

NASS USER'S MANUAL

This manual contains all instructions necessary to access the NASS website and enter ART program information, and patient profile and cycle-specific data. Chapters provide information on navigating through screens, and using on-screen menu links to access reference documents, FAQs, and communication archives. The main NASS User's Manual also provides a step-by-step guide for entering clinic and cycle-specific information required for all reporting years.

Please note that this manual does not include specific information on reporting additional ART data required for cycles initiated on or after January 1, 2007 (i.e., the beginning of Reporting Year 2007).

To access detailed information about additional data to be reported in NASS for cycles initiated on or after January 1, 2007, please go to the menu on the left-hand side of any NASS screen and click on the *User's Manuals* menu, and then the *NASS 07-09 Supplement* submenu link.

NASS Help Desk Contact Information

Please contact the NASS Help Desk if you cannot find answers or clarifications to your questions in this manual or on the NASS website.

You may contact the NASS Help Desk at:

Toll free number: 1-888-650-0822
E-mail address: NASS@Westat.com

The NASS Help Desk is staffed from the hours of:

8:30 am- 10:00 pm Eastern Time, Monday through Friday
2:00 pm- 8:00 pm Eastern Time, Saturday and Sunday

The NASS Help Desk is closed on the following major holidays: Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas and New Year's Day. NASS Help Desk staff will be able to respond to your messages on the following business day after a major holiday.

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1. About the National ART Surveillance System (NASS)



1.1 About This Manual

This manual describes utilities, functions, and features of the National ART Surveillance System (NASS). It focuses on patient cycle and clinic data entry, and provides instructions on how to enter and maintain these data. The manual is directed toward clinic personnel who are responsible for entering data pertaining to their ART program, the clinic patients and their cycles.

1.2 Before You Begin

The NASS system has been designed to run on a Microsoft 2000 or Microsoft XP operating system, using an Internet Explorer 6.0 or higher browser. To ensure that the system performs as it should, you may find it necessary to upgrade your current computer configuration.

You probably have the Microsoft Windows operating system installed on your computer. If so, you can download the Internet Explorer 6 Service Pack 1 at no charge from the Microsoft Download Center at: <http://www.microsoft.com/downloads>

Internet Explorer 6 Service Pack 1 is likely to be listed under “Most Popular Downloads” in the center of the page. If it is not, you may locate it by selecting “Internet Explorer” from the Product/Technology drop-down list.

Finally, JavaScript and cookies need to be enabled on the web browser for NASS to work. If these are not enabled on your system, you will receive the following message: *To view this site you need to have your browser set to accept cookies and to enable JavaScript.* Appendix A has a step-by-step description of how to set cookies and enable JavaScript. If you have already turned cookies on and you are still seeing this message, you may have a firewall that is blocking cookies. You should contact your organization’s computer support representative or the NASS Help Desk at 1-888-650-0822.

Appendix A also contains details about all the computer configuration requirements. If you need assistance in assessing your current computer configuration, contact your organization’s computer support representative. If you need further assistance, please call the NASS Help Desk at 1-888-650-0822.

In preparing this manual we assume you are familiar with basic Microsoft Windows operations, and that you know how to type information into a data entry field, how to scroll, how to use a drop-down list to select responses, and other standard data entry functions.

1.3 Training

You may want to set aside a little time to view the NASS Video Training on your PC to better acquaint yourself with the look and feel of NASS. The training will be on a CD and will be sent to your Medical Director at the time of the initial mailout.

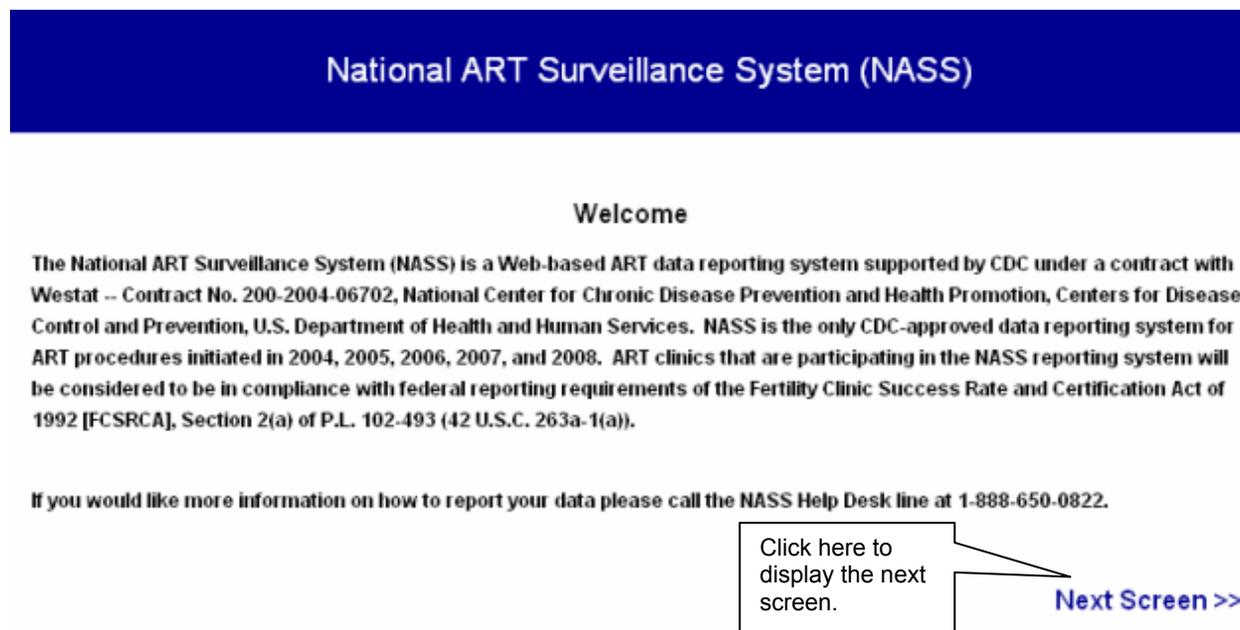
1.4 How to Enter the NASS Website

To go to the NASS website, use the following procedure:

Type **https://www.artreporting.org** into the Address field of your Web browser. Note that the site is https.

Press the Enter key.

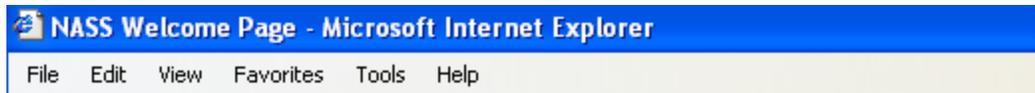
The NASS Welcome screen will then be displayed on your screen (see below).



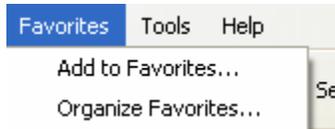
1.4.1 Creating a Shortcut

To simplify access to the NASS web site in the future you can do one of two things:

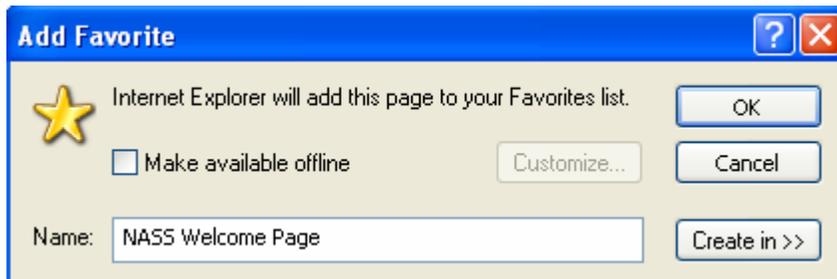
- 1) Add this site to your "Favorite" list using your Web browser. To do this:
 - Open the NASS website to the Welcome page (see above)
 - Click on Favorites at the top of the screen



- Click on Add to Favorites



- Click on OK on the display below to add to your Favorites list.



- 2) The alternative approach is to create a shortcut icon to access the site directly from your desktop. To create a shortcut, open the NASS website (see above). From the file menu, choose Send and then choose Shortcut to Desktop from the second menu that pops up.



1.5 Introduction Screens

The first two screens you encounter are the Welcome screen and the Public Reporting Burden screen. The Welcome screen describes NASS, how it fulfills federal reporting requirements, and who to contact for more information. Once you have read the Welcome

screen, click on the Next Screen link (see bottom right of screen below) to display the public reporting burden statement.

National ART Surveillance System (NASS)

Welcome

The National ART Surveillance System (NASS) is a Web-based ART data reporting system supported by CDC under a contract with Westat -- Contract No. 200-2004-06702, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. NASS is the only CDC-approved data reporting system for ART procedures initiated in 2004, 2005, 2006, 2007, and 2008. ART clinics that are participating in the NASS reporting system will be considered to be in compliance with federal reporting requirements of the Fertility Clinic Success Rate and Certification Act of 1992 [FCSRCA], Section 2(a) of P.L. 102-493 (42 U.S.C. 263a-1(a)).

If you would like more information on how to report your data please call the NASS Help Desk line at 1-888-650-0822.

[Next Screen >>](#)

The next screen is the Public Burden screen and is required by law to appear as part of the data collection system. Click on the Next Screen link at the bottom of the page to display the Login screen.

National ART Surveillance System (NASS)

OMB Control Number: **0920-0556**
Expiration Date: **01/31/2006**

Public reporting burden of this collection of information is estimated to average 37 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-0556)

Click here to display the previous screen.

Click here to display the Login screen

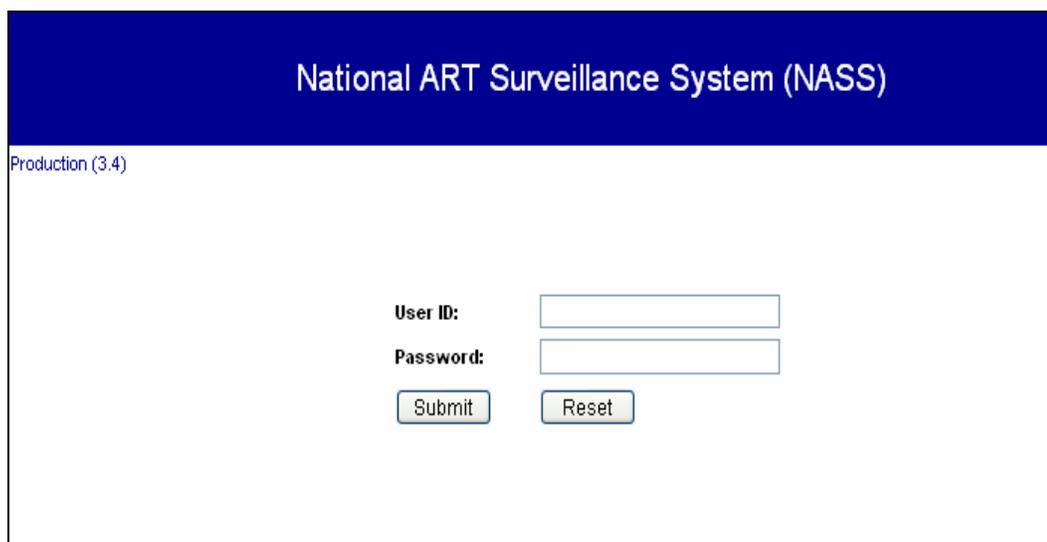
[<< Previous Screen](#) [Next Screen >>](#)

1.6 NASS Security

The NASS system is web-based. This means that the information entered about a patient or clinic is not stored on your computer's hard drive or network drive, but on a server residing at Westat. Therefore, in addition to security built in around the server hosting the data, a strict security protocol for the clinics has been established to ensure the safety of the data and patient confidentiality. The following describes NASS' security procedures.

1. Each clinic that is required to report annual data will be sent a letter that asks the clinic's Medical Director to call the NASS Help Desk at 1-888-650-0822 to obtain a clinic-specific NASS User ID and password. The letter will contain a clinic-specific key code that the Medical Director must provide to the NASS Help Desk prior to the release of the User ID and password. At that time, the Medical Director will also be asked to provide Westat with the names and e-mail addresses of a primary and secondary security contact at the clinic. The primary security contact will be sent login account information via e-mail.
2. In the event that a user forgets his/her username or password, the user should contact the NASS Help Desk (1-888-650-0822). The NASS Help Desk will reset the account with a temporary password and forward it to the primary security contact via e-mail. In turn, the primary security contact will relay that information to the user. If the primary security contact is unavailable, this task will be performed by the secondary security contact person. Once the clinic user has the newly assigned temporary password, he/she will be prompted to change this password when entering NASS for the first time since the NASS Help Desk reset the password.
3. To ensure that the NASS Help Desk (1-888-650-0822) does not give out clinic-specific login information to a non-designated individual, they will never provide this information over the phone. Login information will always be sent via e-mail to the primary (or secondary) security contact.
4. Additional login accounts for multiple users at your clinic can be requested by contacting the NASS Help Desk (1-888-650-0822).
5. NOTE: It will be the clinic's responsibility to keep the NASS Help Desk (1-888-650-0822) informed about staff changes that require security account modifications. If a NASS user leaves the clinic for any reason, especially if moving to another clinic, it is imperative that the user account be deactivated. Anyone with a working User ID and password can enter NASS from any computer hooked up to the Web. Therefore, it is highly recommended that all passwords be reset when a key staff member or NASS user leaves your clinic. The primary security contact or other key personnel should immediately contact the NASS Help Desk to arrange for account deactivation and re-institution of the account with a new User ID and password.

1.7 How to Log In



National ART Surveillance System (NASS)

Production (3.4)

User ID:

Password:

The following procedures are general instructions on entering a User ID and a password. See Section 1.8 for a more specific discussion on creating a unique password.

1. The cursor should be in the User ID field. If it is not, place the cursor in the User ID field with the mouse.
2. Type in your User ID. It is *not* case-sensitive -- that is, it does not matter if you type in letters as upper or lowercase. The text will appear in the appropriate field on the screen.
3. Move the cursor in the Password field with the mouse, or by pressing the Tab key.
4. Type in your password (the password is case-sensitive). For security purposes, the text of the password entry is not displayed.

If you forget or misplace this information, call **the NASS Help Desk at 1-888-650-0822** and a password will be sent to your primary security contact.

5. Click on the Submit button. You have now entered NASS.

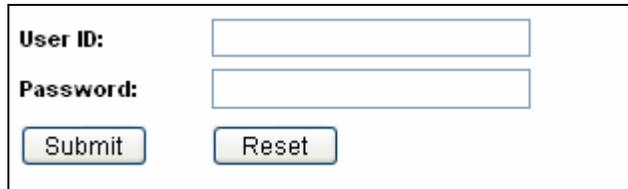
1.8 About Passwords

Only authorized personnel may use NASS. A user account tied to a unique User ID and password combination grants you access to view, add, modify and delete patient or cycle records for your clinic.

Your User ID and password are confidential and should not be left on your desk or in any other public area. For additional security, the information transfer of NASS data to the Westat server is encrypted so that it cannot be read during transmission.

1.8.1 Initial Password

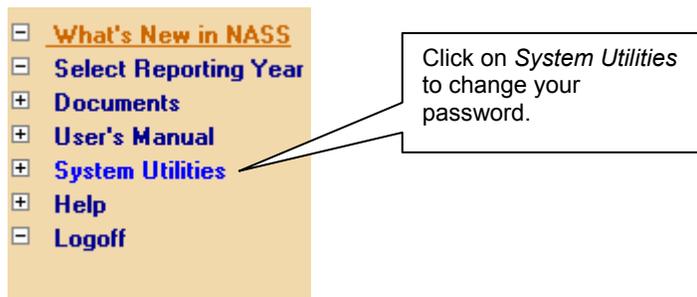
You will be assigned an initial password by the NASS Help Desk (see Section 1.6 for details). This password will only be used to get you started. When you enter in the User ID and password provided to you, you will be asked to select a new password. (See Section 1.8.2).



A form with two input fields. The first is labeled "User ID:" and the second is labeled "Password:". Below the fields are two buttons: "Submit" and "Reset".

1.8.2 Changing a Password

The very first time you enter the secure portion of NASS, the Change Password screen will automatically appear. After you initially change your password, you will be required to change it every 120 days. If you want to change a password at any other time, click on *Systems Utilities* on the left-hand menu.



To change your password, type in your old password in the designated field. Then type in a new password in the next field, and type in the new password a second time in the Confirm New Password field to ensure that it has been typed correctly. Follow the rules below to select a new password. Passwords must contain:

- Between **seven** and **ten** characters
- At least **three** uppercase or lowercase letters. For example, either:
a b c or A B C
- At least **three** numbers from 0 to 9
- At least **one** of the following characters:
& % ? \$

Passwords must **not**:

- Contain either of the following slash characters: / or \
- Contain any part of your full name.

- Be re-used when they expire after 120 days. You cannot change your password to one that you used previously.

This complete description of the password rules also can be found at the right-hand side of the Change Password screen as shown below.

System Utilities >> Change Password

User ID: bosworth_t

Old Password:

New Password:

Confirm New Password:

Your password will expire in 80 days. Fill out this screen if you wish to change your password now.

Rules for changing your password:

- Passwords MUST be at least seven (7) characters long with a maximum length of 10.
- Passwords MUST contain characters from the following three classes:
 1. At least 3 uppercase or lower case letters: A, B, C..Z or a, b, c..z
 2. At least 3 numbers: 0-9
 3. At least 1 special character from this list: # & % ? \$
- Passwords must NOT contain "/" or "\" characters.
- Passwords must NOT contain any part of your full name.
- You cannot change your password to one that you used previously.

Rules for changing your password.

If you incorrectly enter a password three times, the following message will be displayed:

You have unsuccessfully attempted to change your password three times. You are either: entering an incorrect old password, choosing a new password that violates the rules, or retyping your confirming password incorrectly. The password is case sensitive. Please verify you are using the correct passwords and click [here](#) to try again.

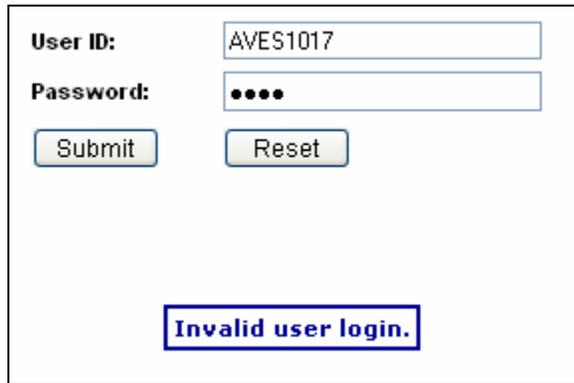
If you still need assistance, please contact the NASS Help Desk at 1-888-650-0822 for assistance.

To further enhance the security of the system, your password will expire every 120 days and must be changed to a new one, following the above rules. If you forget your password, you need to contact the NASS Help Desk at 1-888-650-0822.

1.9 Log in Error Messages

There are two types of Log In Error Messages that you may receive.

1. The first and probably the most common is if you accidentally enter in the wrong User ID or password. In this instance you will see the following message indicating an invalid user login.

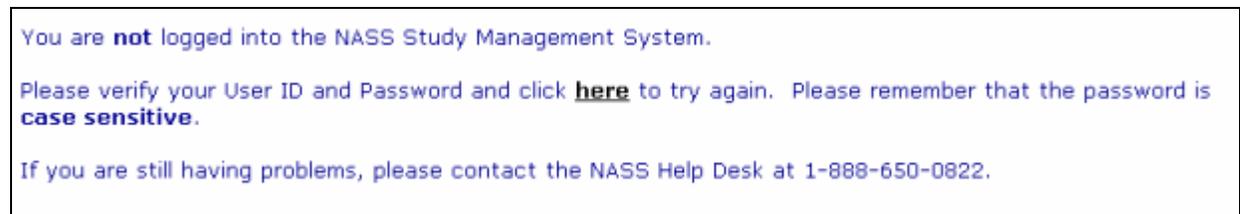


The screenshot shows a login form with the following elements:

- User ID:** A text input field containing the value "AVES1017".
- Password:** A password input field with four black dots representing the masked password.
- Submit:** A button to the left of the "Reset" button.
- Reset:** A button to the right of the "Submit" button.
- Error Message:** A blue-bordered box at the bottom of the form containing the text "Invalid user login." in blue font.

When this happens, just re-enter in the information correctly. Remember that the password is case sensitive (the User ID is not case sensitive).

2. A second error occurs if you enter a User ID and password incorrectly three times in a row. You will receive the message shown below. As the instructions indicate, you can try again or you can call the NASS Help Desk at 1-888-650-0822 to assist you.



The screenshot shows an error message box with the following text:

You are **not** logged into the NASS Study Management System.

Please verify your User ID and Password and click [here](#) to try again. Please remember that the password is **case sensitive**.

If you are still having problems, please contact the NASS Help Desk at 1-888-650-0822.

1.10 Logging Off

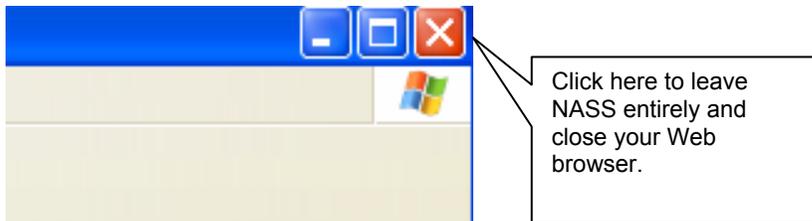
For security reasons, you should always take the time to log off before stepping away from your computer. To log off, click on the Logoff menu option on the left-hand side of the screen.



Next, you will get a confirmation message. Click OK if you want to log off.

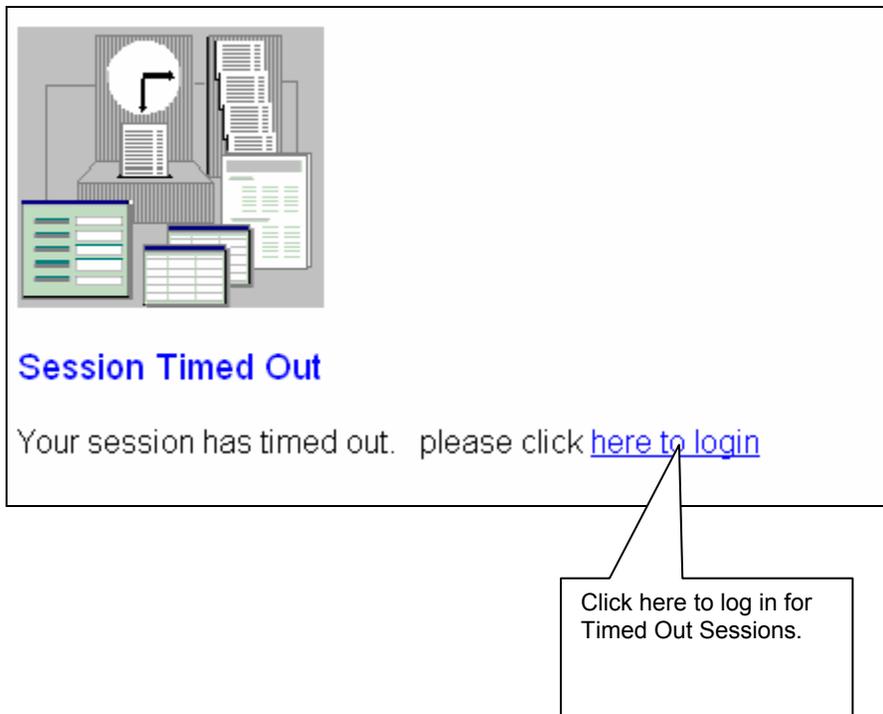


This will take you back to the NASS Welcome screen (a screen before the Log In screen). If you want to leave NASS completely, *and you are at the Welcome screen*, click on the Red X at the top right-hand corner of the screen. This will close your Web browser.



1.10.1 Timed Log Outs

If you leave NASS displayed on your computer for an extended period of time without performing any activity, the system will automatically log you out. You will get a "Session Timed Out" message. Click on [here to login](#) to resume your session.



1.11 About the Screens

Screens in NASS contain a variety of features designed to assist the data entry process.

1.11.1 The Top of the Screen

The blue header at the top of the data entry screens contains the following information:

- The name of the system;
- Your clinic ID number;
- Your user name and User ID;
- The reporting year (once selected); and
- Your clinic reporting name (once recorded).



