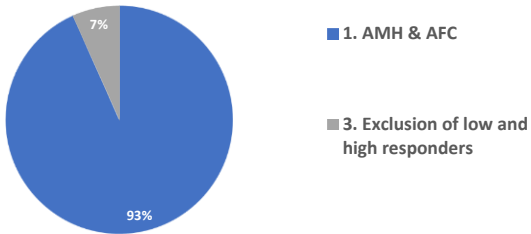
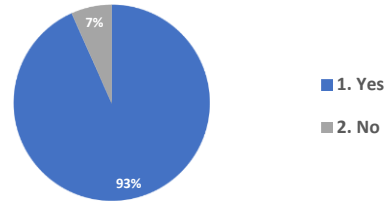




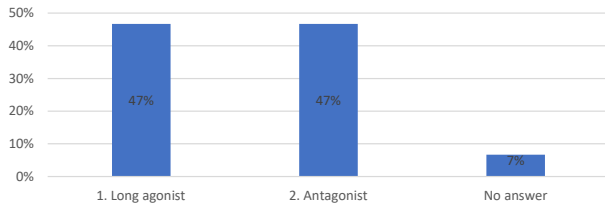
A. HOW DO YOU DEFINE NORMAL RESPONDERS



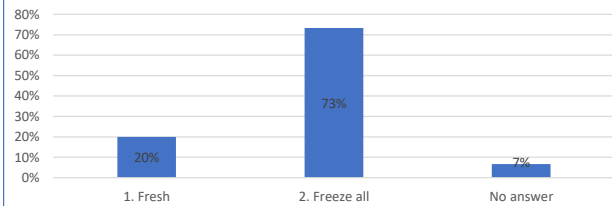
B. NORMAL "AVERAGE" RESPONSE IS EXPECTED WHEN AMH IS BETWEEN 1.26 TO 4.34 NG/ML. DO YOU AGREE ?



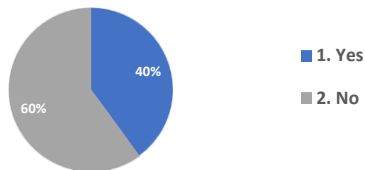
C. In your IVF practice what is your most commonly used protocol in normal responders ?



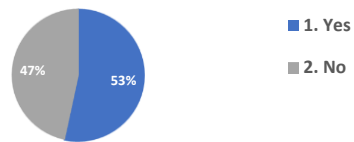
D. When you use antagonist with GnRHa trigger do you prefer fresh transfer or freeze all ?



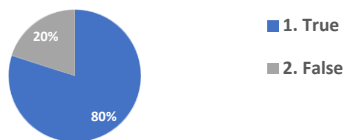
E. DO ESHRE GUIDELINES SUPPORT USE OF GNRHA TRIGGER WITH CONVENTIONAL LUTEAL SUPPORT FOR FRESH TRANSFER IN NORMAL RESPONDERS ?



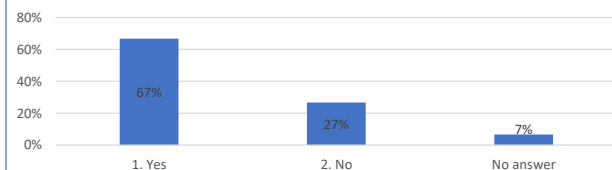
F. AS REGARDS FET, THE NATURAL CYCLE PROTOCOL YIELDS A THICKER ENDOMETRIUM, A HIGHER IMPLANTATION RATE AND A LOWER RISK OF CAESAREAN SECTION THAN THE HRT PROTOCOL. DO...



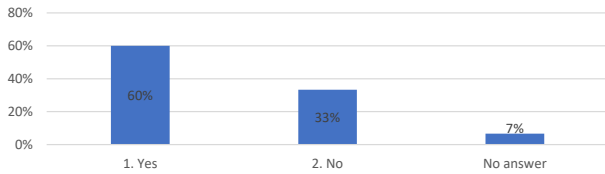
G. TRUE OR FALSE; ADVANTAGES OF HRT-FET CYCLES, INCLUDE GREATER CONVENIENCE FOR BOTH THE PATIENT AND THE CLINIC, BESIDES A HIGH PREGNANCY RATE.



