Blood samples can be taken here on weekdays from 7:30 a.m. to 8 p.m., and on Saturdays between 8 a.m. and noon.

Sint-Andries Hospital Tielt

Identification stickers must be made for each visit (consultation, blood sampling, ultrasound, etc.). These can be obtained at the entrance.

Gynaecology Administration
Follow route 51 from the entrance

Laboratory
Follow route 78 from the entrance

Blood samples can be taken here on weekdays from 8 a.m. to 12:30 p.m. and from 1 p.m. to 6:30 p.m., and on Saturdays between 8:30 a.m. and 11:30 a.m.

Contact

Fertility Consultants
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