At the top of each page just underneath the blue header, you will notice a screen trail, such as:

Clinic>>Enter Clinic Profile>>Name&Address

This helps you identify not only which menu or sub-menu you are in, but also which tab you are in.

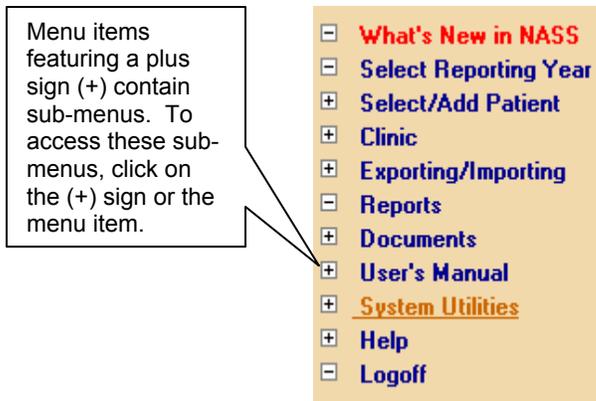


Finally, for those screens that display multiple tabs across the top, the open tab is a darker color. In the example shown above, the Name&Address tab is the open tab.

To maneuver from one tab to another, click on the new tab. As you move to a new tab, you will notice that the screen trail reflects the change to the new tab on which you clicked.

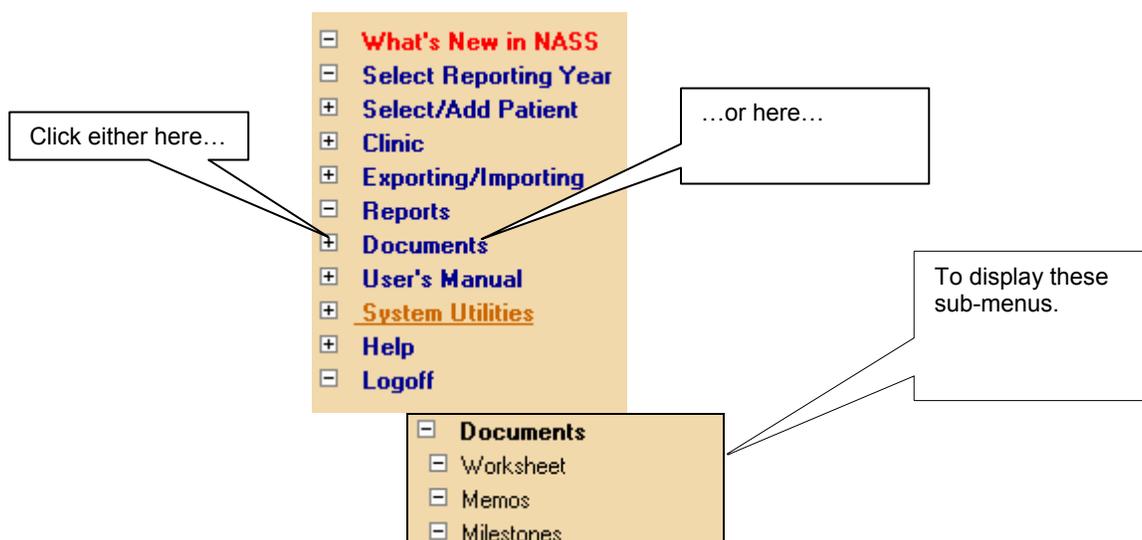
1.11.2 About the NASS Menu

Once you have successfully logged in, the next screen displayed will enable you to select a reporting year. This screen and each subsequent screen will display a menu on the left-hand side of the screen. To display the full menu, you must first select a reporting year.



1.11.3 The NASS Sub-Menu

This menu enables you to select the screen or set of screens you wish to display. Menu items displaying a plus sign (see below) contain sub-menus. You may display the sub-menus either by clicking on the plus sign or by clicking on the menu item itself. For example, to display the sub-menus under *Documents*, either click on the plus sign or click directly on *Documents*. You will also notice that the open screen will be displayed in blue in the menu on the left.



The menu contains the following 10 main options:

- Click on ***What's New in NASS*** to read about new developments in NASS.

- Click on **Select Reporting Year** to choose a reporting year for which to enter or update information.
- Click on **Select/Add Patient** to add new patients, to add or update cycles for an existing patient, or to update a patient's current demographic profile.
- Click on **Clinic** to enter or update the clinic's address, list of key staff, service profile or lab address/certification, to import or export data, or to submit the annual report.
- Click on **Exporting/Importing** for directions on how to export NASS Patient IDs to NPL, and send annual data files for NASS import to Westat.
- Click on **Reports** to display summary information pertaining to patients and cycles.
- Click on **Documents** to review NASS-related memos and the reporting schedule, or to print hard copy cycle data entry worksheets.
- Click on **User's Manual** to access documents on how to use NASS, the NPL application, or create files for import into NASS.
- Click on **System Utilities** to change your password.
- Click on **Help** to access Frequently Asked Questions (FAQs), contact information, variable definitions, the NPL Quick Start leaflet, and the NASS Quick Start reference ring.
- Click on **Logoff** to exit the application.

When you first enter NASS, the *Select/Add Patient*, *Clinic* and *Reports* menu items are not shown. This is because you must enter a reporting year before adding or updating a cycle, or updating clinic information.

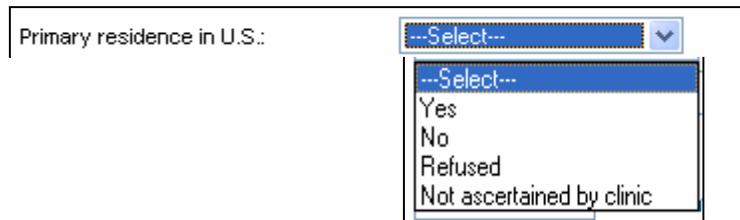
1.12 Entering Data

Maneuvering the cursor throughout the screen is easy. Each point where data can be entered is a field. You may use the mouse to click into a field. In addition, to move from field to field, you can use the Tab key. To move forward to the next field, use the Tab key. You can use the Shift Tab key to move back to the previous field. **You cannot use the Enter or Return keys to navigate.** Should you have any difficulty with maneuvering between fields, call the NASS Help Desk at 1-888-650-0822.

Depending on the field, NASS uses one of the four following methods for entering data:

- Drop-down lists;
- Select all that apply boxes;
- Filling empty fields; or
- Radio buttons.

Drop-down lists: Click on the down arrow to the right of the box to display a list of possible answers. Click on the appropriate response to select that response. An example of this type of question is shown below.

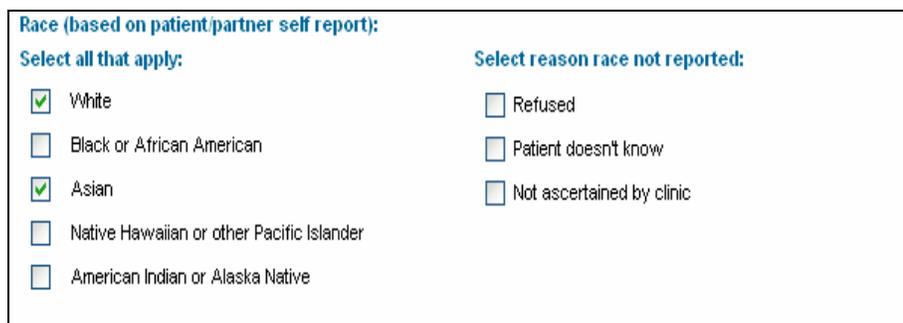


Primary residence in U.S.: ---Select---

- Select---
- Yes
- No
- Refused
- Not ascertained by clinic

NOTE: If you accidentally select an answer in a drop-down list, but really intended for the response to be blank, click on the “---Select---” line item to return this response to blank.

Select all that apply boxes: Some questions will allow you to select multiple responses to a question. To record an answer, click in the box to the left of the selected response and a “check” will appear. If you have entered a response in error, click on the checked box and the response will be removed. An example of this method for entering data is shown in the question below. A patient may report her race as both White and Asian. In such a case you would click on the box next to “White”, and also click on the box next to “Asian”.



Race (based on patient/partner self report):

Select all that apply:

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

Select reason race not reported:

- Refused
- Patient doesn't know
- Not ascertained by clinic

If you are using the tab key to move between fields in a data entry screen, you can press the space bar to mark the desired check box. If you make a mistake, just press the space bar again to remove the check mark.

Filling Empty Fields: In some instances, a field may be empty, and you will need to type in the data. In the example below, the field for the U.S. city of primary residence is blank, so you will need to type in the appropriate answer.



U.S. city of primary residence:

In other instances, the information will need to be entered in a specific format. As shown below, the patient’s Date of Birth must be entered with 2 digits for month, 2 digits for day, and four digits for the year. For example, the system will not accept “12/1/1975” because the day requires two digits. You can enter dates with slashes (e.g., 12/01/1975), without the slashes (e.g., 12011975), or with dashes (e.g., 12-01-1975), whichever is most comfortable.



Date of Birth (mm/dd/yyyy):

Radio buttons: These are circles that are located next to the response (see example below). Click on the appropriate circle to respond to these questions. Alternatively, if you are using the tab key to move between fields in a data entry screen, use the “up”, “down”, “left” or “right” arrow keys to select different radio buttons. When you are satisfied with your selection, use the tab key to move to the next field.

One word of caution about this type of question: while you can change a “Yes” response to a “No” response and visa versa, once you have selected a response you cannot go back to a blank response. In instances such as these, click on the “No” response if your intention was to leave the question blank. If necessary, you can work with Westat to update the information at a later time.

Click on radio buttons to record response.

Oocyte/Embryo Source (Select an answer for each source listed):

Yes	No	
<input type="radio"/>	<input checked="" type="radio"/>	PATIENT: Intent to use patient's oocytes/embryos, fertilized with partner or donor sperm
<input type="radio"/>	<input type="radio"/>	DONOR OOCYTE: Intent to use oocytes from donor
<input type="radio"/>	<input type="radio"/>	DONOR EMBRYO: Intent to use embryos donated from another couple's ART

1.13 Collapsed/Open Questions

As you enter information on a patient, based on the responses you enter, some follow-up questions may not apply and you should skip those questions. The NASS system has been designed so that sections that do not apply based on earlier answers will remain hidden or collapsed. If the questions do apply, then the sections will be open and available for data entry.

Look at the example below. Based on the responses shown, the Oocyte/Embryo Source is from a donor, not a patient.

Oocyte/Embryo Source (Select an answer for each source listed):

Yes	No	
<input type="radio"/>	<input checked="" type="radio"/>	PATIENT: Intent to use patient's oocytes/embryos, fertilized with partner or donor sperm
<input checked="" type="radio"/>	<input type="radio"/>	DONOR OOCYTE: Intent to use oocytes from donor
<input type="radio"/>	<input checked="" type="radio"/>	DONOR EMBRYO: Intent to use embryos donated from another couple's ART

In this case, when navigating to a follow-up question asking about medications (see below), you will see that the Patient Medication Section remains collapsed (i.e., responses to questions in this section are not necessary), but the Donor Medication Section is open for responses.

Patient Medication: 

Donor Medication: 

Donor medicated to stimulate follicular development: Yes No

Donor medications containing clomiphene: Yes No

Donor medications containing FSH: Yes No

Donor clomiphene dosage (Total mgs):

Donor FSH medication dosage (Total IUs):

Donor GnRH Protocol (Select only one, if applicable):

GnRH Agonist Suppression

GnRH Agonist Flare

GnRH Antagonist Suppression

IMPORTANT: If you believe that a collapsed set of questions should be answered, then you must go back and change a previous answer. In this case, if the patient was the oocyte/embryo source, you would need to change that answer to “Yes”. Then come back to the Patient Medication Section, which would now be open instead of collapsed.

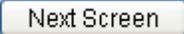
1.14 Maneuvering Between Screens

The NASS system is designed to allow you to maneuver from screen to screen using a combination of three different approaches:

- The Menu and Sub-Menu on the left-hand side of the screen: You can switch between different system functions by clicking on a menu item.
- The screen tabs near the top of data entry screens: Using the tabs allows you to quickly view data you have already entered, or jump to a particular screen (e.g. to enter birth outcomes).
- The Next Screen and Previous Screen buttons at the bottom of the screen: It is best to use these buttons when entering data on consecutive screens since data is automatically saved when you click on either of them.

The NASS system has been organized to enter data moving across the tabs in order from left to right. However, the system allows you to enter data out of order to some degree. That is, you will need to answer some questions before being able to respond to others, particularly in the Treatment screen, so that relevant collapsed sections can open. NOTE: If you enter data out of order there is a possibility that you will trigger more edit checks (see Section 1.15 for detailed description of edits), which could slow you down.

At the bottom of most data entry screens there will be the following three choices:

-  **Clicking on the Next Screen button will save your data, and take you to the next screen (moving across the tabs from left to right).** The data you

have just entered will automatically be saved when you select Next Screen, and there is no need to select the Save Data button also (unless you want to stay on that screen). For example, if you have just entered the patient's Treatment information, the Next Screen button will take you to the Medications and Complications tab.

- **Previous Screen** Clicking on the Previous Screen button will save your data and take you to the previous screen (going across from right to left). The data you have just entered will automatically be saved when you select Previous Screen and there is no need to select the Save Data button. For example, if you have just entered Outcome data, the Previous Screen button will take you back to the Transfer screen. Note that the previous screen might not be the screen that you were previously working on if you have been using the tabs out of sequence.
- **Save Data** Click on the Save Data button to save and review data on the screen. Selecting Save Data will save the data that you have just entered and return you to the top of the screen where a message will be displayed confirming your data have been saved. To move to another screen, you will need to use the tabs at the top or the menu on the left.

You may also exit any screen by clicking on any of the tabs at the top or the menu on the left-hand side, which will take you to that data entry screen. **If you have not saved the data on the current page, the system will warn you that navigating away from the page will result in a loss of any additions or updates made on that page** (see below). **To save the data entered you should select Cancel and then the Save Data button. Once you have clicked on the Save Data button you will not see the message again.**

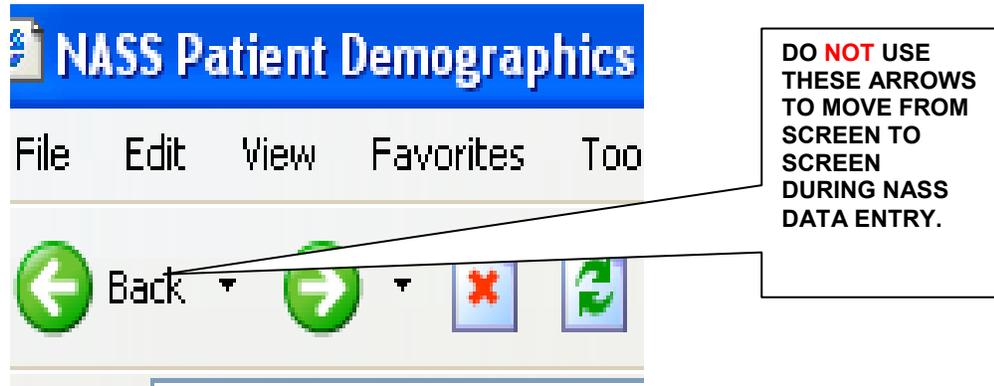
NOTE: When you see the message box below, you should only select the OK button if you do NOT want to save the data on the screen that you are leaving.



1.14.1 Using the Back and Forward Buttons

When entering data, you should not use the back and forward Web browser arrows at the top left-hand corner of the screen. When you use these arrows the data that you entered on the screen may be lost. Instead, utilize the three maneuvering approaches listed above. **NOTE: You will need to use the back and forward Web browser arrows if you have opened a PDF file or other document from the left-hand side menu. These types of documents include the User's Manuals, FAQs, Reports and Memos. When you are linking to one of these documents, (and therefore are not entering data) you will need to use these Web browser arrows.**

Refer to the following figure that illustrates the Web browser back and forward arrows.



1.15 A Word About Edit Messages

When you exit a screen using the Next Screen, Previous Screen or Tabs, the system will take you to the appropriate screen, assuming that there are no inconsistencies in the data. If inconsistencies are found, you will receive an edit message.

There are two types of edit messages:

- "Unlikely" edit messages and
- "Inconsistent" edit messages

You will receive an "unlikely" edit message when the information you have entered is out of the usual range of expected answers, but is still possible. The main purpose of this edit message is to confirm that the information entered is accurate and to reduce data entry errors.

Birth #	Birth status	Gender	Pounds	Ounces	Grams	Weight unknown
1	Live birth <input type="button" value="v"/>	Male <input type="button" value="v"/>	12 lbs	0 oz	<input type="text"/> g	<input type="checkbox"/>

NOTE: Enter either pounds and ounces, or grams

In the example above, an "unlikely" edit message would be displayed because it is very uncommon that a newborn would weigh 12 lbs. See the figure on the next page for an example of the edit message that would appear on the screen in this situation.

Unlikely data detected. Review description(s) below, and correct if necessary

Edit ID	Description
E0257	The total weight specified in pounds and/or ounces should not be less than 2 pounds or greater than 11 pounds. (E0257)

Callout boxes identify: Edit ID number (E0257) and Description of unlikely data.

If the response of 12 lbs, 0 oz. was entered correctly, you can click on at the bottom of the screen to indicate that this is the data that you intended to enter.

If the response was entered incorrectly, fix the response and click on at the bottom of the screen.

With an **“inconsistent” edit message**, there is inconsistent data that need reconciling before you can move away from the screen. The only way to correct an “inconsistent” edit message is to change a response(s). The inconsistent edit screen will provide an explanation for the inconsistency in the data. In the example below, the inconsistent edit message has popped up because the date that the cycle was canceled is before the date that the cycle was started. You may proceed to the next screen once you have fixed inconsistencies in responses.

**Inconsistent data have been entered as described below. Please resolve and save data.
The date that a cycle is canceled must be later than the cycle start date. (Edit E0192)**

Callout box: An “inconsistent” edit message indicates that erroneous data are found. This must be reconciled before you can continue.

Numerous “unlikely” and “inconsistent” edit checks have been programmed into the system to help reduce errors in data entry or inconsistencies in data. In most instances, you will be able to reconcile the reason for the error message. However, if you need assistance with understanding an edit messages, please call the NASS Help Desk at 1-888-650-0822. You should reference the edit number (e.g., E0192) to allow the NASS Help Desk to focus on your problem.

2. Help and Documents Menus



2.1 About This Chapter

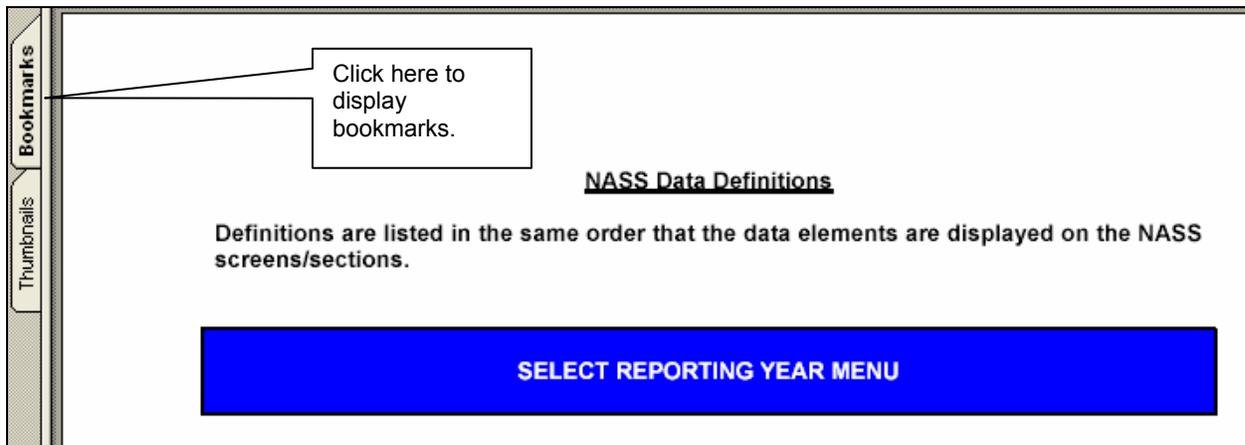
This chapter discusses help available to facilitate using NASS. Areas of help include:

- FAQs;
- Data Definitions;
- User's Manual;
- Contacts;
- Worksheet;
- What's New in NASS;
- Memos; and
- Milestones.

2.2 Using Bookmarks

Several of the menu items (e.g., FAQs, Data Definitions and User's Manual) utilize bookmarks to help you locate information faster. The following describes how to use bookmarks.

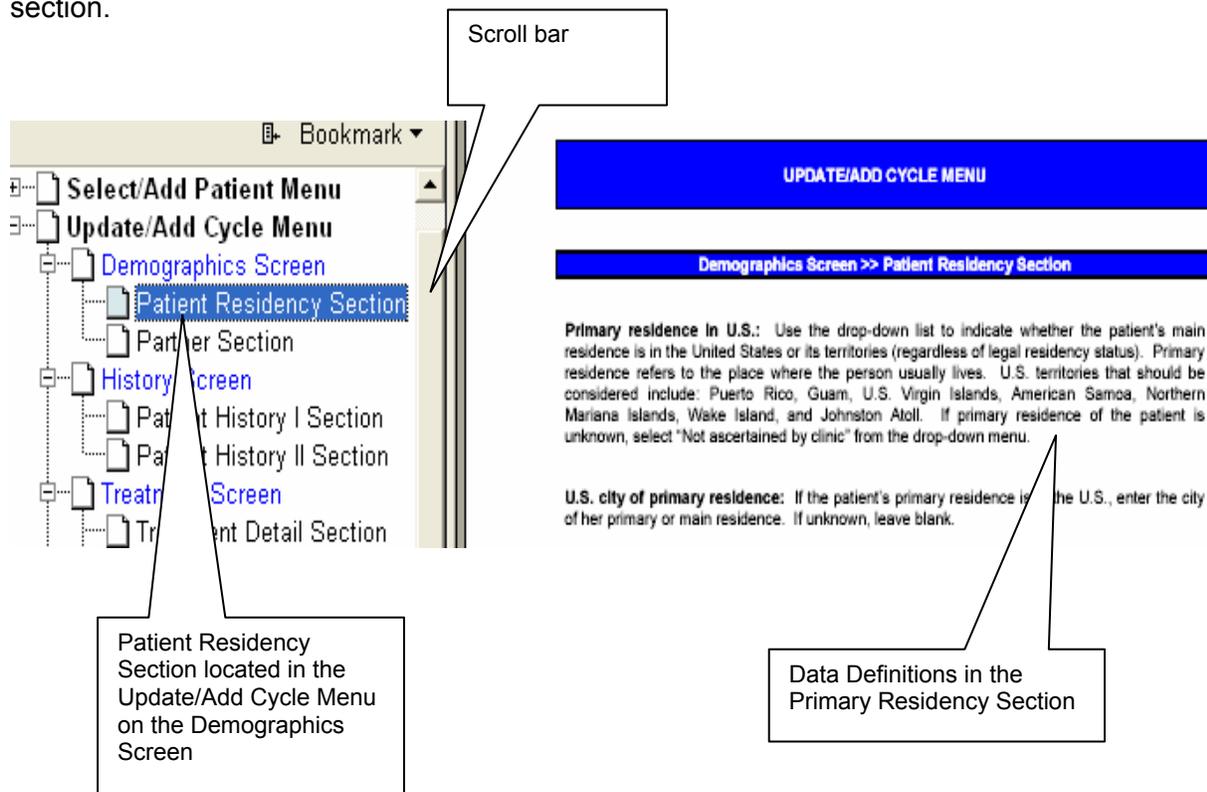
When you first open a document the bookmarks may not be displayed. To display bookmarks click on the "Bookmarks" tab.



The bookmarks are essentially a Table of Contents that are linked to sections and chapters of the document.

