



Date: _____

Name: _____

Please draw the following on **the 3th day** of menstrual cycle:

1. Luteinizing Hormone
2. Follicle Stimulating Hormone
3. Estradiol
4. Progesterone
5. HIV 1 and 2 screen
6. RPR (Syphilis test)
7. Hepatitis B antibody and antigen
8. Hepatitis C antibody
9. TSH
10. Prolactin
11. Rubella
12. Abo and RH (Blood type)
13. Antimullerian Hormone
14. Evaluation of Endometrial cavity by either sonohysterogram or hysterosalpingogram.
15. Pelvic Ultrasound to rule out fibroids.

Her husband needs to submit

1. Semen Analysis
2. HIV 1 and 2 screen
3. Hepatitis B and C antibody and antigen
4. RPR (Syphilis test)