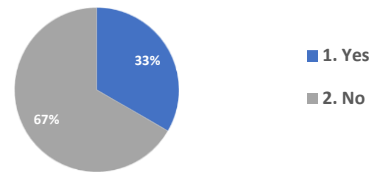
H. HRT FET protocol is associated with significantly higher proportion of preeclampsia compared to the natural cycle FET protocol



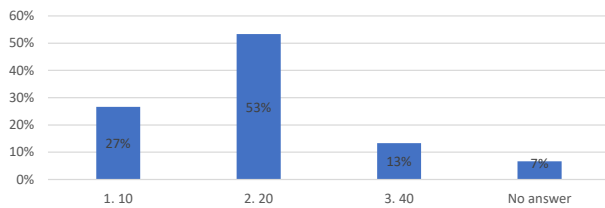
I. Do you agree that Natural cycle FET is suitable for young patients with proven ovulation or who refuse medication, and that (HRT-FET) should be reserved for PCOS, old patients and patients who could not be frequently monitored ?



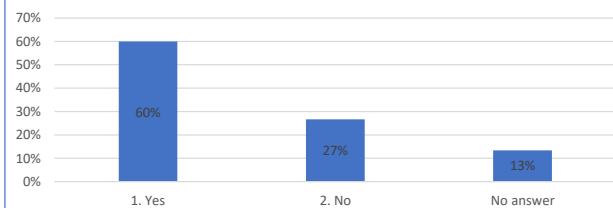
J. MEASURING SERUM ESTRADIOL AND PROGESTERONE ONE DAY PRIOR TO HRT-FROZEN EMBRYO TRANSFER IMPROVES LIVE BIRTH RATES.



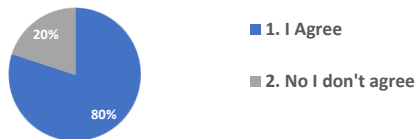
K. The optimal cut-off value for prediction of the OPR in HRT-FET cycles is likely:



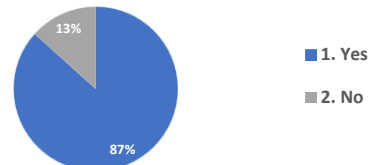
L. Values lower than 10 ng/ml after 1 day of progesterone should be rescued by additional progesterone:



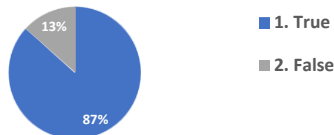
M. LIMITED EVIDENCE SUGGESTS THAT, DAY-3 EMBRYOS SHOULD BE TRANSFERRED ON THE 3RD OR 4TH DAY OF PROGESTERONE ADMINISTRATION AND DAY-5/6 BLASTOCYSTS ON THE 5TH OR...



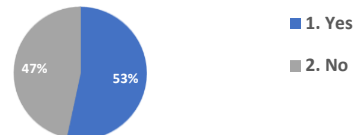
N. IN NATURAL CYCLE FET BLASTOCYSTS SHOULD BE TRANSFERRED 6 DAYS AFTER A SPONTANEOUS OVULATORY SURGE, DEFINED AS LH ≥ 20 IU/L.



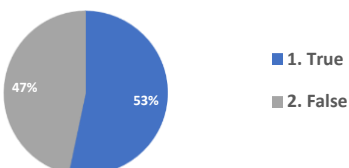
O. THE USUAL PRACTICE TO PERFORM FET AT THE BLASTOCYST STAGE IS ON LH+6 DAY IN T-NC (AND/OR ULTRASONOGRAPHIC DOCUMENTATION OF OVULATION +5 DAY) AND HCG+7 DAY...



P. IN TRUE NATURAL CYCLES, REGARDING THE AVAILABLE RETROSPECTIVE STUDIES SOME FAVOR LUTEAL PHASE SUPPORT (LPS), WHEREAS OTHERS REPORT COMPARABLE REPRODUCTIVE...



Q. SINCE HCG HAS A LONG HALF-LIFE DURING THE EARLY LUTEAL PHASE UP TO 7 DAYS, LPS MIGHT NOT BE NEEDED IN MODIFIED-NC



R. IF MILD OVARIAN STIMULATION IS USED DURING FET, DAY-3 EMBRYOS ARE TRANSFERRED ON HCG+5 AND DAY-5/6 EMBRYOS ARE TRANSFERRED ON HCG+7