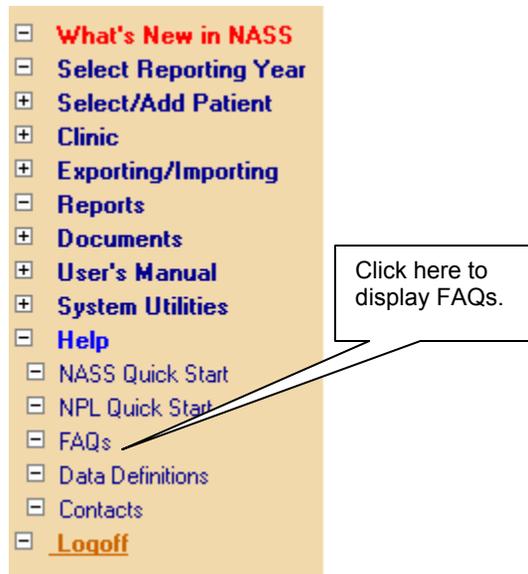
- 1) As with the NASS left-hand side menu, to expand a bookmark menu click on a plus (+) sign. To collapse a menu, click on the minus (-) sign.
- 2) To see the complete set of bookmarks you can scroll up and down (see below).
- 3) To widen the bookmarks screen so that you can read the full name of each bookmark title, drag the thin line on the right-hand side of the menu to the right with your cursor (see below).
- 4) To get more information on a particular bookmark, click on the bookmark.

By clicking on a specific bookmark, you are sent to the section of the document dealing with that topic. For example, if you click on the Patient Residency Section bookmark, you will see the screen below. As you will note, by selecting the Patient Residency Section bookmark, you are directed to the portion of the Data Definitions document covering the items in this section.



2.3 FAQs

To find answers to FAQs (Frequently Asked Questions), click on the *FAQs* sub-menu located under the *Help* menu.



FAQs address both operational and technical issues. Some of these answers will be in one of the three user's manuals (i.e., NASS, NPL or Import), but the FAQ section is offered for ease of locating an answer to a specific question.

Click on either a bookmark listing the topic of interest, a topic section heading, or the question itself to link to the answer for that question. The following is an example of an FAQ and a response.

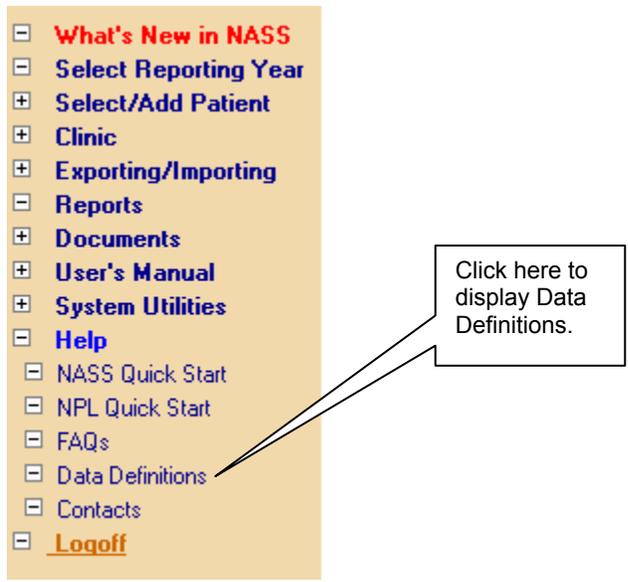
❖ **How do I unlock or open a section that has been collapsed?**

To make data entry easier for the user, sections that are not applicable have been collapsed (based on the treatment intent recorded in the Treatment Detail screen). Clicking on the two down arrows on the collapsed section heading will open up the section so that you can see the variables, but the user is still locked from data entry. If you feel that you need to enter data into these sections, review the data recorded in the Treatment Detail screen. If the actual treatment is different than the intended treatment recorded, update this screen to reflect the current treatment plan. The appropriate sections should then be opened for data entry.

2.4 Data Definitions

Data definitions describe in detail each data point or field in NASS. If you want to learn more about what is meant by a question, or what is covered by a question, click on a specific data definition.

To access "Data Definitions", click on the *Data Definitions* sub-menu located under the *Help* menu.



Data definitions are divided into two groups, Patient/Cycle Data Items and Clinic Data Items. You may look up data definitions either alphabetically or by screen/section order. For a specific definition, click on one of the links that best meets your needs. For example, if you wanted to look up a data definition for “moderate ovarian hyperstimulation” you would either click on the Alphabetical NASS Data Definitions for Patient/Cycle Data Items and go to the definitions beginning with “M”, or you could click on Listing of NASS Data Definitions for Patient/Cycle Data Items for Screen/Section and go to the Complications Section within the Medications/Complications screen.

[Help >> Data Definitions](#)

Data Definition Documents For Patient/Cycle and Clinic Reporting Year Data Items

Click on a link below to access the data definition document you wish to view or print. You may look up data definitions either alphabetically as the data item appears on the screen, or by screen/section order.

Data definitions are also split into two types of documents that either explain clinic reporting year variables (e.g., “Current Clinic Name”, laboratory accreditation) or define patient/cycle data items (“Gravidity”, “GnRH Protocol”, reason for canceling cycle).

Alphabetical Listings

[Alphabetical NASS Data Definitions for Patient/Cycle Data Items](#)

[Alphabetical NASS Data Definitions for Clinic Data Items](#)

Listings by Screen/Section

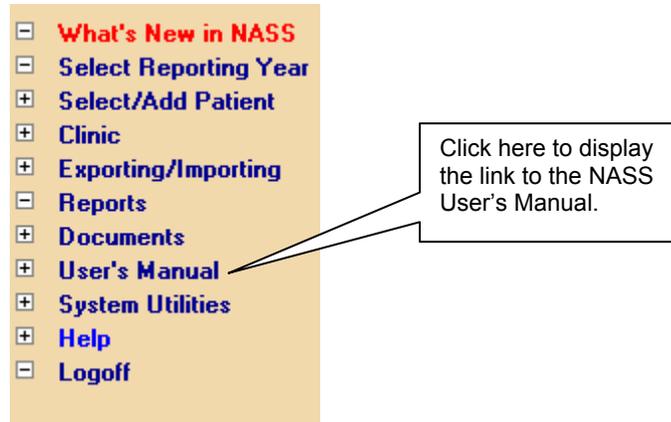
[Listing of NASS Data Definitions for Patient/Cycle Data by Screen/Section](#)

[Listing of NASS Data Definitions for Clinic Data by Screen/Section](#)

The data elements are listed as they appear on the NASS screen and are sorted alphabetically. The data definitions are also located in the NASS User's Manual in Chapter 4 and 6, but we also offer them separately under the *Help* menu for your convenience.

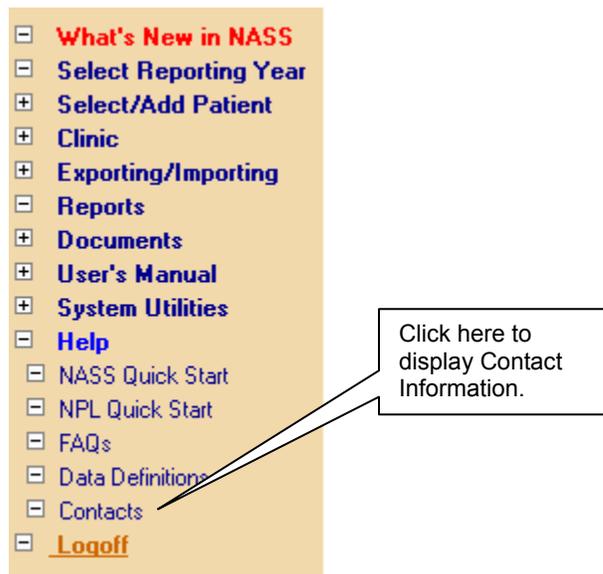
2.5 User's Manual

To access an online version of this user's manual (i.e., NASS User's Manual), click on the *User's Manual* sub-menu located under the *Help* menu. This manual is a step-by-step description of how to work in NASS.



2.6 Contacts

To find contact information, click on the *Contacts* sub-menu under the *Help* menu.



NASS Help Desk Contact Information

Please contact the NASS Help Desk if you cannot find answers or clarifications to your questions in the FAQs, Data Definitions, Milestones, Memos, or User's Manual links in this NASS website.

You may contact the NASS Help Desk at:

Toll free number: 1-888-650-0822
E-mail address: NASS@Westat.com

The NASS Help Desk is staffed from the hours of:

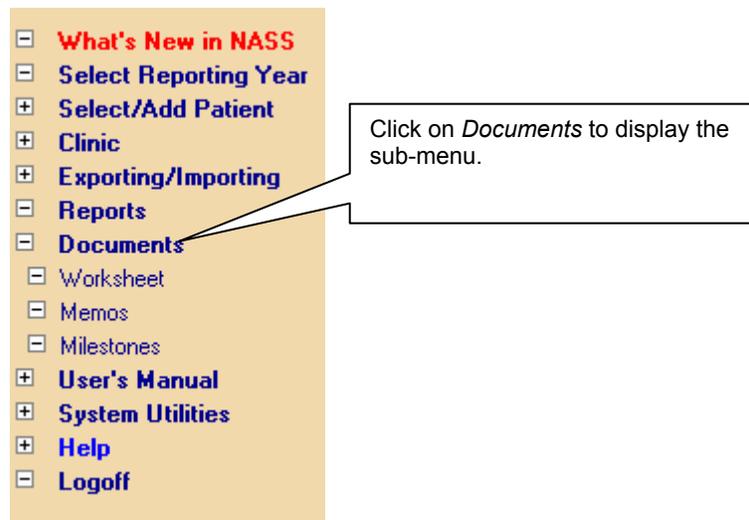
8:30 am- 10:00 pm Eastern Time, Monday through Friday
2:00 pm- 8:00 pm Eastern Time, Saturday and Sunday

The NASS Help Desk is closed on the following major holidays: Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas and New Year's Day. NASS Help Desk staff will be able to respond to your messages on the following business day after a major holiday.

The NASS Help Desk Contact Information screen gives you the toll-free number for the NASS Help Desk at 1-888-650-0822 as well as an e-mail address. In addition, the hours of operation for the NASS Help Desk are listed. The NASS Help Desk is available to help you with any questions that you may have. In many cases the NASS Help Desk will be able to help you on the spot. If they do not know an answer, they will direct the question to someone who can provide an answer.

2.7 Worksheet

When you open up *Documents* from the list on the left-hand side of the screen you will find sub-menus for the following three items: Worksheet; Memos; and Milestones.



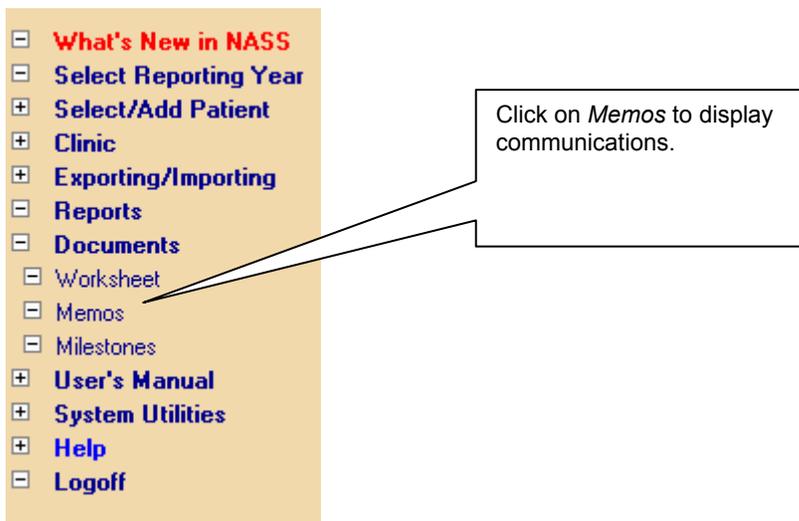
A worksheet has been developed for clinic staff to use if they wish to record the data required for entry into NASS onto a hard-copy document first. Prior to entering data into NASS,

clinic staff have the option of recording patient information onto this worksheet from the patient's medical records. The worksheet has been designed to mirror the NASS screens. Using the worksheet to abstract information from medical records could facilitate data entry into NASS and reduce the risk of error. Please note that the use of this worksheet is optional.

To access the worksheet, click on the sub-menu item *Worksheet* and a PDF file of the worksheet will display. Print this file to get a hardcopy of the worksheet.

2.8 Memos

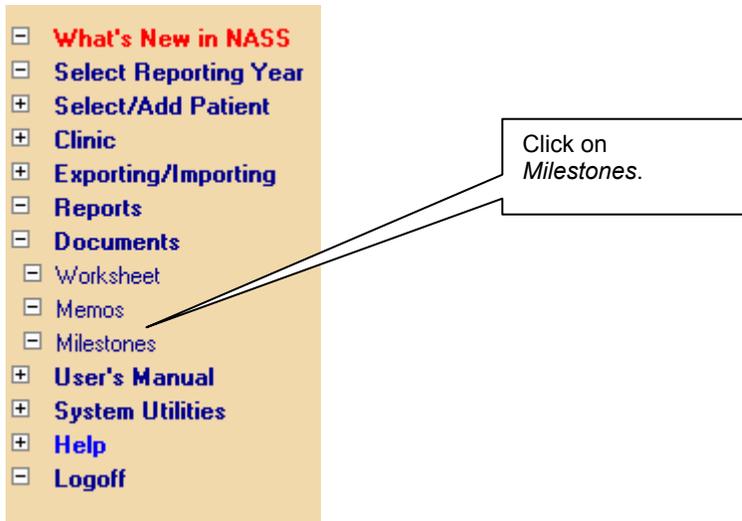
Formal communications from CDC and/or Westat will be posted under *Memos*. In some instances the memos will be a copy of a communication that was already mailed to clinics. Federal Register Notices and other official reference documents will also be posted here.



The memos will be sorted with the most recent documents listed first to aid you in determining if there are any new postings.

2.9 Milestones

Milestones is a listing of schedules for meeting reporting deadlines. To access a listing of Milestones, click on *Milestones* in the sub-menu.

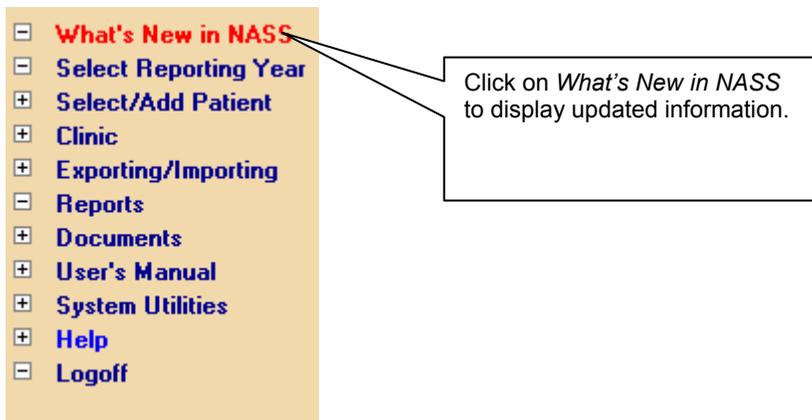


For each reporting year, several different schedules will be posted. Click on the schedule of interest to you and you will see a schedule of key events for the item you selected.

2.10 What's New in NASS

From time to time new information will be posted in the **What's New in NASS** menu. Items posted under this menu offer the ability to communicate with all of the centers about updates in the system, deadline reminders, as well as other information that will be helpful to the user of NASS. Periodically you will want to click on *What's New in NASS* to obtain up-to-date information. We will also post a notice for a period of time on the login screen to alert users to check in the What's New in NASS menu item for updates.

To access *What's New in NASS* click on the menu item on the left side of the screen.



3. Selecting a Reporting Year



3.1 About This Chapter

This chapter explains how to select the reporting year for which you wish to enter data. No data entry activity can take place in NASS until you enter a reporting year.

The reporting year refers to the year in which a patient's cycle *begins* regardless of the year the cycle ends. For example, even though a cycle may begin in December of 2005 and continue into 2006, the cycle should be reported under the 2005 Reporting Year.

The same patient may have cycles in more than one reporting year. The first cycle may begin in 2005 and continue into 2006. As noted above, the reporting year for this cycle would be 2005. A second cycle for the same patient may begin in 2006. The reporting year for the second cycle would then be 2006, regardless of when the cycle ended.

3.2 Selecting the Reporting Year at Log In

Upon logging in, the Reporting Year screen will be displayed (see below).

National ART Surveillance System (NASS)

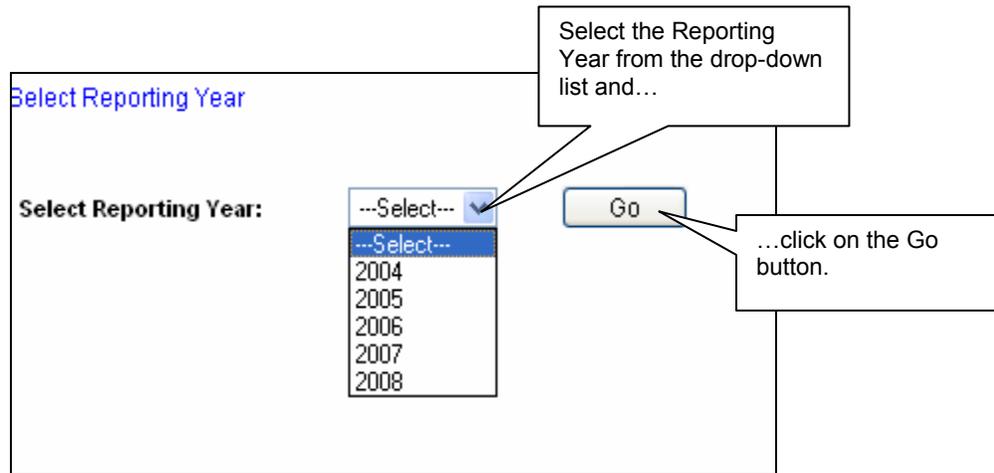
Clinic ID: 1007 User: Tom Bosworth

- What's New in NASS
- Select Reporting Year
- + Documents
- + User's Manual
- + System Utilities
- + Help
- Logoff

Select Reporting Year

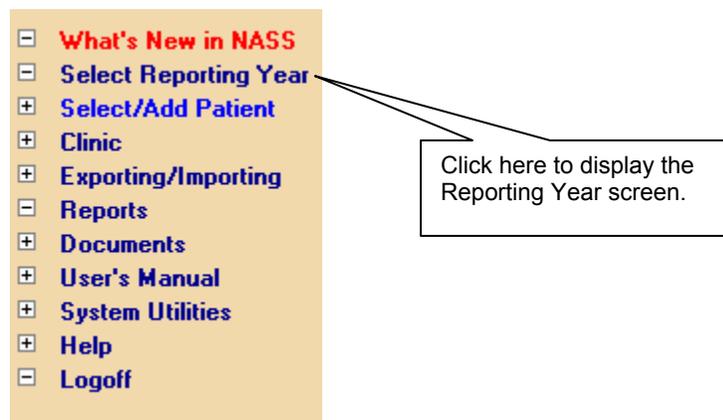
Select Reporting Year:

Select the reporting year from the drop-down list shown, and click on the Go button.



3.3 Selecting the Reporting Year During a Session

Should you want to change a reporting year during a session, you may do so by clicking on *Select Reporting Year* in the menu on the left-hand side of the screen. This will take you to the Select Reporting Year screen and allow you to select a new year.



4. Clinic Information



4.1 About This Chapter

This chapter explains how to:

- Enter and update information about the clinic; and
- How to submit the annual report.

4.2 How to Enter and Update Information About the Clinic

You must enter clinic information for each reporting year. The only way to record clinic information is first to select a reporting year (Chapter 3).

At the beginning of each reporting year, enter the clinic information requested. Throughout the year, it is important to update the clinic information should there be any changes in the clinic name, address, key personnel, etc. Below you will find step-by-step instructions for entering clinic information.

4.2.1 Accessing the Clinic Screens

To access the data entry screens for Clinic information, click on *Clinic* in the NASS menu on the left-hand side of the screen.



This will display two options as shown on the next page.

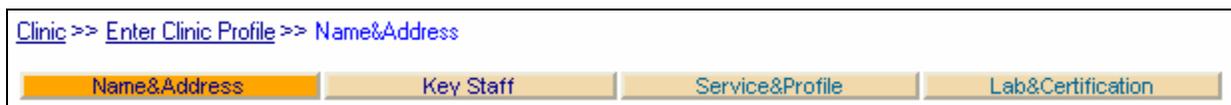


The *Enter Clinic Profile* screens pertain to basic information, such as the name and address of the clinic. Tabs across the top of the screen enable you to display screens to enter:

- Name and address of the clinic;
- Information about key staff;
- Information about the clinic's services and profile; and
- Information about the clinic's labs and certifications.

The *Submit Annual Report* menu offers a checklist of the actions you need to take before submitting an annual report for your clinic.

4.2.2 About the Name and Address Screen



As you can see from the screen trail and the darkened tab, you are at the Name&Address screen under the *Enter Clinic Profile* menu item.

Reporting year clinic name:

This is the name as it is going to appear at the top of the CDC clinic report:

Name 1:

Name 2:

City: State:

Reporting Year Clinic Name 1 and Name 2:	<p>Record the name of the ART program as it was known during the reporting year. This name will be printed at the top of the clinic table in the annual success rate report. Two lines have been provided since some clinic names are long, or are associated with a university or medical center, for example:</p> <p style="text-align: center;">Name 1: The ART Program of Chicago Name 2: Illinois University Hospital Center</p> <p>√ Note: <i>The current clinic name will be printed at the bottom of the clinic table.</i></p>
Reporting Year Clinic City:	<p>Record the city where the clinic's office was located during the reporting year. If your practice has several office locations that report cycle data collectively, choose the city under which you would like to be classified in the annual report.</p>
Reporting Year Clinic State:	<p>From the drop-down list, select the state where the clinic's office was located during the reporting year.</p>

Current Clinic Information:

Status: NOTE: Reorganization is a change in two of three key staff - the Practice, Medical, or Lab Director - or a change in clinic ownership or affiliation.

Name at time of data submission will reflect changes that occurred since the reporting year:

Name 1:

Name 2:

Address 1:

Address 2:

City: State: Zip code (99999-99999):

Phone (999) 999-9999: Fax (999) 999-9999:

E-mail: SART ID: 1177

For the status field, use the drop-down list to indicate if the name of the clinic is the same as the name listed above for the reporting year, if the name has changed subsequent to the reporting year, or if the clinic has reorganized.

As noted on the screen, reorganization is a change in two of the three following key staff - the Practice Director, Medical Director, or Lab Director - or a change in clinic ownership or affiliation.

Then complete the remaining fields by typing in the information requested in the corresponding fields. If your clinic has a SART ID it should automatically appear at the bottom right-hand corner of this section.

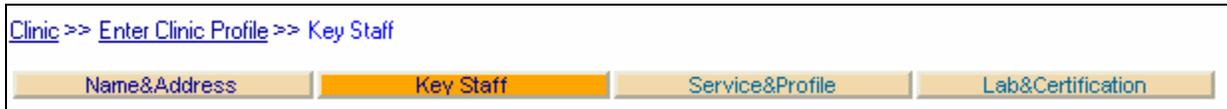
<p>Clinic Name Status:</p>	<p>From the drop down list, select one of the following choices to describe the clinic's current name status:</p> <p>Same as reporting year name: Select this if the clinic name is the same as it was during the reporting year. By choosing this, Name 1 and Name 2 from the Reporting Year Clinic Name Section will be copied down into Name 1 and Name 2 in the Clinic Name Section.</p> <p>Different from reporting year name: Select this if the clinic name has changed since the reporting year. When this is selected, it will allow you to type the new name into Name 1 and Name 2 in this section.</p> <p>Reorganized, enter current clinic name: Select this if the clinic has reorganized since the reporting year. A reorganization is defined as a change in two of the three key staff (Practice Director, Medical Director, Lab Director), or a change in ownership or affiliation. If a clinic has reorganized since the reporting year, its name and profile information will not be printed at the bottom of the clinic table in the annual success rate report. However, the clinic's name and address prior to reorganizing will be listed in the Appendix. The user should still enter the reorganized clinic's name, address, and contact information in the NASS Current Clinic Information fields since this information will be used for mailing and contact purposes.</p>
<p>Current Clinic Name 1 and Name 2:</p>	<p>If the name has changed since the reporting year, record the current clinic name. The name recorded in this section will be printed at the bottom of the clinic table in the annual success rate report. The address and contact information will be printed as part of a complete clinic listing by state in the appendix, and will also be used to keep in regular contact with each clinic. Two lines have been provided since some clinic names are long or are associated with a university or medical center. For example:</p> <p style="text-align: center;">Name 1: The ART Program of Chicago Name 2: Illinois University Hospital Center</p>
<p>Current Clinic Address 1 and Address 2:</p>	<p>Record the clinic's current street address, using two lines if necessary. List the street address instead of a P.O. Box, since Westat will be using the address entered here for overnight courier mailings that do not deliver to P.O. Boxes.</p>
<p>Current Clinic City:</p>	<p>Record the city where the clinic's office is currently located.</p>
<p>Current Clinic State:</p>	<p>Select the state where the clinic's office is located from the drop-down list.</p>

Current Clinic Zip Code:	You can enter either five digits or nine digits using a dash after the first five (i.e., 43420-1345).
Current Clinic Phone:	Enter the clinic's main phone number. This is the phone number that will be listed in the appendix of the annual success rate report
Current Clinic Fax:	Enter the clinic's fax number. This is the fax number that will be listed in the appendix of the annual success rate report.
Current Clinic E-mail:	Enter the e-mail address that you would like Westat to use for any e-mail correspondence. This e-mail address will <u>not</u> be listed in the annual success rate report.
SART ID:	If the clinic has a SART ID, it will be automatically posted in this field. If one is listed, confirm that it is correct and notify the NASS Help Desk if it is not. This ID will be used solely for clinic tracking purposes.

4.2.3 About the Key Staff Screen

This screen enables you to enter information about the following key clinical staff:

- The Practice Director;
- The Medical Director;
- The Lab Director; and
- The Data Manager



As you can see from the screen trail and the darkened tab, you are at the Key Staff screen under the *Enter Clinic Profile* menu item.

Choose the key staff role to update by clicking on the associated key staff title underlined in the first column of boxes.

Key Staff	Staff Name	Degree	Phone	Fax	Email
<u>Practice Director</u>					
<u>Medical Director</u>					
<u>Lab Director</u>					
<u>Data Manager</u>					

Previous Screen Next Screen

To enter information about the key clinical staff, click on the underlined title in the first column of the screen shown above. For example, to record information on the Practice Director, click on the words [Practice Director](#) to display a screen with fields to record information on that person (see below).

Key Staff Information:

Practice Director

First Name:

M. I.:

Last Name:

Note: Please enter staff member degree(s) using the following format: (M.D., Ph.D.).
List each degree abbreviation including periods, with multiple degrees separated by commas.

Degree:

Phone (999) 999-9999:

Fax (999) 999-9999:

E-mail:

[Previous Screen](#)

[Next Screen](#)

[Save Data](#)

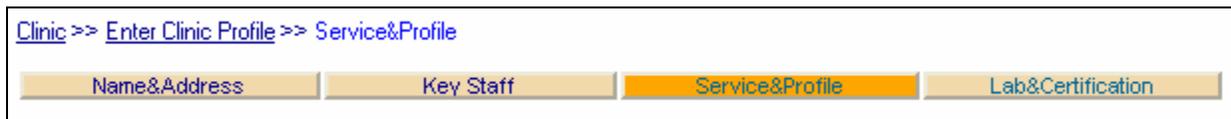
Key Staff:	Westat plans to include the staff identified in this tab in their correspondence. Choose the key staff role to update by clicking on the associated key staff title underlined in the first column of boxes. √ Note: Only the Medical Director will appear on the annual success rate report.
Staff Name:	Enter the First Name, Middle Initial (M.I.) and Last Name in the corresponding fields.
Degree:	Enter the key staff member's degree(s) abbreviated, including periods, with multiple degrees separated by commas (e.g., "M.D., Ph.D.").
Staff Phone:	Enter the phone number where Westat can reach this staff member.
Staff Fax:	Enter the fax number where Westat can reach this staff member.
Staff E-mail:	Enter the e-mail address where Westat can reach this staff member.

NOTE: You need to click on the Save Data button after entering information on each key staff member. Clicking on the Save Data button will keep you in the Key Staff screen. You will notice that the data you entered regarding a particular staff member now appears in the corresponding fields in the table at the top of the screen.

Repeat this process by clicking on each title in the first column of the table, and record the information in the fields provided. Updates can be made at a later date by clicking on an individual key staff's title.

4.2.4 About the Service&Profile Screen

This screen collects data about the services that are available at your clinic.



As you can see from the screen trail and the darkened tab, you are at the Service&Profile screen under the *Enter Clinic Profile* menu item.

Services and Profile:

SART member: Yes No

Do ART services include gestational carriers? Yes No

Are ART services available for single women? Yes No

Does clinic have a donor egg program?

Does clinic have a donor embryo program? Yes No

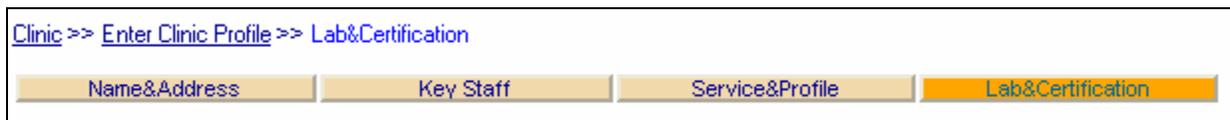
Does clinic offer freezing extra embryos? Yes No

SART member:	Click on “Yes” or “No” to indicate the current SART membership status of your clinic.
Do ART services include gestational carriers?	Click on either “Yes” or “No” to indicate if your clinic provides services to couples considering using a gestational carrier. A gestational carrier is a woman who carries a child for another woman.
Are ART services available for single women?	Click on either “Yes” or “No” to indicate if your clinic provides fertility services to single women.

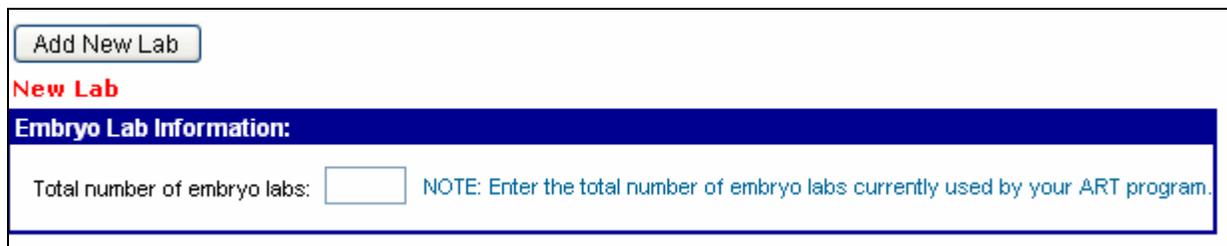
<p>Does clinic have a donor egg program?</p>	<p>Some clinics have programs for ART using donor eggs. Donor eggs are oocytes that have been retrieved from one woman (the donor) and then transferred to another woman who is unable to conceive with her own oocytes (the patient). Policies regarding sharing of donor eggs vary from clinic to clinic. Select one of the following choices from the drop-down list:</p> <p>Yes, single donor/single recipient: Select this choice if the clinic has a donor egg program, but does <u>not</u> allow sharing of eggs between multiple recipients.</p> <p>Yes, single donor/single and multiple recipients: Select this choice if the clinic has a donor egg program that allows for both single egg donor to single patient agreements, and single egg donor to multiple patient agreements. For example, one woman may donate six eggs with the intent of giving two eggs to each of three recipients.</p> <p>No: Select this choice if the clinic does not have a donor egg program.</p>
<p>Does clinic have a donor embryo program?</p>	<p>Click “Yes” or “No” to indicate if the clinic offers patients the option of using an embryo donated by another couple who has undergone ART treatment and has extra embryos available.</p>
<p>Does clinic offer freezing extra embryos?</p>	<p>Click “Yes” or “No” to indicate if the clinic offers patients the option of cryopreserving extra embryos that may be available from another patient’s ART cycle.</p>

4.2.5 About the Lab&Certification Screen

In this section you will be entering embryo lab information about the lab(s) that your clinic is currently using.



As you can see from the screen trail and the darkened tab, you are at the Lab&Certification screen under the *Enter Clinic Profile* menu item.



First you will enter the total number of embryo labs that are currently used by your ART program. In many cases this will be one lab.

Adding a New Lab

Lab Summary:
No labs have been added for this reporting year.

Prior to entering any information about a lab, your lab summary section of the screen will look like the above. To enter information about a new lab click on the Add New Lab button toward the top of the screen, and the Current Embryo Lab Information screen will appear (see below).

New Lab

Current Embryo Lab Information:	
Name 1:	<input type="text"/>
Name 2:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/> State: ---Select--- <input type="button" value="v"/> Zip Code (99999-9999): <input type="text"/>
Phone (999) 999-9999:	<input type="text"/> Fax (999) 999-9999: <input type="text"/>
E-mail:	<input type="text"/>
Current Embryo Lab Certification Status (Select a status for each accrediting body below):	
College of American Pathologists Reproductive Laboratory Accreditation Program (CAP):	---Select--- <input type="button" value="v"/>
Joint Commission on Accreditation of Healthcare Organizations (JCAHO):	---Select--- <input type="button" value="v"/>
New York Tissue Bank Program (NYSTB):	---Select--- <input type="button" value="v"/>

Total number of embryo labs:	Enter the number of labs that your clinic currently uses for embryology services.
Lab Name 1 and Name 2:	Enter the lab name, using two lines if necessary.
Lab Address 1 and Address 2:	Enter the lab street address, using two lines if necessary.
Lab City:	Record the city where the embryology lab's office is currently located.

Lab State:	From the drop-down list, select the state where the embryology lab's office is located.
Lab Zip Code:	You can enter either five digits or nine digits using a dash after the first five (i.e., 43420-1345).
Lab Phone:	Enter the lab's main phone number
Lab Fax:	Enter the lab's fax number.
Lab E-mail:	Enter the e-mail address that you would like Westat to use for correspondence
Current Embryo Lab Certification Status:	<p>Select one of the following choices from the drop down-list for each of the three accrediting bodies listed (i.e., CAP, JCAHO and NYSTB):</p> <p>Yes (Submit documentation of status): Select "Yes" if the embryology lab is certified by this accrediting body at the time of data submission. Proof of certification status must be submitted to Westat on or before the reporting year submission deadline.</p> <p>No: Select "No" if, at the time of data submission, the embryology lab is <u>not</u> certified by this accrediting body.</p> <p>Pending (Submit documentation of status): Select "Pending" if the embryology lab has submitted an application for accreditation by this accrediting body at the time of data submission. Proof of such application must be submitted to Westat on or before the reporting year submission deadline.</p>

Updating Information on an Existing Lab

Once contact information about a lab has been entered and saved, that lab will appear in the Lab Summary Section.

Lab Summary:				
Choose the lab to update by clicking on the relevant underlined lab name.				
Lab Name	Lab Address	Lab City	Lab State	Delete Lab
<u>XYZ Clinic</u>	Wilson Blvd.	Arlington	VA	Delete

In the example above, the XYZ clinic is an existing lab. To change contact information for this lab, click on the lab name, [XYZ Clinic](#), and the current contact information will be displayed. Correct the contact information as necessary and click on the Save Data button to store the new information.

Deleting an Existing Lab

The only labs that should be included are those labs that the clinic is using at the time of data submission. Therefore, if your clinic stops using a lab, you will want to delete the information on that lab before submitting your data.

Lab Summary:				
Choose the lab to update by clicking on the relevant underlined lab name.				
Lab Name	Lab Address	Lab City	Lab State	Delete Lab
<u>XYZ Clinic</u>	Wilson Blvd.	Arlington	VA	Delete

This can be done by clicking on the Delete button on the line of the lab that you want to delete. You will see a screen confirming that you want to delete this lab. Click OK if you want to proceed with the deletion or "Cancel" if you do not want to proceed. You will see a message toward the top of the screen that reads, "Data deleted successfully". You will also see that the deleted lab is no longer on the list of labs in the Lab Summary Section.

Submitting Documentation of Lab Accreditation

If you selected "Yes" or "Pending" as the current embryo lab certification status, then you must submit proof of this status to Westat on or before the reporting year submission deadline. If you selected "Yes", you must send a copy of your certificate of accreditation. If you selected "Pending", send a copy of the application for accreditation. You should send all documentation to:

NASS Processing Center
Westat
1650 Research Blvd., TC 2074F
Rockville, MD 20850-3195

Phone number: 1-888-650-0822

4.3 How to Submit the Annual Report

Detailed instructions on how to submit an annual report will be available at least 90 days in advance of the reporting year deadline. When these instructions are available, a notice will be posted under the left-hand menu item *What's New in NASS*.

5. Adding New Patients/ Finding Existing Patients



5.1 About This Chapter

This chapter explains how to:

- Add a new patient to NASS; and
- Find an existing patient.

5.2 Adding a New Patient

The only way to add a new patient is first to select the reporting year (see Chapter 3). Once you select the reporting year, you will see the Select/Add a Patient screen, which is where you will be able to enter a new patient into NASS. You will see the following section on the right-hand portion of the screen:

Add New Patient

To begin the process of adding a patient, enter the patient's date of birth.

Date of Birth (mm/dd/yyyy):

To add a new patient you must know her date of birth. If the patient's date of birth is unknown, no other information about the patient can be entered. Enter the date using the format mm/dd/yyyy. The date of birth must include all 8 numbers. For example, a date of birth of April 5, 1970 would be recorded as 04/05/1970.

Unacceptable ways of entering this date include 4/5/1970 or 4/5/70.

If it is easier, you can enter the date of birth without the slashes (e.g., 04051970).

Once you have entered the date of birth click on the Add button. This creates a patient record that can be accessed from any reporting year. Note that it is NOT necessary to add the same patient in multiple reporting years. For example, if you add a patient who has her first cycle in 2004, and she comes back for another cycle in 2005, you will be able to find her NASS

patient record under either the 2004 or 2005 Reporting Years (see Section 5.3 for instructions on how to find an existing patient).

5.2.1 Duplicate Date of Births

NASS has a safeguard to help prevent you from entering an existing patient into the system as a new patient. If you enter a date of birth that is the same as one previously entered for a patient, NASS will display the following screen:

Select/Add Patient

Possible duplicate patient records have been found. Please review the patient records listed below to confirm they do not match the patient you are attempting to add. If you find the patient in the list, simply click on the patient's NASS ID to begin working with their cycle data. If the patient is not on the list, press the "Continue Adding Patient" button to complete the process of adding a patient.

Page 1 of 1 Records 1 - 2 of total 2

NASS Patient ID	Date of Birth	Optional Identifier 1	Optional Identifier 2
1007-10001-8	11/15/1968	bbb	
1007-10002-5	11/15/1968	sjh	

1

Follow the instructions written in the tan box on the above screen.

- If you accidentally were attempting to enter an existing patient as a new patient, click on the NASS Patient ID number and you can begin working with her cycle data.
- If this is indeed a new patient, select the Continue Adding Patient button and proceed.
- If you want to go back to the original patient selection screen and start over, select the Back to Select/Add Patient button.

5.2.2 New Patient: Patient Information Screen

For a new patient, the next screen displays two sections to enter the patient's profile.

Select/Add Patient

Patient Optional Identifiers:

Optional Identifier 1: (max. 3 digits or characters)

Optional Identifier 2: (max. 4 digits or characters)

Optional Identifiers: To protect the patient's privacy, no patient names, Social Security Numbers, or other confidential identifiers are permitted in NASS. For tracking purposes, NASS

automatically assigns each patient a unique NASS Patient ID. As an additional way of tracking patients within the system, NASS allows you to enter up to two optional identifiers. The optional identifiers allow you to use other methods for locating patients within the system. The first optional identifier can only be three digits or characters long. You may want to use this field to record the patient's initials. The second optional identifier can only be four digits or characters long, so you may want to consider using this field for the last four digits of her medical record number or Social Security Number. As long as you are consistent, this information may make accessing a patient's record easier. As indicated by the title, it is not required that you assign these IDs, but it is suggested.

Patient Profile: Next you will enter information about the patient's race and ethnicity.

Patient Profile:

Date of Birth (mm/dd/yyyy):

Ethnicity:

Race (based on patient self report):

<p>Select all that apply:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Select reason race not reported:</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Patient doesn't know</p> <p><input type="checkbox"/> Not ascertained by clinic</p>
---	---

Date of Birth:	The date of birth will be pre-filled in with the date of birth you just entered.
Patient Ethnicity:	<p>Using the drop-down list, select one of the following:</p> <ul style="list-style-type: none"> ◇ NOT Hispanic or Latino; ◇ Hispanic or Latino; ◇ Refused; ◇ Patient doesn't know; or ◇ Not ascertained by clinic. <p>Hispanic or Latino ethnicity should be self-reported by the patient, and refers to anyone born in or having ancestors from Spain or one of the western hemisphere countries or territories where Spanish is the primary language (e.g., Mexico, Puerto Rico, Nicaragua, El Salvador, Dominican Republic, Columbia, Peru, Chile).</p>
Patient Race:	<p>Check the box(es) of the patient's <u>self-reported</u> race here.</p> <p>√ Note: One or more race categories may be selected.</p>

Patient Race: (continued)	If the patient refuses or does not know her race, or if this information was not obtained at the time of her visit, then check the appropriate box on the right side of the screen under “Select reason race not reported”. If you do not have a self-reported race to enter, do <u>not</u> enter the race as it may have been observed by clinic personnel.
--------------------------------------	--

Once you have completed this section, click on the Save and Next Screen button. This will take you to the Update/Add Cycle screen (Section 5.4).

5.3 Finding an Existing Patient

The only way to find an existing patient is to have already selected the reporting year (Chapter 3). Once you select the reporting year, you will see a screen with the following box on the left-hand side, which will allow you to find an existing patient.

Find Existing Patient

To find an existing patient, search by entering any combination of Date of Birth, Optional ID 1 or Optional ID 2. For a list of ALL patients, leave search fields blank and click Find button.

Date of Birth: / /
mm dd yyyy

Optional Identifier 1:

Optional Identifier 2:

NASS Patient ID:

There are 3 ways to find an existing patient:

1. Narrow your search by entering one or more of the following pieces of information:
 - Date of Birth;
 - Optional Identifier 1; and/or
 - Optional Identifier 2.
2. Enter the NASS Patient ID; or
3. Show all patient records by selecting “Find”. This will display a complete listing of all patients entered.

After entering in one or more pieces of information, select the Find button to display all the patients that match the selection criteria. In many instances you will find just one patient is listed as a match. However, it is possible that your identifiers may match more than one patient. *If that is the case, be particularly careful that you choose the correct patient.* For example, in the case below there are two patients with the same date of birth (11/15/1968). However, the patients have a different Optional Identifier 1 (bbb vs. sjh).

Based on the added information of the Optional Identifier 1 you can select the correct patient. To select a patient, click on the NASS Patient ID for the desired patient. This is the number in blue that is underlined.

There are 2 patients found.

Page 1 of 1 Records 1 - 2 of total 2

NASS Patient ID	Date of Birth	Optional Identifier 1	Optional Identifier 2
<u>1007-10001-8</u>	11/15/1968	bbb	
<u>1007-10002-5</u>	11/15/1968	sjh	

If you enter an identifier and the patient is not located, you have either entered the identifying information incorrectly or this patient has not been added to the system yet. This could be because you accidentally mistyped the identifying information or you have inaccurate identifying information.

Click the Back to Select/Add Patient button. This will take you back to a screen where you can re-enter the identifier information or select “Find” to display all patients.

5.4 How to Add a New Cycle

Once you have selected a patient, you must now create a new cycle for that patient. To add a new cycle, click on the Add New Cycle button.

Patient:

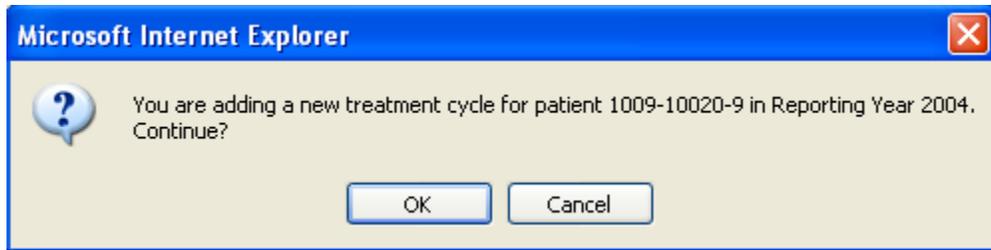
Patient ID: 1007-10016-6 Date of Birth: 06/06/1978 Optional ID 1: jmc Optional ID 2: 5968

Click here to add a new cycle.

Add New Cycle

Cycle	Cycle Start Date	Cycle Complete	Delete Cycle
-------	------------------	----------------	--------------

A pop-up message will display, asking you to confirm that you wish to add a cycle for the NASS Patient ID and reporting year contained in the message.



If the information is correct, click on OK, and the top portion of the Demographics screen with tabs will be displayed. (This screen will be discussed in Chapter 6).

If the information in the pop-up box is incorrect, click on Cancel, and you will be returned to the screen.

- If the information is incorrect because you are in the wrong reporting year, click on *Select Reporting Year* from the menu on the left-hand side of the screen. This will allow you to select a different year.
- If the information is incorrect because you have the wrong patient, click on *Select/Add Patient* from the menu on the left-hand side of the screen. This will allow you to select a different patient.

You will notice that the NASS Patient ID has been assigned and that the date of birth and optional Identifiers (if any) that you entered have been displayed in the gray box at the top of the screen as shown in the figure below.

NASS Patient ID.

[Select/Add Patient](#) >> [Update/Add Cycle](#) >> [Demographics](#)

Patient & Cycle:			
NASS Patient ID: 1007-10024-5	Date of Birth: 12/15/1973	Optional ID 1: skl	Optional ID 2: 4597
Cycle ID: 1	Cycle Start Date:		

This box will continue to be displayed at the top of the screen as you enter cycle data, so that you can verify that you are entering data under the correct patient's record.

5.5 How to Change/Update Data for an Existing Cycle

To update information for a patient in an existing cycle, click on the cycle number you wish to update.

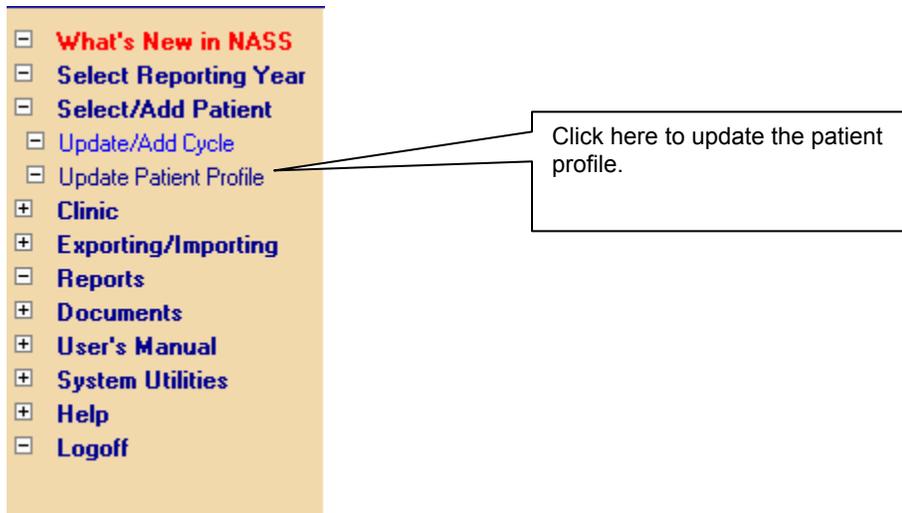
Click here to update or change information about an existing file.

Add New Cycle

Cycle	Cycle Start Date	Cycle Complete	Delete Cycle
1			Delete Cycle

5.6 Updating the Patient Profile

Should you want to change the Patient Profile click on the *Update Patient Profile* sub-menu on the left-hand side of the page.



Updating the Patient Profile will allow you to add or change the Optional Identifiers, as well as the patient's Date of Birth and Race/Ethnicity information in the screen shown below.

Patient Optional Identifiers:

Optional Identifier 1: (max. 3 digits or characters)

Optional Identifier 2: (max. 4 digits or characters)

Patient Profile:

Date of Birth (mm/dd/yyyy):

Ethnicity:

Race (based on patient self report):

Select all that apply:

White

Black or African American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Select reason race not reported:

Refused

Patient doesn't know

Not ascertained by clinic

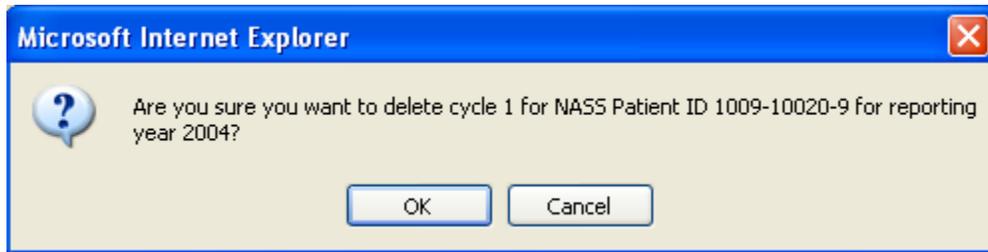
5.7 How to Delete a Cycle

If for some reason a cycle has been entered in error, you can delete that cycle. This may happen if you enter a cycle for the wrong year or if you enter a cycle for the wrong patient.

On the Update/Add Cycle screen, click on the Delete Cycle button.



You will see a confirmation screen that verifies which reporting year and cycle you are about to delete. Click OK if you want to proceed with deleting the cycle. If not, click Cancel.



5.8 Conclusion

You are now ready to enter specific reporting year cycle data for the selected patient. Chapter 6 will describe in detail how to enter patient information.

6. Patient Information



6.1 About This Chapter

This chapter explains how to enter and update patient cycle information for either a new or an existing patient. We will go over every screen in detail.

 **Tip:** *If you are entering a batch of records with cycle start dates in different years, you should sort the records by reporting year so that you can enter all records associated with a reporting year together.*

The information about a patient's cycle is organized around seven tabs shown across the top of the screen.

- **Demographics.** This section contains questions on the patient's residency and the partner's race/ethnicity.
- **History.** This section includes the patient's reproductive history information.
- **Treatment.** This section deals with the treatment received by the patient for the current cycle as well as any special techniques related to the treatment.
- **Medication/Complications.** This section covers ART medications received by the patient and/or donor, complications a patient might experience, and a place to indicate whether the cycle was canceled.
- **Retrieval/Manipulation.** This section includes patient and donor retrieval information, information about semen source and method of collection, as well as manipulation techniques.
- **Transfer.** This section asks a series of questions about the transfer of embryos and oocytes.
- **Outcome.** This section covers the treatment and pregnancy outcome, and information about the birth, when applicable.

6.2 The Demographics Screen

As you can see from the screen trail and the darkened tab (refer to screen shot on next page), you are at the Demographics screen. This screen shows the profile that has been entered previously for the patient, which is now linked to this cycle.

[Select/Add Patient](#) >> [Update/Add Cycle](#) >> [Demographics](#)

Patient & Cycle:						
NASS Patient ID: 1007-10024-5		Date of Birth: 12/15/1973		Optional ID 1: skl		Optional ID 2: 4597
Cycle ID: 1		Cycle Start Date:				
Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome

6.2.1 Patient Profile

Patient Profile:	
This is a read-only display of patient date of birth, ethnicity and race. If you need to make updates to any of these fields for this patient, please go to the menu bar on the left side of this screen and choose Update Patient Profile.	
Date of Birth (mm/dd/yyyy):	<input type="text" value="04/06/1971"/>
Ethnicity:	<input type="text" value="NOT Hispanic or Latino"/>
Race (based on patient self report):	
Select all that apply:	Select reason race not reported:
<input checked="" type="checkbox"/> White	<input type="checkbox"/> Refused
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Patient doesn't know
<input type="checkbox"/> Asian	<input type="checkbox"/> Not ascertained by clinic
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<input type="checkbox"/> American Indian or Alaska Native	

This is a read-only display, which means you cannot change the information on this section of the screen. If the information is incorrect, you need to follow the instructions at the top of this screen to implement a change.

6.2.2 Patient Residency for Cycle

Patient Residency for Cycle:	
Primary residence in U.S.:	<input type="text" value="--Select--"/>
U.S. city of primary residence:	<input type="text"/>
U.S. state of primary residence:	<input type="text" value="--Select--"/>
U.S. zip code at primary residence:	<input type="text"/> NOTE: Enter either 5 digits 99999 or 9 digits 99999-9999
Country of primary residence:	<input type="text" value="--Select--"/>

Primary residence in U.S.:	Use the drop-down list to indicate whether the patient's main residence is in the United States or its territories (regardless of legal residency status). Primary residence refers to the place where the person usually lives. U.S. territories that should be considered include Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, Northern Mariana Islands, Wake Island, and Johnston Atoll. If primary residence of the patient is unknown, select "Not ascertained by clinic" from the drop-down menu.
U.S. city of primary residence:	If the patient's primary residence is in the U.S., enter the city of her primary or main residence. If unknown, leave blank.
U.S. state of primary residence:	If the patient's primary residence is in the U.S., select the state of her primary or main residence using the drop down menu of states listed in alphabetical order. If unknown, leave the ---Select--- box as is.
U.S. zip code at primary residence:	If the patient's primary residence is in the U.S., enter the US Postal Service zip code of her primary residence. You can enter either five digits or nine digits using a dash after the first 5 (i.e., 43420-1345). If unknown, leave blank.
Country of primary residence:	<p>If you entered "Yes" for Primary residence in U.S., then "United States" will be automatically entered into the Country of primary residence field. If you entered "No" in the Primary residence in U.S. field, you must use the drop-down list to select the country where the patient resides. The drop down list of countries is arranged alphabetically. If unknown, leave the ---Select--- box as is.</p> <p> Tip: Select "United Kingdom" for patients whose primary residence is England or Great Britain.</p>

6.2.3 Partner Race/Ethnicity

Partner Race/Ethnicity:

Ethnicity:

Race (based on patient/partner self report):

Select all that apply:

White

Black or African American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Select reason race not reported:

Refused

Patient doesn't know

Not ascertained by clinic

<p>Partner Ethnicity:</p>	<p>We are interested in the race and ethnicity of the partner even if he did not provide sperm for this cycle. Using the drop-down list, select one of the following:</p> <ul style="list-style-type: none"> ◇ NOT Hispanic or Latino; ◇ Hispanic or Latino; ◇ Refused; ◇ Patient doesn't know; or ◇ Not ascertained by clinic. <p>Hispanic or Latino ethnicity should be self-reported by the partner, and refers to anyone born in or having ancestors from Spain or one of the western hemisphere countries or territories where Spanish is the primary language (e.g., Mexico, Puerto Rico, Nicaragua, El Salvador, Dominican Republic, Columbia, Peru, Chile).</p> <p>Tip: <i>If the patient does not have a partner, then select "Patient doesn't know".</i></p>
<p>Partner Race:</p>	<p>Check the box(es) of the partner's race here, based on patient/partner self report, even if he did not provide sperm for this cycle.</p> <p>Note: <i>One or more race categories may be selected.</i></p> <p>If the patient/partner refuses, or the patient does not know her partner's race, or if this information was not obtained, then check the appropriate box on the right side of the screen under "Select reason race not reported". If you do not have a reported race to enter, do <u>not</u> enter the race as it may have been observed by clinic personnel.</p> <p>Tip: <i>If the patient does not have a partner, then select "Patient doesn't know".</i></p>

6.3 History

[Select/Add Patient](#) >> [Update/Add Cycle](#) >> [History](#)

Patient & Cycle:						
NASS Patient ID: 1007-10024-5		Date of Birth: 12/15/1973		Optional ID 1: skl		Optional ID 2: 4597
Cycle ID: 1		Cycle Start Date:				
Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome

As you can see from the screen trail and the darkened tab, you can move on to the History screen next. This screen is divided into two sections: Patient History I and Patient History II.

6.3.1 Patient History I

This section contains reproductive history information for the patient. *If information regarding the patient's reproductive history is not known, leave the fields blank.*

Patient History I:	
Gravidity (Total number of prior pregnancies):	<input type="text"/>
Number of prior full term births (≥ 37 weeks): <small>NOTE: This includes live births and stillbirths.</small>	<input type="text"/>
Number of prior preterm births (≥ 20 & < 37 weeks): <small>NOTE: This includes live births and stillbirths.</small>	<input type="text"/>
Number of prior spontaneous abortions (< 20 weeks):	<input type="text"/>
Surgical Sterilization-patient or partner:	<input type="text" value="---Select---"/>

Gravidity:	Gravidity is defined as the total number of prior pregnancies a woman has had. This includes ectopic pregnancies, and pregnancies that ended in therapeutic (or induced) abortion, spontaneous abortion, stillbirth, or live birth.
Number of prior full term births (≥ 37 weeks):	Enter the total number of prior live and stillbirths a patient has had that reached 37 completed weeks gestation. Births are counted by birth events (e.g., triplets would be counted as one birth).
Number of prior preterm births (≥ 20 & < 37 weeks):	Enter the total number of prior live and still births a patient has had that were at least 20 but less than 37 completed weeks gestation. Births are counted by birth events (e.g., triplets would be counted as one birth).
Number of prior spontaneous abortions (< 20 weeks):	This is the total number of prior clinical pregnancies ending in spontaneous loss of the entire pregnancy prior to completion of 20 weeks of gestation (or 18 weeks from the date of transfer if the pregnancy was achieved using ART). These are also known as miscarriages.

<p>Surgical Sterilization – Patient or Partner:</p>	<p>Select the appropriate response from the drop-down list based on the guidelines below.</p> <p>Neither patient nor partner: Neither the patient nor the partner has undergone an operative procedure for the purpose of termination of fertility without reversal.</p> <p>Yes, patient: The patient has undergone an operative procedure for the purpose of termination of fertility without reversal. Surgical sterilization includes tubal ligation or hysterectomy, for the purpose of termination of fertility, without reversal.</p> <p>Yes, partner: The partner has undergone an operative procedure, such as a vasectomy, for the purpose of termination of fertility, without reversal.</p> <p>Both patient and partner: Both the patient and partner have undergone operative procedures for the purpose of termination of fertility without reversal (described above).</p> <p>Patient does not know: The patient cannot recall the reason for undergoing a procedure resulting in termination of fertility, and/or does not know if her partner has undergone a procedure described above.</p> <p><i>✓ Note: Sterilization of either the patient or partner occurring as a result of surgery to treat cancer, fibroids, etc., should <u>not</u> be included here.</i></p>
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6.3.2 Patient History II

The top portion of this section (shown below) contains information about previous cycles and FSH values.

Patient History II:			
Number of prior fresh ART cycles:	<input type="text"/>		
Number of prior frozen ART cycles:	<input type="text"/>		
FSH unknown:	<input type="checkbox"/>	Lab upper normal FSH unknown:	<input type="checkbox"/>
Patient maximum FSH (IUs):	<input type="text"/>	Lab upper normal FSH (IUs):	<input type="text"/>

Number of prior fresh ART cycles:	<p>Enter the number of fresh ART cycles started before the initiation of this cycle. ART is defined as all treatments or procedures that include the handling of sperm or embryos for the purpose of establishing a pregnancy. This includes but is not limited to IVF, transcervical embryo transfer, GIFT, ZIFT, and TET. ART does not include assisted insemination. A prior ART cycle is defined as any cycle in which:</p> <ul style="list-style-type: none"> ◇ ART has been used; ◇ The patient has undergone ovarian stimulation or monitoring (i.e., performance of sonogram, serum estradiol, or LH measurements) with the intent of undergoing ART; or ◇ In the case of donor oocytes, a patient began medication for endometrial preparation with the intent of undergoing ART. <p>✓ <i>Note: Include ALL previous fresh ART cycles, even those started at other clinics.</i></p>
Number of prior frozen ART cycles:	<p>Enter the number of frozen embryo transfer procedures a patient underwent prior to the initiation of this cycle.</p> <p>✓ <i>Note: Include ALL previous frozen ART cycles, even those started at other clinics.</i></p>
FSH unknown:	<p>FSH (follicle stimulating hormone) is a gonadotropin hormone produced and released from the pituitary that stimulates the ovary to ripen a follicle for ovulation. Check this box if FSH testing for this patient was <i>never</i> performed, or if the FSH level is unknown.</p>
Patient maximum FSH:	<p>If laboratory reports are available, review them to determine the maximum FSH level observed on Day 2, 3, or 4 of the patient's menstrual cycle <u>or</u> Day 10 of a clomiphene challenge test.</p> <p>✓ <i>Note: You must have documentation of the FSH test results.</i></p>
Lab upper normal FSH unknown:	<p>Check this box if the laboratory upper normal FSH level is unknown. If you indicated that FSH is unknown, the system will automatically lock this field from data entry since it would not be relevant.</p>
Lab upper normal FSH (IUs):	<p>Enter the upper limit of the laboratory's normal range if known.</p>

The bottom portion of the Patient History II screen lists possible reasons for ART treatment (shown on next page).

Reason for ART (Select all that apply): NOTE: Move cursor over the choices and click on wording to show/hide definitions.

- Male infertility**
- History of endometriosis**
The presence of tissue resembling endometrium in locations outside the uterus such as the ovaries, fallopian tubes, and abdominal cavity.
- Tubal ligation (not reversed)**
- Tubal disease (hydrosalpinx)**
- Other tubal disease (not hydrosalpinx)**
- Ovulatory disorders/PCO**
- Diminished ovarian reserve**
- Uterine factor**
- Other causes of infertility**
Infertility due to other factors such as immunologic, chromosomal, cancer chemotherapy, or systemic disease.
- Unexplained infertility**

Move cursor over the choices and click on wording to show data definition. Repeat process to hide definition.

Reason for ART (Select all that apply):

Check the box next to all reasons that apply that make the patient (and partner) a candidate for ART. For on-screen definitions, click on the labels to show/hide the definition.

Male infertility: This is infertility due to abnormal semen parameters, abnormal sperm function, or surgical sterilization (vasectomy). If surgical sterilization of partner has been selected in the Patient History I section, the box for Male infertility should be checked.

History of endometriosis: This is the presence of tissue resembling endometrium in locations outside the uterus such as the ovaries, fallopian tubes, and abdominal cavity; a history of all stages of endometriosis (minimal to severe) whether treated or not, may be a reason for ART.

Tubal ligation (not reversed): Sterilization of the female by constricting, severing, or crushing the uterine tubes; constriction may be with an encircling plastic ring or other ligature.

Tubal disease (hydrosalpinx): An accumulation of watery fluid in a fallopian tube that usually results from damage to the tube.

Other tubal disease (not hydrosalpinx): Any other tubal disease, including, but not limited to, pelvic or peritubal

<p>Reason for ART (continued)</p>	<p>adhesive disease, prior tubal surgery, prior ectopic pregnancy, or tubal occlusion (partial or complete without hydrosalpinx).</p> <p>Ovulatory disorders/PCO (polycystic ovaries): This includes one or more disorders causing reduced fecundity associated with structural, anatomic, or functional impairment of one or both ovaries; includes multiple ovarian cysts affecting fertility, oligo-ovulation (<6 cycles per year), anovulation (of hypothalamic or non-hypothalamic causes).</p> <p>Diminished ovarian reserve: A condition of reduced fecundity related to diminished ovarian function; includes high FSH or high estradiol measured in the early follicular phase or during a clomiphene challenge test; reduced ovarian volume related to congenital, medical, surgical or other causes; or advanced maternal age.</p> <p>Uterine factor: A factor causing reduced fecundity that is associated with structural, anatomic, or functional injury to the uterus whether repaired or not; includes septum, myoma, Diethylstilbestrol (DES) exposure, intrauterine adhesions, or congenital anomalies.</p> <p>Other causes of infertility: Infertility due to other factors such as immunologic, chromosomal, cancer chemotherapy, or systemic disease.</p> <p><i>√ Note: If this category is selected, type in the other cause of infertility in the space provided.</i></p> <p>Unexplained Infertility: Infertility in which no etiology (male infertility, endometriosis, tubal factor, ovulatory disorders/PCO, diminished ovarian reserve, uterine factor, or other factors (such as immunologic, chromosomal, cancer chemotherapy, systemic disease) has been identified.</p>
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6.4 The Treatment Screen

The next screen in the process to enter cycle data is the Treatment screen. As you can see from the screen trail and the darkened tab, you are at the Treatment screen.

[Select/Add Patient](#) >> [Update/Add Cycle](#) >> [Treatment](#)

Patient & Cycle:						
NASS Patient ID: 1007-10024-5		Date of Birth: 12/15/1973		Optional ID 1: skl		Optional ID 2: 4597
Cycle ID: 1		Cycle Start Date:				
Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome

The Treatment screen is divided into the following two portions:

- Treatment Detail; and
- Special Techniques.

6.4.1 Treatment Detail

Treatment Detail:

NOTE: This section must be completed for all cycles started. All responses must be based on *intention* to treat at cycle start.

Date current cycle started (mm/dd/yyyy):

Embryo or oocyte banking cycle: Yes No

NOTE: Banking cycles include cycles initiated with the intent of cryopreserving ALL embryos or oocytes for later use.

Oocyte/Embryo Source (Select an answer for each source listed):

Yes No

PATIENT: Intent to use patient's oocytes/embryos, fertilized with partner or donor sperm

DOHOR OOCYTE: Intent to use oocytes from donor

DOHOR EMBRYO: Intent to use embryos donated from another couple's ART

Oocyte/Embryo State (Select an answer for each state listed):

Yes No

FRESH: Intent to transfer fresh oocytes/embryos retrieved during this cycle

FROZEN: Intent to transfer thawed embryos from a previous cycle

Intended Transfer Method (Select all that apply):

IVF: Transcervical **GIFT:** Gametes to tubes **ZIFT:** Zygotes to tubes
or
 TET: Tubal embryo transfer

Gestational carrier: Yes No

<p>Date Current Cycle Started:</p>	<p>Enter the start date of the current cycle using NASS date reporting conventions as indicated on the screen. The cycle start date depends on the type of cycle as described below.</p> <p>Fresh patient oocyte unstimulated cycles: First day of natural menses or withdrawal bleeding.</p> <p>Fresh patient oocyte stimulated cycles: First day medication is given to stimulate follicular development.</p> <p>Fresh donor oocyte cycles:</p> <ul style="list-style-type: none"> ◇ If exogenous sex steroids were used to prepare the endometrium, then first day the patient or gestational carrier receives exogenous sex steroids to prepare endometrium; or
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<p>Date Current Cycle Started (continued)</p>	<p>◇ If no drugs were given to prepare the endometrium, then first day of natural menses or withdrawal bleeding.</p> <p>Thawed embryo cycles:</p> <p>◇ If exogenous sex steroids were used to prepare the endometrium, then first day the patient or gestational carrier receives exogenous sex steroids to prepare endometrium; or</p> <p>◇ If no drugs were given to prepare the endometrium, then first day of natural menses or withdrawal bleeding.</p>
<p>Embryo or oocyte banking cycle:</p>	<p>Click on either “Yes” or “No” to indicate if the current cycle is intended to be an embryo or oocyte banking cycle initiated with the intent of cryopreserving all oocytes or fertilized embryos for later use. This does not apply to cycles initiated with the <u>intent to transfer embryos</u>, but for which all embryos were subsequently cryopreserved (regardless of the reason).</p>
<p>Oocyte/Embryo Source:</p>	<p>Click either on “Yes” or “No” for each of the following sources:</p> <p>PATIENT: Intent to transfer embryos derived from patient oocytes fertilized with either partner or donor sperm, <i>or</i> in cases of GIFT, patient oocytes transferred with either partner or donor sperm.</p> <p>DONOR OOCYTE: Intent to transfer oocytes or embryos derived from oocytes that were retrieved from a woman serving as an oocyte donor.</p> <p>√ <i>Note: The sperm source may be either the patient’s partner or a sperm donor selected by the patient.</i></p> <p>DONOR EMBRYO: Intent to transfer donated embryos, defined as embryos derived from oocytes previously fertilized for another couple’s ART that were subsequently donated.</p>
<p>Oocyte/Embryo State:</p>	<p>Click either on “Yes” or “No” for each of the following states:</p> <p>FRESH: Intent to transfer oocytes, or embryos derived from oocytes, retrieved during the current cycle (from either the patient or a donor).</p> <p>FROZEN: Intent to transfer embryos that were cryopreserved during a previous cycle, and will be thawed for transfer during the current cycle. This applies to both donor and non-donor embryos.</p>

<p>Intended Transfer Method: (Select all that apply)</p>	<p>Check the box next to each intended transfer method for the current cycle.</p> <p>IVF: In vitro fertilization is a method of assisted reproduction that involves removing oocytes from a woman's ovaries, combining them with sperm in the laboratory, and after fertilization and culture, placing the resulting embryo(s) into the woman's uterus.</p> <p>GIFT: Gamete intrafallopian transfer involves removing oocytes from a woman's ovary, combining them with sperm, and immediately transferring the oocytes and sperm into the fallopian tube. Fertilization takes place inside the fallopian tube.</p> <p>ZIFT or TET: Zygote intrafallopian transfer is a procedure in which the oocytes are collected and fertilized, and the resulting zygotes are then transferred to the fallopian tube. Tubal embryo transfer (TET) is the transfer of early stage embryos to the fallopian tube.</p>
<p>Gestational Carrier:</p>	<p>Indicate "Yes" or "No" whether the intent is to use a gestational carrier for the current cycle. A gestational carrier is a woman who gestates an embryo that did not develop from her oocyte, with the expectation of returning the infant to its intended parents.</p> <p>√ <i>Note:</i> A gestational carrier is sometimes referred to as a gestational surrogate.</p>

6.4.2 Special Techniques

For this section of the Treatment screen, you will check all of the special techniques that apply. If none of them apply to this cycle, leave all responses blank and skip to the next screen.

Special Techniques Applicable To Current Cycle:

Select all that apply:

- Round spermatid nucleic injection (ROSNI)
- Cytoplasmic transfer
- IMMATURE oocyte retrieval & fertilization OR thawing IMMATURE fertilized oocytes, with intent to transfer in current cycle
- Device study
- Protocol study
- Pharmacological study
- Other research

Previous Screen

Next Screen

Save Data

<p>Special Techniques Applicable in the Current Cycle:</p>	<p>Round spermatid nucleic injection (ROSNI): A method of assisted fertilization in which precursors of mature spermatozoa are injected into oocytes.</p> <p>Cytoplasmic transfer: Cytoplasmic transfer involves the injection of a small amount of cytoplasm (the viscous semifluid inside an oocyte), taken from a donor oocyte, directly into the patient's oocytes. The transferred cytoplasm is thought to contain components missing or abnormally functioning in the recipient oocytes.</p> <p>IMMATURE oocyte retrieval & fertilization OR thawing IMMATURE fertilized oocytes, with intent to transfer in current cycle: Immature oocyte retrieval with the intent to fertilize and transfer during the current treatment cycle OR thawing previously fertilized immature oocytes for transfer during the current treatment cycle.</p> <p><i>√ Note: Do NOT check the box for immature oocyte research if the intent was to cryopreserve all retrieved oocytes for use in a later cycle. Select "Yes" to embryo or oocyte banking.</i></p> <p>Device study: An investigational device is a medical device that is the subject of a clinical study designed to evaluate the effectiveness and/or safety of the device.</p> <p>Protocol study: A study involving the evaluation of a new procedure.</p> <p>Pharmacological study: A study involving the evaluation of a new drug or a new application of an existing drug.</p> <p>Other research: Check this box if the cycle is being performed under an approved research protocol that does not fit into any of the above categories.</p>
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6.5 The Medications/Complications Screen

The next sections are in the Medications/Complications screen.

[Select/Add Patient](#) >> [Update/Add Cycle](#) >> [Medications / Complications](#)

Patient & Cycle:						
NASS Patient ID: 1007-10024-5		Date of Birth: 12/15/1973		Optional ID 1: skl		Optional ID 2: 4597
Cycle ID: 1		Cycle Start Date:				
Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome

As you can see from the screen trail and the darkened tab in the screen shot on the previous page, you are at the Medications/Complications screen. The Medications/Complications screen is divided into four sections:

- Patient Medication;
- Donor Medication;
- Complications; and
- Canceled Cycle Data

6.5.1 Patient Medication

The Patient Medication Section should only be answered if the patient was designated as the oocyte/embryo source, and a fresh oocyte/embryo state was selected in the treatment screen. Otherwise the section will be collapsed, and you should move on to the next section.

Patient Medication: ⏏

Patient medicated to stimulate follicular development: Yes No

Medications containing clomiphene: Yes No Clomiphene dosage (Total mgs):

Medications containing FSH: Yes No FSH medication dosage (Total IUs):

GnRH Protocol (Select only one, if applicable):

GnRH Agonist Suppression

GnRH Agonist Flare

GnRH Antagonist Suppression

Patient medicated to stimulate follicular development:	Click on either “Yes” or “No” to indicate if the patient received medication to stimulate follicular development.
Medications containing clomiphene:	Click on either “Yes” or “No” to report clomiphene administration in this cycle. Clomiphene citrate is an ovulation induction medication with trade names such as Clomid®, Serophene®, and Milophene®.
Clomiphene dosage:	Report the total clomiphene dosage in mgs the patient received in this cycle. ☀ Tip: You can enter the clomiphene dosage with up to two decimal places to the right of the decimal point, instead of rounding up.

Medications containing FSH:	Click on “Yes” or “No” to report FSH administration in this cycle. FSH is available in several types of preparations, some of which also include luteinizing hormone (LH). Trade names include Gonal-f®, Metrodin®, Fertinex™, Bravelle™, Repronex®, Pergonal®, Humegon®, and Follistim™.
FSH medication dosage:	Report the total FSH dosage in IUs the patient received in this cycle. √ Note: <i>If the FSH preparation included luteinizing hormone, report <u>only</u> the FSH dosage.</i> ☀ Tip: <i>You can enter the FSH dosage with up to two decimal places to the right of the decimal point, instead of rounding up.</i>
GnRH Protocol	This should be answered if the patient was administered a GnRH analog to control follicular development. Check the box next to the one protocol that applies as described below. GnRH Agonist Suppression: Select this box if a GnRH <u>agonist</u> was used. GnRH Agonist Flare: Select this box if a GnRH <u>agonist</u> was used. GnRH Antagonist Suppression: Check this box if a GnRH <u>antagonist</u> was used.

6.5.2 Donor Medication

The Donor Medication Section will only be answered if a donor was designated as the oocyte/embryo source, and a fresh oocyte/embryo state was selected in the Treatment screen. Otherwise the section will be collapsed, and you should move on to the next section.

Donor Medication: ⌵

Donor medicated to stimulate follicular development: Yes No

Donor medications containing clomiphene: Yes No

Donor medications containing FSH: Yes No

Donor clomiphene dosage (Total mgs):

Donor FSH medication dosage (Total IUs):

Donor GnRH Protocol (Select only one, if applicable):

GnRH Agonist Suppression

GnRH Agonist Flare

GnRH Antagonist Suppression

Donor medicated to stimulate follicular development:	Click on either “Yes” or “No” to indicate if the donor received medication to stimulate follicular development.
Donor medications containing clomiphene:	Click on “Yes” or “No” to indicate if the donor was administered clomiphene to stimulate follicular development during this treatment cycle. Clomiphene citrate is an ovulation induction medication with trade names such as Clomid®, Serophene®, and Milophene®.
Donor clomiphene dosage:	Report the total clomiphene dosage in mgs the donor received in this cycle. ☀ Tip: You can enter the clomiphene dosage with up to two decimal places to the right of the decimal point, instead of rounding.
Donor medications containing FSH:	Click on “Yes” or “No” to report FSH administration in this cycle. FSH is available in several types of preparations, some of which also include luteinizing hormone (LH). Trade names include Gonal-f®, Metrodin®, Fertinex™, Bravelle™, Repronex®, Pergonal®, Humegon®, and Follistim™.
Donor FSH medication Dosage:	Report the total FSH dosage in IUs the donor received in this cycle. √ Note: If the FSH preparation included luteinizing hormone, report <u>only</u> the FSH dosage. ☀ Tip: You can enter the FSH dosage with up to two decimal places to the right of the decimal point, instead of rounding up.
Donor GnRH Protocol:	This should be answered if the donor was administered a GnRH analog to control follicular development. Check the box next to the one protocol that applies as described below. GnRH Agonist Suppression: Select this box if a GnRH <u>agonist</u> was used. GnRH Agonist Flare: Select this box if a GnRH <u>agonist</u> was used. GnRH Antagonist Suppression: Select this box if a GnRH <u>antagonist</u> was used.

6.5.3 Complications

The Complications Section of the screen contains a list of complications a patient may experience during the cycle. Check all that apply. If there are no complications, check “None”.

√ **Note:** Report only patient complications here, not complications that a donor or gestational carrier might have experienced.

Complications:**Complications related to ART (Select all that apply):**

- | | |
|--|--|
| <input type="checkbox"/> Infection | <input type="checkbox"/> Anesthetic complication |
| <input type="checkbox"/> Hemorrhage | <input type="checkbox"/> Psychological stress |
| <input type="checkbox"/> Moderate ovarian hyperstimulation | <input type="checkbox"/> Death of patient |
| <input type="checkbox"/> Severe ovarian hyperstimulation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medication side effect | <input type="checkbox"/> None |

Hospitalization related to a complication: **Complications related to ART:**

Infection: Check this box if the patient had a temperature > 38°C (100.4°F) due to pelvic infection.

Hemorrhage: Check this box if the patient experienced bleeding that was sufficiently severe to require a blood transfusion.

Moderate ovarian hyperstimulation: Check this box if the patient had abdominal distension and discomfort as well as nausea, vomiting, and/or diarrhea; ovaries enlarged 5-12 cm; and ultrasonic evidence of ascites (i.e., fluid in the abdominal cavity).

Severe ovarian hyperstimulation: Check this box if the patient exhibited features of moderate hyperstimulation plus clinical evidence of ascites (i.e., fluid in the abdominal cavity), and/or hydrothorax (i.e., fluid in the chest) and/or breathing difficulties; change in blood volume, increased blood viscosity due to hemoconcentration, coagulation abnormalities, and diminished kidney perfusion and function.

Medication side effect: Check this box if the medication produced side effect(s) severe enough to necessitate the start of a different ART procedure than the one originally planned, or discontinuation of the originally planned ART procedure.

Anesthetic complication: Check this box if the patient experienced complications from the anesthetic used during an ART procedure. Common complications include nausea, sore throat, dizziness, headache, and/or bruising or soreness around the injection site (if applicable).

Psychological stress: Check this box if the patient was treated by a mental health professional because of psychological stress.

Complications related to ART (continued)	<p>Death of patient: Check here if the patient’s death occurred under circumstances that could be related to ART.</p> <p>Other: Check this if the patient had a complication not fitting into the categories above.</p> <p>None: Check this box if no complications occurred.</p>
Hospitalization related to a complication:	Skip this entry if the patient did not experience any complications. Otherwise, select the appropriate answer from the drop-down list to indicate whether or not the complication(s) resulted in a hospitalization.

6.5.4 Canceled Cycle Data

The last portion in the Medications/Complications screen pertains to Canceled Cycle Data. Here you will indicate whether a cycle was canceled before oocyte retrieval.

Canceled Cycle Data:

Cycle canceled before oocyte retrieval: Yes No Date cycle canceled (mm/dd/yyyy):

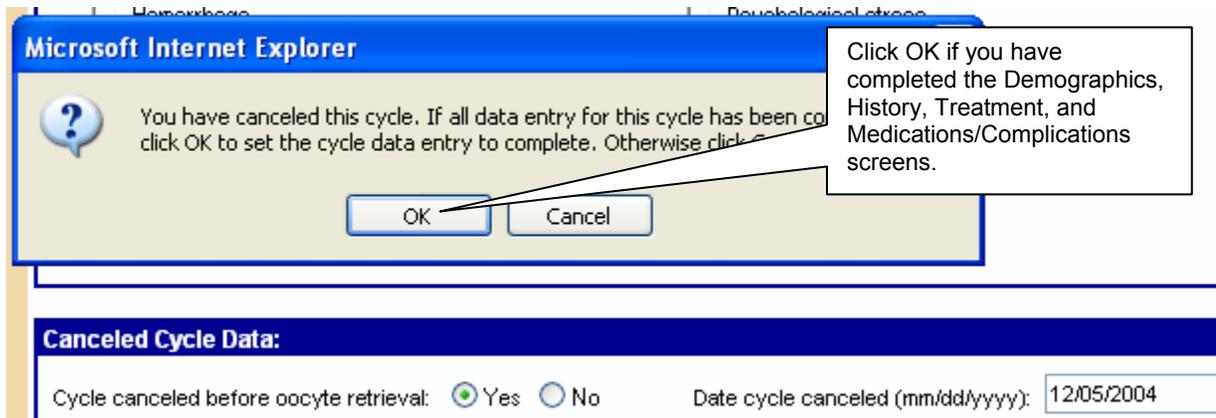
Select reason cycle was canceled: --Select--

Previous Screen
Next Screen
Save Data

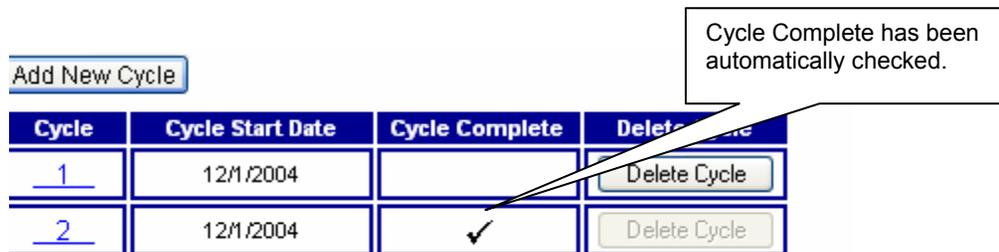
Cycle canceled before oocyte retrieval:	Click on either “Yes” or “No”. A canceled cycle is one in which ovarian stimulation or monitoring has been carried out with the intent of undergoing ART, but which did not proceed to oocyte retrieval, or in the case of frozen embryo cycles, to the transfer of embryos.
Date cycle canceled:	Enter the month, day, and year the cycle was canceled using NASS date reporting conventions as indicated on the screen.
Select reason cycle was canceled:	<p>Select the one main reason for canceling the cycle from the following choices in the drop-down list.</p> <p>√ Note: <i>You may include reasons for canceling a cycle that involve the patient, donor, or a gestational carrier here.</i></p> <p>Low ovarian response: Check with your ART program to determine its guidelines for classifying a low ovarian response to follicular stimulation</p> <p>High ovarian response: Check with your ART program to determine its guidelines for classifying a high ovarian response to follicular stimulation</p>

Select reason cycle was canceled (continued)	<p>Failure to survive thaw: Select this reason if embryos cryopreserved in a previous cycle did not survive the thawing process for transfer during this cycle</p> <p>Inadequate endometrial response: This reason should be selected if the endometrium is not adequately prepared for transfer of embryos.</p> <p>Concurrent illness: This reason should be selected if the patient, donor, or gestational carrier manifests an illness that prevents her from continuing the cycle.</p> <p>Withdrawal only for personal reasons: This reason should be selected if the patient, donor, or gestational carrier withdraws from treatment due to personal reasons related <u>only</u> to psychological, financial, or family matters.</p> <p>Unable to obtain sperm specimen: This reason should be selected if the cycle was cancelled because the sperm specimen was not obtained.</p>
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You will see the message below when you cancel a cycle. You do not need to answer any further questions in the Retrieval/Manipulation, Transfer or Outcome screens.



By clicking on OK, Cycle Complete has been checked (as shown below).



6.6 The Retrieval/Manipulation Screen

The next screen collects data on retrieval and manipulation. As you can see from the screen trail and the darkened tab, you are at the Retrieval/Manipulation screen.

[Select/Add Patient](#) >> [Update/Add Cycle](#) >> Retrieval / Manipulation

Patient & Cycle:						
NASS Patient ID: 1007-10024-5		Date of Birth: 12/15/1973		Optional ID 1: skl		Optional ID 2: 4597
Cycle ID: 1			Cycle Start Date:			
Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome

The Retrieval/Manipulation screen is divided into the four following sections:

- Patient Retrieval Data;
- Donor Retrieval Data;
- Semen Information; and
- Manipulation Techniques.

6.6.1 Patient Retrieval Data

The Patient Retrieval Data Section will only appear if the patient is the oocyte/embryo source, and if the oocyte/embryo state is fresh (as indicated in the Treatment screen). Otherwise this section will be collapsed, and you should move directly to the next section.

Patient Retrieval Data:	
Date patient oocyte retrieval performed (mm/dd/yyyy):	<input type="text"/>
Number of patient oocytes retrieved:	<input type="text"/>

Date patient oocyte retrieval performed:	Record the date that oocytes were retrieved from the patient, or when retrieval was attempted, whether successful or not, using NASS date reporting conventions as indicated on the screen. Oocyte retrieval is defined as a procedure to collect the eggs contained within the ovarian follicles.
Number of patient oocytes retrieved:	Record the number of oocytes retrieved from the patient. If retrieval was attempted but not successful, record "0".

6.6.2 Donor Retrieval Data

The Donor Retrieval Data Section will only appear if the donor is the oocyte/embryo source and the oocyte/embryo state is fresh (as indicated in the Treatment screen). Otherwise this section will be collapsed and you should move directly to the next section.

Donor Retrieval Data: 	
Date donor oocyte retrieval performed (mm/dd/yyyy):	<input type="text"/>
Number of donor oocytes retrieved:	<input type="text"/>
Were donor oocytes shared with multiple patients?	<input type="radio"/> Yes <input type="radio"/> No

Date donor oocyte retrieval performed:	Record the date that oocytes were retrieved from the donor, or when retrieval was attempted, whether successful or not, using NASS date reporting conventions as indicated on the screen. Oocyte retrieval is defined as a procedure to collect the eggs contained within the ovarian follicles.
Number of donor oocytes retrieved:	Record the number of oocytes retrieved from the donor. If retrieval was attempted but not successful, record "0". <i>√ Note: When oocytes are distributed to more than one patient, record the total number of donor oocytes collected, no matter how many of these oocytes were used for the patient whose cycle is being reported.</i>
Were donor oocytes shared with multiple partners?	Click on either "Yes" or "No" to indicate if oocytes collected from the donor for use in this cycle were also shared with other patients.

6.6.3 Semen Information

Semen Information: 	
Source of semen used for fertilization:	<input type="text" value="--Select--"/>
Choose the method for obtaining semen:	<input type="text" value="--Select--"/>

Source of semen used for fertilization:	<p>Use the drop-down list to select the source of semen used for fertilization during this patient's ART cycle.</p> <p>Partner: Semen used to fertilize the oocytes is that of the patient's partner.</p> <p>Donor: Semen used to fertilize the oocytes is that of a donor (whether known or anonymous).</p> <p>Mixed (donor and partner): Semen from both the patient's partner and a donor are used to fertilize the oocytes.</p> <p>Unknown because embryos thawed from previous cycle: This response should only be selected for frozen cycles where</p>
--	--

<p>Source of semen used for fertilization (continued)</p>	<p>the record does not provide the semen source. If the semen source is known in a frozen cycle, it should be recorded in the appropriate category above.</p>
<p>Choose the method for obtaining semen:</p>	<p>Use the drop-down list to choose the method for obtaining semen.</p> <p>Ejaculation: Sperm is collected from a semen sample obtained by ejaculation. Ejaculation is the release of semen from the penis during orgasm.</p> <p>Epididymal aspiration: This is a technique in which sperm is aspirated and sampled percutaneously from the epididymis.</p> <p>Testicular biopsy: Sperm are obtained from a biopsy of seminiferous tubules.</p> <p>Electroejaculation: This procedure is used in men who have a neurologic ejaculatory disorder, such as spinal cord injury or psychogenic anejaculation, without mechanical obstruction of the excurrent ductal system. This procedure involves the use of electricity to directly stimulate the ejaculatory organs.</p> <p>Retrograde ejaculation: Ejaculation in which semen travels up the urethra towards the bladder instead of to the outside of the body. Sperm can be collected directly from the bladder or from voided urine.</p> <p>Unknown because embryos thawed from previous cycle: This response should only be selected for frozen cycles where the record does not show how the semen was collected. If the method of semen collection is known in a frozen cycle, it should be recorded in the appropriate category above.</p>

6.6.4 Manipulation Techniques

Manipulation Techniques: 

Intracytoplasmic sperm injection (ICSI) performed on oocytes:

Yes
 No
 Unknown because embryos thawed from previous cycle

Assisted hatching performed on embryos:

Yes
 No

Pre-implantation genetic diagnosis (PGD) performed on embryos:

Yes
 No
 Unknown because embryos thawed from previous cycle

PGD Reason (Select all that apply):

PGD for prevention of genetic disorders
 PGD screening of embryos for aneuploidy
 Other PGD
 Unknown

Previous Screen
Next Screen
Save Data

<p>Intracytoplasmic sperm injection (ICSI) performed on oocytes:</p>	<p>ICSI is the placement of a single sperm into the cytoplasm of an oocyte by micro-operative techniques. Use the drop-down list to select whether ICSI was performed on oocytes for this cycle.</p> <p>Yes: ICSI was performed on some or all of the oocytes in this cycle.</p> <p>No: ICSI was not performed on any oocytes in this cycle.</p> <p>Unknown because embryos thawed from previous cycle: This response should only be selected for frozen cycles where the record does not show whether ICSI was performed on the oocytes. If you are able to look up this information, it should be recorded in the appropriate category above.</p>
<p>Assisted hatching performed on embryos:</p>	<p>Assisted hatching is a micromanipulation technique that involves making a small opening in the zona wall of the embryo in an effort to enhance implantation. Various methods of assisted hatching have been utilized including chemical, laser, and mechanical methods. Use the drop-down list to select whether assisted hatching was performed on embryos in this</p>

<p>Assisted hatching performed on embryos (continued)</p>	<p>cycle.</p> <p>Yes: Assisted hatching was performed on some or all embryos transferred in this cycle.</p> <p>No: Assisted hatching was not performed on any embryos transferred in this cycle.</p>
<p>Pre-implantation genetic diagnosis (PGD) performed on embryos:</p>	<p>Pre-implantation genetic diagnosis is a means to genetically analyze a single cell from a 6- to 8-cell embryo (or the polar body from an oocyte) to determine if it is free of select genetic mutations or chromosomal abnormalities. This is performed prior to transfer. Use the drop-down list to select whether PGD was performed during this cycle.</p> <p>√ Note: <i>Include PGD performed on oocytes (i.e., polar bodies) along with any embryo PGD.</i></p> <p>Yes: PGD was performed on some or all embryos transferred in this cycle.</p> <p>No: PGD was not performed on any embryos transferred in this cycle.</p> <p>Unknown because embryos thawed from previous cycle: This should only be selected for frozen cycles where the record does not show whether PGD was performed on the embryos. If PGD was performed on thawed embryos, or if you are able to look up this information in a past cycle record, it should be recorded in the appropriate category above.</p>
<p>PGD Reason (Select all that apply):</p>	<p>Select all of the reasons for which PGD was performed. If “Unknown” was checked for “PGD performed on embryos”, then no reason should be specified.</p> <p>PGD for prevention of genetic disorders: PGD was performed to prevent the transfer of an embryo carrying the gene for a severe genetic disorder (e.g., cystic fibrosis, x-linked muscular dystrophy, sickle cell anemia, Tay-Sachs, Marfan’s).</p> <p>PGD screening of embryos for aneuploidy: Aneuploidy is a condition in which there is an abnormal number of chromosomes, whether fewer as in Turner syndrome, or more as in Down syndrome.</p> <p>Other PGD: PGD was performed for some other reason.</p> <p>Unknown: The reason PGD was performed is unknown (or not recorded). If this box is checked, none of the other reason choices should be selected.</p>

6.7 The Transfer Screen

The next section is the Transfer screen. The Transfer screen asks a series of questions about the transfer of embryos or oocytes. As you can see from the screen trail and the darkened tab, you are at the Transfer screen.

[Select/Add Patient >>](#) [Update/Add Cycle >>](#) [Transfer](#)

Patient & Cycle:						
NASS Patient ID: 1007-10024-5		Date of Birth: 12/15/1973		Optional ID 1: skl		Optional ID 2: 4597
Cycle ID: 1			Cycle Start Date:			
Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome

The Transfer screen is divided into the following five sections:

- General Transfer Information;
- Embryos Thawed;
- Uterine Transfers;
- Cryopreservation; and
- Fallopian Tube Transfers.

6.7.1 General Transfer Information

The General Transfer Information Section will only appear if the oocyte/embryo state is fresh and the number of oocytes retrieved is at least one or if the oocyte/embryo state is frozen. Otherwise the section will be collapsed and you should move to the next section to mark the cycle as complete. (Note that if Transfer screen sections are collapsed, then the Outcome screen sections remain collapsed, with the exception of the Cycle Complete Section, which is available.)

General Transfer Information: 	
Transfer of embryos or oocytes attempted even if no embryos transferred:	<input type="radio"/> Yes <input type="radio"/> No
Date of transfer (mm/dd/yyyy):	<input type="text"/>

Transfer of embryos or oocytes attempted even if no embryos transferred:	Click on either “Yes” or “No” to indicate if transfer was <u>attempted</u> .
Date of transfer:	Enter the date of transfer or attempted transfer using the NASS date reporting convention as shown on the screen.

6.7.2 Embryos Thawed

The Embryo Thawed Section will only appear if the oocyte/embryo state is frozen. Otherwise the section will be collapsed and you should move to the next section.

Embryos Thawed: 	
Number of embryos THAWED with intent to transfer:	<input type="text"/>

Number of embryos THAWED with intent to transfer:	Record the total number of embryos that were thawed with the intent to transfer to the patient's uterus or fallopian tubes.
--	---

6.7.3 Uterine Transfers

The Uterine Transfer Section will only appear if the intended transfer method is IVF and a transfer was attempted. Otherwise, the section will be collapsed and you should move to the next section.

UTERINE Transfers: 	
Number of FRESH embryos transferred to uterus:	<input type="text"/>
Number of THAWED embryos transferred to uterus:	<input type="text"/>

Number of FRESH embryos transferred to uterus:	Enter the number of fresh embryos transferred to the uterus via transcervical transfer (IVF), or "0" to indicate that none were successfully transferred. Leave this variable blank <u>ONLY</u> if the transfer of fresh embryos to the uterus was <u>not</u> attempted.
Number of THAWED embryos transferred to uterus:	Enter the number of thawed embryos transferred to the uterus via transcervical transfer, or "0" to indicate that none were successfully transferred. Leave this variable blank <u>ONLY</u> if the transfer of thawed embryos to the uterus was <u>not</u> attempted. <i>✓Note: This number should include both thawed patient and thawed <u>donor</u> embryos.</i>

6.7.4 Cryopreservation

The Cryopreservation Section (next page) will be collapsed if the only intended transfer method is GIFT. Otherwise it is available for data entry.

CRYOPRESERVATION:	
Number of FRESH embryos cryopreserved:	<input type="text"/>
Number of THAWED embryos that were cryopreserved (re-frozen):	<input type="text"/>

Number of FRESH embryos cryopreserved:	Enter the number of fresh embryos that were cryopreserved (frozen), or "0" to indicate none.
Number of THAWED embryos cryopreserved (re-frozen):	Enter the number of embryos that were re-frozen (after thawing for this cycle), or "0" to indicate none.

6.7.5 Fallopian Tube Transfers

The Fallopian Tube Transfer Section will only appear if the intended transfer method is GIFT, ZIFT or TET and the transfer was attempted. Otherwise the section will be collapsed and you should move to the next section.

FALLOPIAN TUBE Transfers:		
	FRESH Transfers to Fallopian Tubes:	THAWED Transfers to Fallopian Tubes:
Number of OOCYTES:	<input type="text"/>	
Number of EMBRYOS:	<input type="text"/>	<input type="text"/>

Number of OOCYTES: FRESH Transfers to Fallopian Tubes:	Fresh oocytes are transferred to fallopian tubes when GIFT is chosen as the transfer method. Enter the number of fresh oocytes transferred, or "0" to indicate that none were successfully transferred. Do not leave this variable blank if the transfer of fresh oocytes to the fallopian tubes was attempted.
Number of EMBRYOS: FRESH Transfers to Fallopian Tubes:	Enter the number of fresh embryos transferred to the fallopian tubes, or "0" to indicate that none were successfully transferred. Do not leave this variable blank if the transfer of fresh embryos to the fallopian tubes was attempted. √ Note: <i>Include the number of zygotes transferred to fallopian tubes if zygote intrafallopian transfer (ZIFT) was the method of transfer for this cycle. Record the number of early stage embryos transferred if tubal embryo transfer (TET) was used in this cycle.</i>
Number of EMBRYOS: THAWED Transfers to Fallopian Tubes:	Enter the number of thawed embryos transferred to the fallopian tubes, or "0" to indicate that none were successfully transferred.

Fallopian Tubes: Number of EMBRYOS: THAWED Transfers to Fallopian Tubes (continued)	<i>√ Note: Include the number of thawed zygotes transferred to fallopian tubes if zygote intrafallopian transfer (ZIFT) was the method of transfer for this cycle. Also include any zygotes that were produced from thawed oocytes and sperm. Record the number of thawed early stage embryos transferred if tubal embryo transfer (TET) was used in this cycle</i>
--	--

6.8 The Outcome Screen

[Select/Add Patient](#) >> [Update/Add Cycle](#) >> [Outcome](#)

Patient & Cycle:						
NASS Patient ID: 1007-10024-5		Date of Birth: 12/15/1973		Optional ID 1: skl		Optional ID 2: 4597
Cycle ID: 1			Cycle Start Date:			
Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome

As you can see from the screen trail and the darkened tab, you are at the Outcome screen. The Outcome screen is divided into the following four sections:

- Treatment Outcome;
- Pregnancy Outcome;
- Birth Section; and
- Cycle Complete

6.8.1 Treatment Outcome

Treatment Outcome: ⌵	
Outcome of treatment cycle:	<input type="text" value="--Select--"/> ⌵
If pregnant, was ultrasound performed:	<input type="radio"/> Yes <input type="radio"/> No
Date ultrasound with max. number of fetal hearts observed (mm/dd/yyyy):	<input type="text"/>
Maximum fetal hearts on ultrasound prior to reduction, if any:	<input type="text"/>

Outcome of treatment cycle:	<p>From the drop-down list, select the one appropriate outcome of this treatment cycle.</p> <p>Not pregnant: No indication of pregnancy from either Beta-hCG or ultrasound.</p> <p>Biochemical only: Select this response if the patient's serum</p>
------------------------------------	--

<p>Outcome of treatment cycle (continued)</p>	<p>pregnancy test (Beta-hCG) result was positive <u>without</u> ultrasound confirmation of a gestational sac within the uterus, and <u>without</u> diagnosis of an ectopic pregnancy.</p> <p>Ectopic: Select this response if a pregnancy was confirmed in which the fertilized oocyte implanted outside the uterine cavity. Ectopic pregnancies can be diagnosed either through an ultrasound that confirmed the gestational sac(s) outside the uterus, or by high serial serum Beta-hCG values in the absence of intrauterine gestation (i.e., Beta-hCG levels are indicative of ectopic pregnancy rather than early biochemical pregnancy).</p> <p>Clinical intrauterine gestation: Select this response when an ultrasound confirms the presence of a gestational sac within the uterus. In the case of missing ultrasound data, this may be confirmed by documented occurrence of a birth, spontaneous abortion, or induced abortion. Ectopic pregnancies should not be counted here.</p> <p>√ Note: <i>Clinical pregnancies include all gestational sacs regardless of whether or not a heartbeat is observed or a fetal pole is established.</i></p> <p>Heterotopic: This response should be selected in cases of a clinical intrauterine gestation in combination with an ectopic pregnancy.</p> <p>Unknown: Select this response only if the patient was lost to followup.</p>
<p>If pregnant, was ultrasound performed:</p>	<p>Click on either “Yes” or “No” to indicate if an ultrasound was performed.</p>
<p>Date ultrasound with max. number of fetal hearts observed:</p>	<p>Enter the earliest date that the maximum number of fetal hearts were detected on ultrasound using NASS date reporting conventions as indicated on the screen.</p>
<p>Maximum fetal hearts on ultrasound prior to reduction, if any:</p>	<p>Record the highest number of fetal hearts noted during ultrasounds after the date of transfer. If the number of fetuses was reduced, record the highest number of fetal hearts observed on ultrasound before the number of fetuses was reduced.</p>

6.8.2 Pregnancy Outcome

Pregnancy Outcome:

Outcome of pregnancy:

Date of pregnancy outcome (mm/dd/yyyy):

NOTE: If multiple births cover more than one date, enter date of first born.

Source of information confirming pregnancy outcome:

Number of infants born: NOTE: This number includes live-born and stillborn infants.

Outcome of pregnancy:

Select the appropriate outcome from the drop-down list. In the case of a multiple birth event with a combination of live born with any other outcome (e.g., one twin stillborn, one twin live born) select "Live birth".

Live birth: A live birth includes a birth (delivery) in which at least one fetus showed signs of life after the complete expulsion or extraction from its mother. Signs of life include breathing (not fleeting gasps), beating of the heart (not transient cardiac contractions), pulsation of the umbilical cord, or definite movement of the voluntary muscles. Any birth event in which an infant shows signs of life should be counted as a live birth, regardless of gestational age at birth.

Stillbirth: For pregnancies achieved by using ART, stillbirth is defined as occurring at 18 weeks or later from the date of transfer, in which no fetus showed signs of life after the complete expulsion or extraction from the mother.

Spontaneous abortion (Miscarriage): For pregnancies achieved by using ART, a spontaneous abortion is defined as a clinical pregnancy ending in spontaneous loss of the entire pregnancy prior to completion of 18 weeks from the date of transfer.

Induced abortion: This is defined as an operative procedure to electively terminate the entire pregnancy (no gestational age limit).

Maternal death prior to birth: If one or more infants can be classified as a live birth (i.e., the physician was able to extract a live infant from the deceased mother), then record the outcome as Live birth.

Outcome unknown: Select this choice if the patient was lost to follow-up before the pregnancy outcome was reported.

Date of pregnancy outcome:	Enter the date of the pregnancy outcome using NASS date reporting conventions as indicated on the screen. In cases of more than one birth during a single pregnancy that spans more than one date, enter the birth for the first live-born infant.
Source of information confirming pregnancy outcome:	<p>From the drop-down list, choose the source of information for outcome of pregnancy.</p> <p><i>✓ Note: A birth certificate, birth announcement, or letter from the patient, physician, or the hospital in which the outcome occurred would be classified as valid written documents.</i></p> <p>For each birth reported to the surveillance system, the clinic should retain evidence of the birth in the patient's medical record. If the reporting of a birth and supplemental data pertaining to that birth is based on an oral communication from either the patient or her obstetric provider, that information should be recorded in ink in the patient's medical record and signed by a licensed medical provider. Clinics that use electronic medical records or clinics that have records that are stored offsite should also record information in an onsite patient medical record with a notation of where they obtained the information.</p> <p>Verbal confirmation, patient: The patient only reported the pregnancy outcome verbally.</p> <p>Written confirmation, patient: The patient submitted a written document confirming the pregnancy outcome.</p> <p>Verbal confirmation, physician or hospital: The pregnancy outcome was reported verbally by the patient's attending physician or the hospital in which the outcome occurred.</p> <p>Written confirmation, physician or hospital: The attending physician or hospital submitted a written document confirming the pregnancy outcome.</p>
Number of infants born:	The number of infants born should include the total number of live born and stillborn infants.

6.8.3 Birth Section

Number of infants born: *NOTE: This number includes live-born and stillborn infants.*

Birth Section:
No births currently reported for this cycle.

If the number of infants born is “0”, as in the example on the screen on the previous page, the Birth Section will be closed with the message “No births currently reported for this cycle”. However, if one or more infants are reported born, the Birth Section will be open and allow you to report on each infant born.

Birth Section: 						
No births currently reported for this cycle.						
Birth #	Birth Outcome	Gender	Pounds	Ounces	Grams	Weight unknown
1	<input type="text" value="---Select---"/>	<input type="text" value="---Select---"/>	<input type="text"/> lbs	<input type="text"/> oz	<input type="text"/> g	<input type="checkbox"/>
NOTE: Enter either pounds and ounces, or grams						

Birth #:	This item will be pre-filled with a consecutive number of infants born, matching the number entered into “Number of infants born”.
Birth Outcome:	Using the drop-down list, select a choice for <u>each</u> birth outcome. <p>Live birth: A live birth is a birth (delivery) in which the fetus showed signs of life after the complete expulsion or extraction from its mother, regardless of gestational age at birth. Signs of life include breathing (not fleeting gasps), beating of the heart (not transient cardiac contractions), pulsation of the umbilical cord, or definite movement of the voluntary muscles.</p> <p>Stillbirth: For pregnancies achieved by using ART, stillbirth is defined as occurring at 18 weeks or later <u>from the date of transfer</u>, in which the fetus showed no sign of life after the complete expulsion or extraction from the mother.</p> <p>Unknown: Select this choice if the birth outcome is unknown for an infant reported in the birth event.</p>
Gender:	Using the drop-down list, select “Male”, “Female”, or “Don’t know” for each infant included in the birth event.
Birth Weight:	If unknown, check “Weight unknown” for each infant born. If known, enter either pounds and ounces, or only grams for each infant born. Do not attempt to convert weight measurements to other units (e.g., grams to ounces). <p>√ Note: <i>In the case of a multiple birth event, do not attempt to convert the weights of infants to the same unit(s). For example, if the weight for one twin was reported as grams, and the other twin’s weight was reported in pounds and ounces, enter the respective weight measurements as is, for each infant.</i></p>

If you want to update information about a live birth after you have initially saved the data, click on the Birth # button and update the information.

Birth Section:							
Birth #	Birth Outcome	Gender	Pounds	Ounces	Grams	Weight unknown	Delete Birth
1	Live birth	Male					Delete

Click here to add or correct information about a birth.

Upon clicking on the Birth #, the Birth Section for that infant will open and allow you to add or correct information about the birth.

Birth Section:							
Birth #	Birth Outcome	Gender	Pounds	Ounces	Grams	Weight unknown	Delete Birth
1	Live birth	Male	8 lbs	5 oz	g	<input type="checkbox"/>	Delete

6.8.4 Cycle Complete Section

If you have entered data for all the tabs, you should click on the box in this section. Remember, since you can enter data using the tabs out of sequence, you may not have completed filling in all the data for this patient's cycle.

Cycle Complete:	
Please check this box to indicate that data entry is complete for this patient cycle:	<input type="checkbox"/>

Click here if data entry is complete for the patient cycle.

A checkmark will appear next to this cycle on the Update/Add Cycle screen for this patient (see below). Please note that Edit Reports can only be generated on cycles that you have marked as complete.

Add New Cycle

Cycle	Cycle Start Date	Cycle Complete	Delete Cycle
1	11/15/2004	✓	Delete Cycle

A checkmark will appear to indicate data entry is complete for this patient and cycle.

6.8.5 Where to Go Next?

After completing a cycle or entering data through the end of the Outcome screen, you have the following options as to what to do next.

Previous Screen

Next Screen

Save Data

Select Different Patient

Select Another Cycle for Same Patient

Log Off NASS

Previous Screen: If you want to go back to the previous screen, click on this button and the information you entered on this screen will be saved and you will move to the previous screen.

Save Data: By clicking on the Save Data button, the information on the screen will be saved and you will move to the top of the Outcome screen. From there you can move to another tab.

Select Another Cycle for Same Patient: You will move to the Update/Add Cycle screen by clicking on this button. At that point, you can add a new cycle for that patient. The data entered on the Outcome screen will be saved.

Select Different Patient: You will move to the Select/Add Patient screen by clicking on this button. The data entered on the Outcome screen will be saved.

Log Off NASS: You will log off of NASS by clicking on this button. You will see a screen asking you to confirm that you want to exit NASS. Click on the OK button. At that point you will have to log back in to begin using the system again.

7. Importing/Exporting Data



7.1 About This Chapter

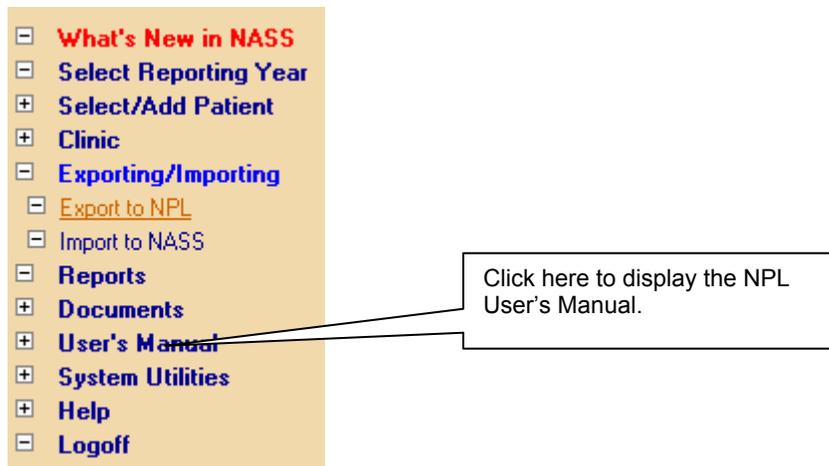
This chapter explains how to:

- Export to NPL; and
- Import to NASS.

7.2 Exporting to NPL

The following are instructions on how to Export to the NASS Patient Link (NPL) application. Due to confidentiality issues, NASS does not allow for information such as patient name, Social Security Number, medical record number or other identifying information to be entered. NPL is an application that enables patient information collected in NASS to be associated with patient identifying information on the clinic's computers. Please note that the NPL application does not have to be used if your clinic has some other system in place to link NASS Patient IDs to patient identifying information. However, this linkage is essential for validation purposes.

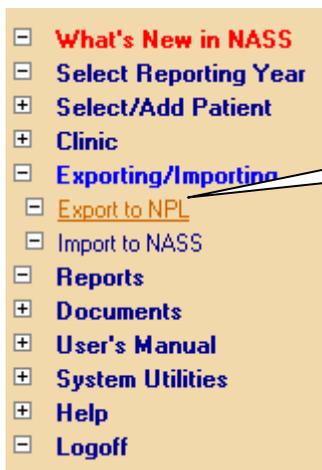
The NASS Patient Link (NPL) application **must** be installed locally before exporting patient data. This installation only needs to be done once. Directions for installing the NPL application can be found in the NPL User's Manual, located under the *User's Manual* menu choice on the left-hand side of the screen. Quick start step-by-step installation instructions are also available on a leaflet inside the front cover of the NPL installation CD jewel case.



Once you have installed the NPL application, you may proceed with the following steps.

1. Log in to the NASS website.

2. Click on the *Exporting/Importing* menu choice on the left-hand side of the screen.
3. Click on the sub-menu choice *Export to NPL*.



4. The following set of instructions will be displayed. Click on the Proceed button at the bottom of the instructions.

[Exporting/Importing >> Export to NPL](#)

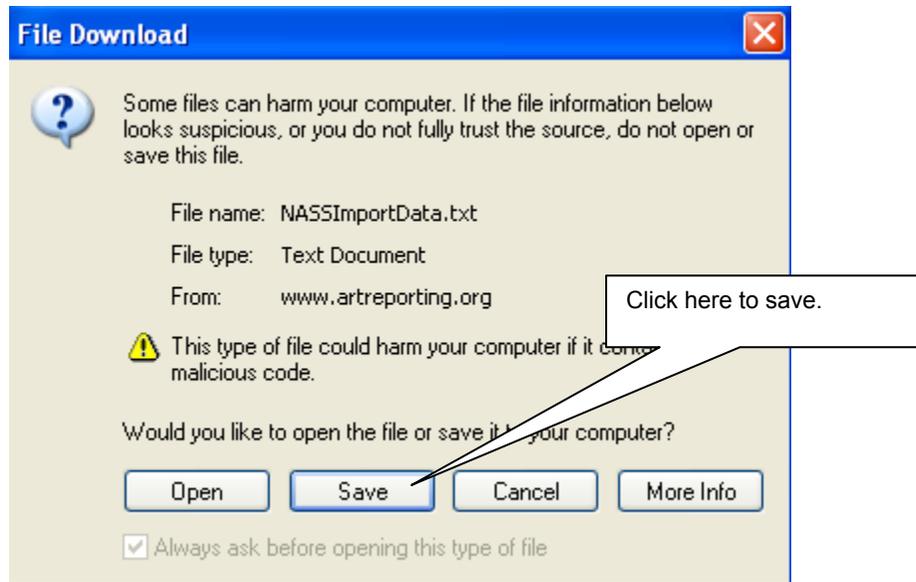
NOTE: If you use multiple computers to enter NASS data, be sure to perform this export procedure on the one computer on which you have already installed the NPL application.

Instructions: (Click [here](#) to open a PDF file and print these instructions.)

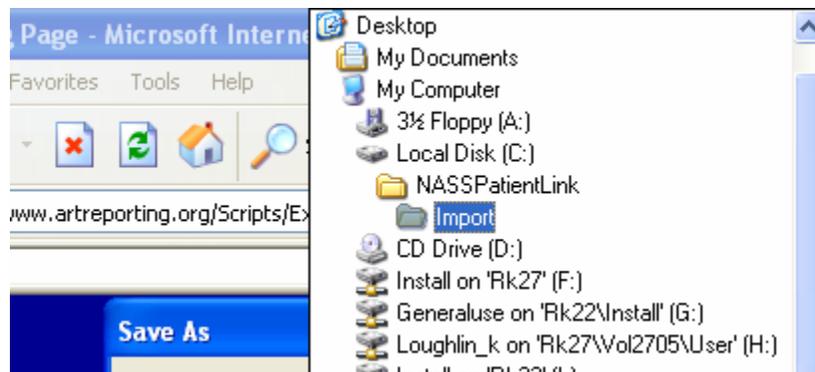
1. Click **Proceed**.
2. Click **Save** on the File Download information box.
3. In the Save As dialog box, go to the C:\NASSPatientLink\Import\ directory.
4. **Do not** change the suggested file name (NASSImportData.txt). Click **Save**. If the file already exists, click **Yes** to replace it.

Click here to proceed.

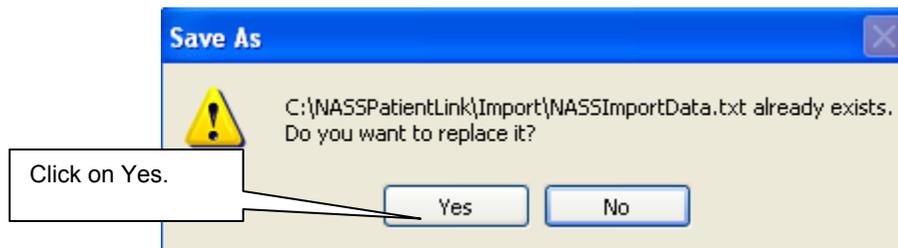
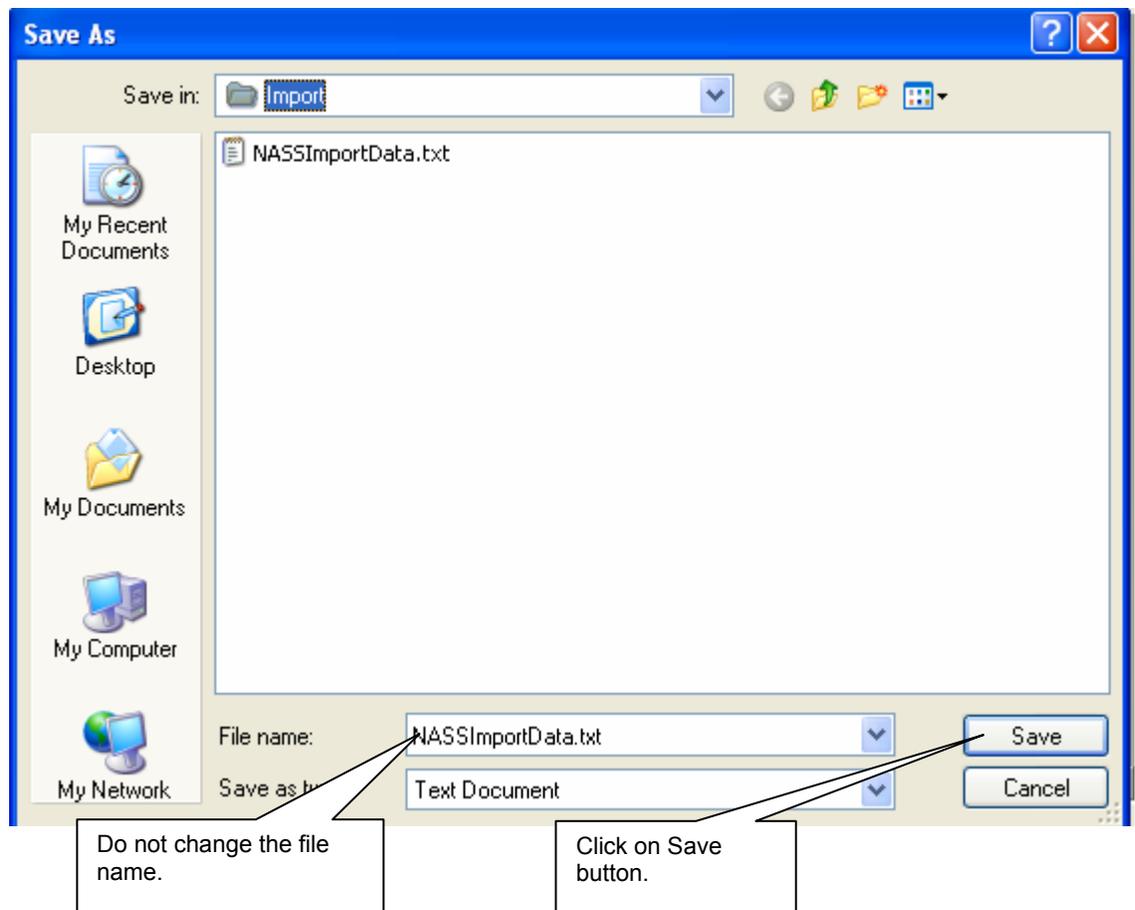
5. Click **Save** on the File Download information box.



6. In the Save As dialogue box, use the Save in: drop-down to find the following directory: C:\NASSPatientLink\Import\. Please note that this directory was created at the time you installed the NPL application locally.



7. **Do not** change the file name (NASSImportData.txt). Click on Save.



If this is the first time you are exporting data to NPL, you will not see the message above. If you have previously exported data to NPL, click “Yes”.

Your data have now been exported to your local drive and are ready to be imported into NPL. For instructions on how to import NASS data into NPL, go to Section 4.2 of the NPL User’s Manual.

7.3 Import to NASS

For instructions on creating import files and sending the files to Westat, go to the NASS Import User’s Manual. This manual can be found at the sub-menu under *User’s Manual*.

8. Reports



8.1 About This Chapter

This chapter explains how to select and produce reports available in NASS. These reports are intended to assist you in preparing for the submission of the annual report. The three currently available reports are:

- A list of all patients with a cycle record added during the reporting year.
- A list of all variables entered for a specific patient and cycle.
- A list of all variables entered for the Clinic profile by reporting year.

To access the report function, click on *Reports* from the menu on the left-hand side of the screen.



Click *Reports* to display a list of reports.

There is a Report Title and Report Description to assist you in selecting the report you wish to produce.

Reports

Choose the report you wish to produce and print by clicking on the associated report name under the boxes.

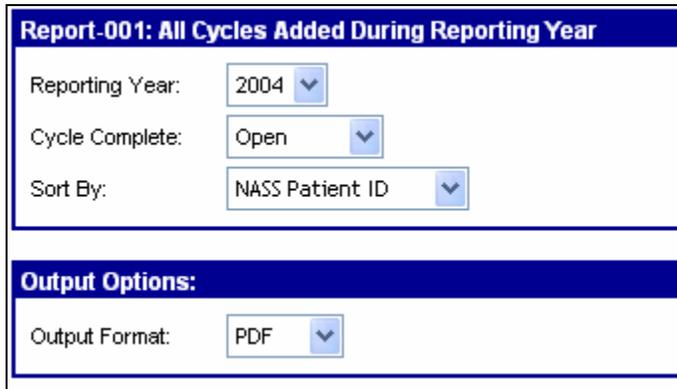
Report	Report Title	Report Description
Report-001	All Cycles Added During Reporting Year	List of all patients with a cycle record added during the reporting year. Order by patient ID or cycle start date.
Report-002	Variables for a Patient and Cycle	Lists all variables entered for a specific NASS patient ID and cycle.
Report-003	Clinic Profile Variables	Lists all variables entered for Clinic Profile and reporting year.

Click on the desired report number to display options for that report.

8.2 Reports

8.2.1 Report-001: All Cycles Added During Reporting Year

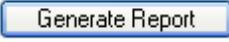
This report generates a hard copy document of all patient cycles added during a specified reporting year. This report may be helpful in determining which cycles are awaiting further data entry (i.e. 'Open' cycles). After clicking on "Report-001", the following report options will display:



Report-001: All Cycles Added During Reporting Year	
Reporting Year:	2004
Cycle Complete:	Open
Sort By:	NASS Patient ID
Output Options:	
Output Format:	PDF

Use the drop down boxes to create the report desired.

- 1) Select the reporting year.
- 2) Select whether you want a report of patients only with an "Open" or "Completed" cycle, or select "All" to include every cycle.
- 3) The report can be sorted by "NASS Patient ID" or "Date Cycle Started".
- 4) Select either "PDF", "RTF", "HTML", or "EXCEL" for the Output Format. The RTF file will create a Word Document and EXCEL will create an Excel document. PDF and HTML can be saved as separate documents. For illustrated instructions on how to create reports in these different formats, see Section 8.3.

Click on .

A report like the one below will be generated based on the specifications you entered for the report.

Report-001 (5/18/2005): All Cycles Added During Reporting Year

Open Patient-Cycles for Clinic 1008 in Reporting Year 2004
Reporting Name:

Listing is ordered by Patient ID

Patient ID	Date of Birth	Optional ID 1	Optional ID 2	Patient Cycle Number	Date Cycle Initiated	Cycle Complete	Cycle Start Date	Cycle Completion Date
1008-10001-9	11/25/1959	dih		2	02/07/2005	Open	02/15/2004	
1008-10003-3	01/28/1982	sha				Open		
1008-10004-0	12/30/1960			2	02/03/2005	Open	12/12/2004	
1008-10004-0	12/30/1960			3	02/07/2005	Open	06/06/2004	
1008-10005-7	11/28/1980	DG	1000	1	02/07/2005	Open	01/01/2004	
1008-10005-7	11/28/1980	DG	1000	2	02/08/2005	Open		
1008-10006-4	05/05/1976	MIA		1	02/07/2005	Open	10/10/2004	
1008-10007-1	12/25/1963	Zoe	1234	1	04/18/2005	Open	05/05/2004	
1008-10008-8	05/15/1984	ZZZ	TOP	1	02/07/2005	Open	01/02/2004	
1008-10009-5	03/03/1983			1	02/08/2005	Open	03/03/2004	
1008-10010-5	11/12/1963					Open		

8.2.2 Report-002: Variables for a Patient and Cycle

This report generates a hard copy document of all the responses entered for a specific patient for a specific cycle. The report may be useful in reconciling inconsistent data or as a quality control check between NASS cycle data and cycle data contained in your medical records. After clicking on "Report-002", the following report options will display:

Report-002: Variables for a patient and cycle

Reporting Year:

Patient ID:

Cycle:

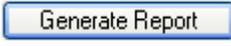
Output Options:

Output Format:

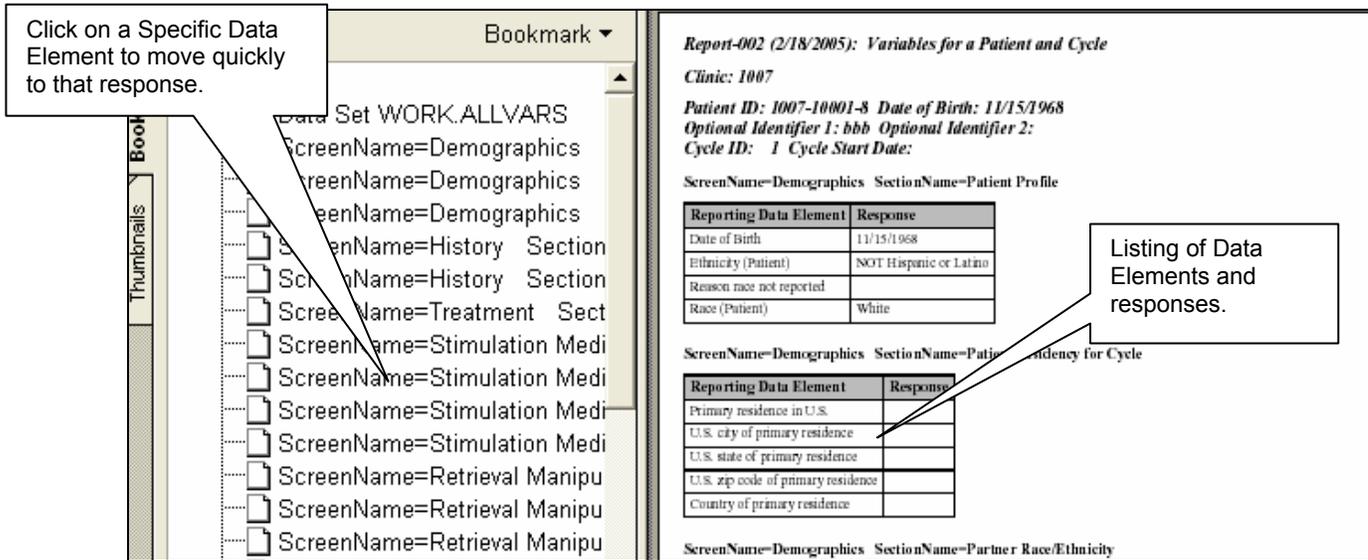
Use the drop-down boxes to create the desired report.

- 1) Select the reporting year.
- 2) Select the NASS Patient ID from the list of all patients in the reporting year.
- 3) Enter the Cycle Number.

- 4) Select either "PDF", "RTF", "HTML", or "EXCEL" for the Output Format. For illustrated instructions on how to create reports in these different formats, see Section 8.3.

Click on .

A report like the one below will be generated based on the specifications you entered for the report. The report will show the Data Element (i.e., question) and the response. If you chose to generate the report in PDF format, you can move quickly to a specific variable by utilizing the Bookmarks on the left-hand side of the screen.



Click on a Specific Data Element to move quickly to that response.

Bookmark

Set WORK.ALLVARS

ScreenName=Demographics

ScreenName=Demographics

ScreenName=Demographics

ScreenName=History Section

ScreenName=History Section

ScreenName=Treatment Sect

ScreenName=Stimulation Medi

ScreenName=Stimulation Medi

ScreenName=Stimulation Medi

ScreenName=Stimulation Medi

ScreenName=Retrieval Manipu

ScreenName=Retrieval Manipu

Report-002 (2/18/2005): Variables for a Patient and Cycle

Clinic: 1007

Patient ID: 1007-10001-8 Date of Birth: 11/15/1968

Optional Identifier 1: bbb Optional Identifier 2:

Cycle ID: 1 Cycle Start Date:

ScreenName=Demographics SectionName=Patient Profile

Reporting Data Element	Response
Date of Birth	11/15/1968
Ethnicity (Patient)	NOT Hispanic or Latino
Reason race not reported	
Race (Patient)	White

ScreenName=Demographics SectionName=Patient Residency for Cycle

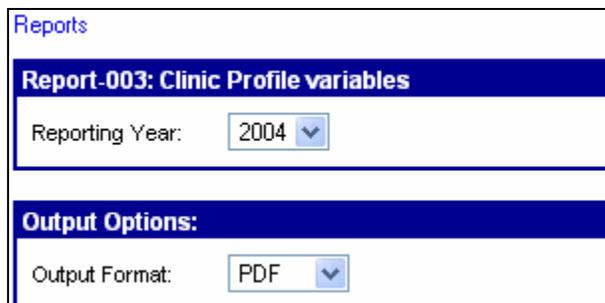
Reporting Data Element	Response
Primary residence in U.S.	
U.S. city of primary residence	
U.S. state of primary residence	
U.S. zip code of primary residence	
Country of primary residence	

ScreenName=Demographics SectionName=Partner Race/Ethnicity

Listing of Data Elements and responses.

8.2.3 Report-003: Clinic Profile Variables

This report generates a hard copy document of the information entered on the Clinic Profile screens, including full address information and information on key personnel. After clicking on "Report-003", the following report options will display:



Reports

Report-003: Clinic Profile variables

Reporting Year:

Output Options:

Output Format:

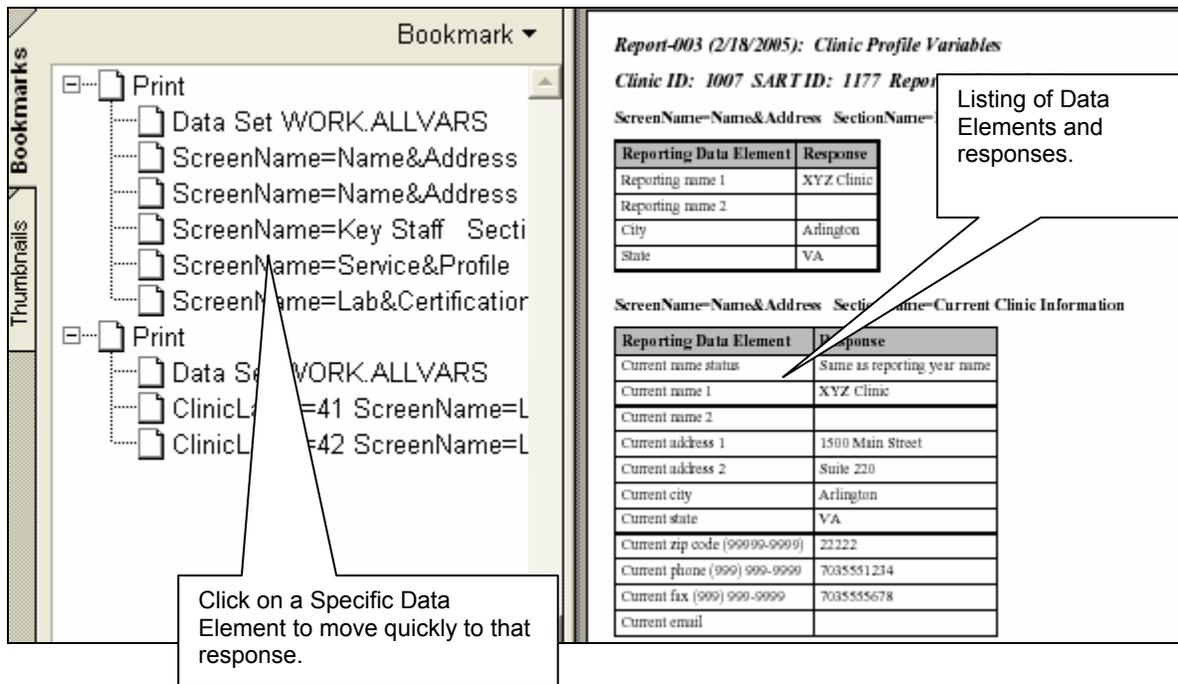
Use the drop-down boxes to create the desired report.

- 1) Select the reporting year.

- 2) Select either "PDF", "RTF", "HTML", or "EXCEL" for the Output Format. For illustrated instructions on how to create reports in these different formats, see Section 8.3.

Click on 

A report like the one below will be generated based on the specifications you entered for the report. The report will show the Data Element (i.e., question) and the response. If you chose to generate the report in PDF, you can move quickly to a specific variable by utilizing the Bookmarks on the left-hand side of the screen.



The screenshot shows a web application interface. On the left, a 'Bookmarks' pane contains a tree view with folders for 'Print' and 'Data Set WORK.ALLVARS'. A callout points to a specific data element in the tree: 'Click on a Specific Data Element to move quickly to that response.' On the right, a report titled 'Report-003 (2/18/2005): Clinic Profile Variables' is displayed. It includes a table with two columns: 'Reporting Data Element' and 'Response'. A callout points to this table: 'Listing of Data Elements and responses.'

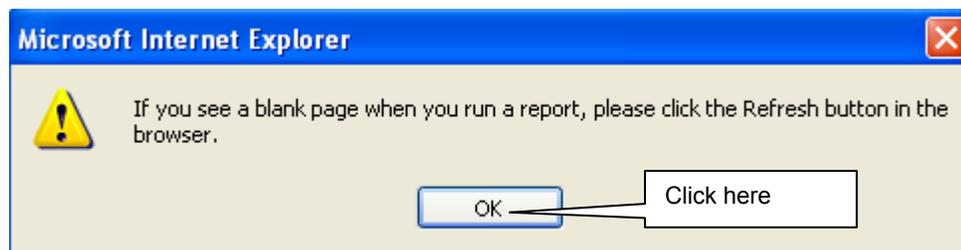
Reporting Data Element	Response
Reporting name 1	XYZ Clinic
Reporting name 2	
City	Arlington
State	VA

Reporting Data Element	Response
Current name status	Same as reporting year name
Current name 1	XYZ Clinic
Current name 2	
Current address 1	1500 Main Street
Current address 2	Suite 220
Current city	Arlington
Current state	VA
Current zip code (99999-9999)	22222
Current phone (999) 999-9999	7035551234
Current fax (999) 999-9999	7035555678
Current email	

8.3 Output Format Options

8.3.1 PDF Format

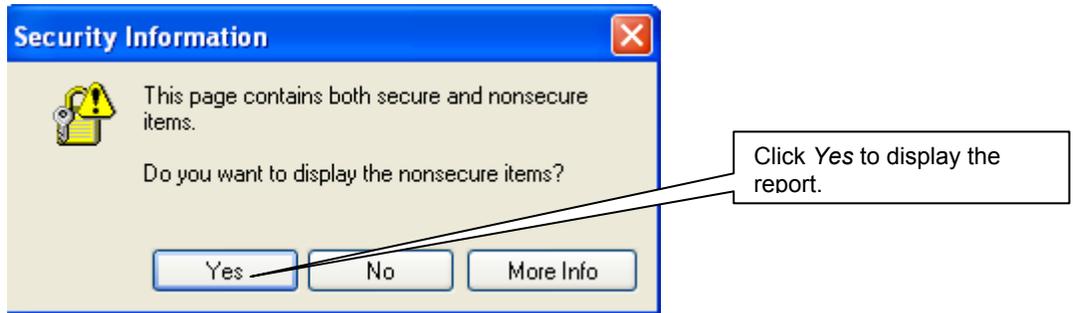
If you choose to generate a report in PDF format, you will see the following instruction after clicking on the Generate Report button:



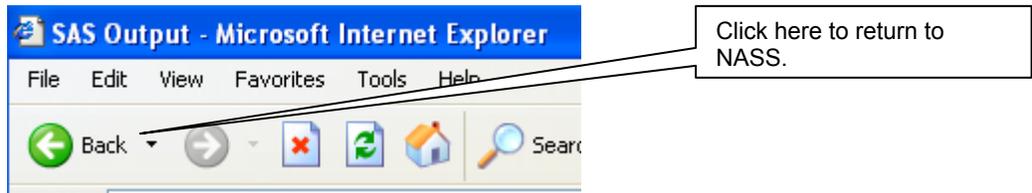
If you see a blank page, click on the Refresh button (pictured below), which can be found in the Internet Explorer menu bar:



Depending on your browser security settings, you may get the message below. It is OK to click Yes.

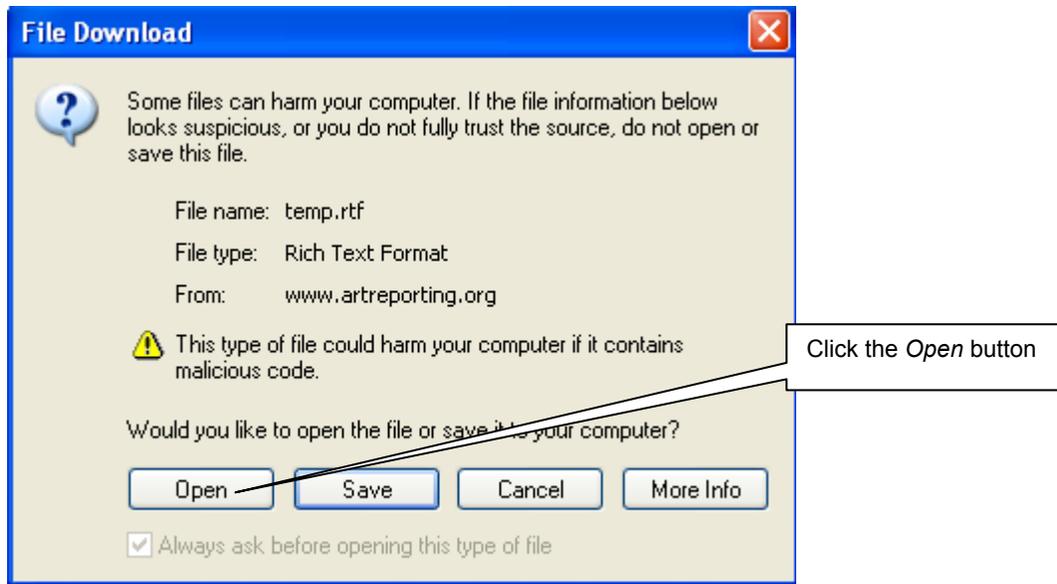


The report will display in the Internet Explorer window as an Adobe Acrobat file. You can then either print or save the report (or both) using the Internet Explorer menu or the Adobe Acrobat toolbar. To return to NASS, you must use the back button in the upper left-hand corner of the screen (shown below).

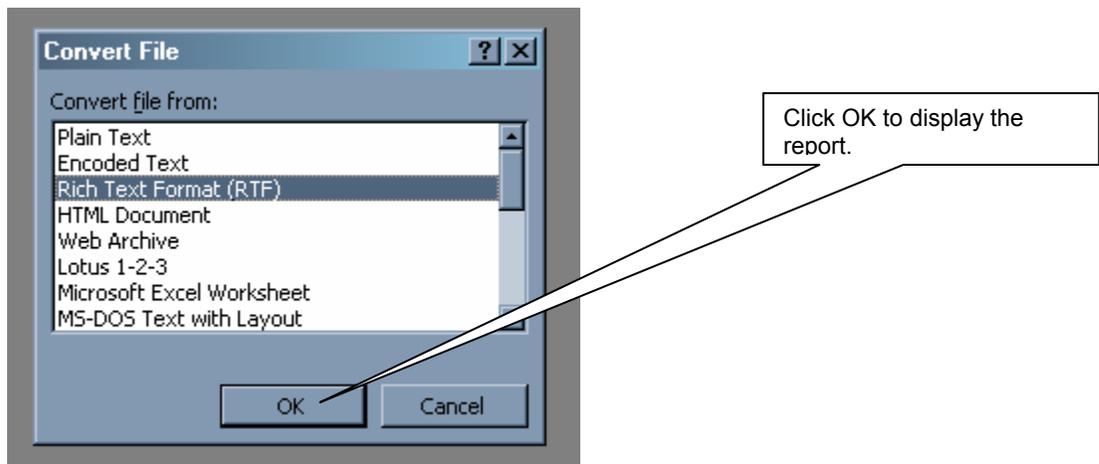


8.3.2 RTF Format

If you choose to generate a report in RTF format, you will see the following warning twice after you click on the Generate Report button:



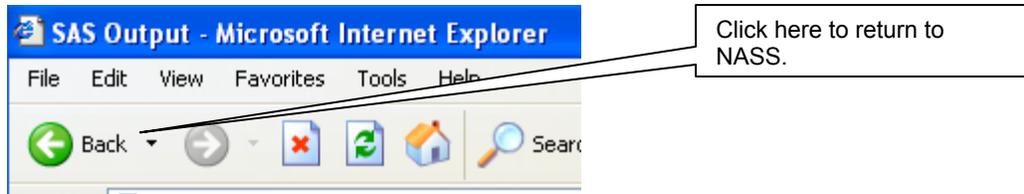
You may then see the following message box:



The report will be opened in Microsoft Word, from which you can either print or save.

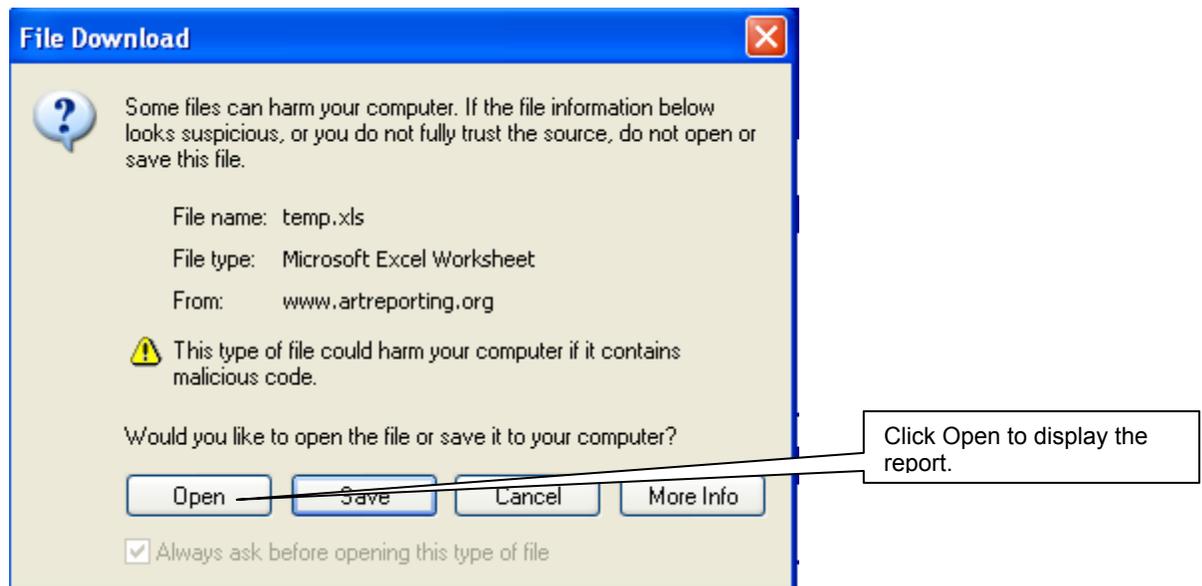
8.3.3 HTML Format

If you choose to generate a report in HTML format, the report will display in the Internet Explorer window after clicking on the Generate Report button. You can then either print or save the report (or both) using the Internet Explorer menu. To return to NASS, you must use the back button in the upper left-hand corner of the screen (shown below).



8.3.4 Excel Format

If you choose to generate a report in Excel format, you may see the following warning twice after you click on the Generate Report button:



The report will be opened in Microsoft Excel, from which you can either print or save.

8.4 Additional Reports

Over time, additional reports will be created to help with the reporting process. Any new reports will be announced in the "What's New in NASS" menu.

APPENDIX A. NASS-Compatible Computer Software and Hardware

Computer Specification Category	Minimum Configuration Requirements
Computer Equipment	Personal computer using an 800 MHz processor or higher for NASS, and CD reader if using the NASS Patient Link (NPL) application
Operating System	Microsoft Windows 2000 or Microsoft Windows XP
RAM	256 MB or higher
Disk Space	NASS: none (web-based)
	NPL application: 7 MGs for the initial download of system, and a projected 25 MGs for database growth over five years
Internet Connection	Optimal: high speed Internet connection (TI, DSL, cable)
	Alternative: 56 KB or higher modem connection
Web Browser	Internet Explorer 6 Service Pack 1 (SP1) with 128 bit encryption.*
Adobe Acrobat Reader	Most documents will be available from NASS in Adobe Portable Document Format (PDF). To view and print these documents, you will need Adobe Acrobat Reader 5.0 or higher.**
Screen Resolution	The system was developed for an 800X600 screen resolution. If using a higher screen resolution, NASS screens may not use the entire screen.

* Internet Explorer 6 SP1 can be downloaded for free from Microsoft Download Center at <http://www.microsoft.com/downloads>. Explorer 6 SP1 should be listed under “Most Popular Downloads”. If it is not listed, you can search by choosing “Internet Explorer” in the Product/Technology drop-down list. Note that you may lose NASS functionality with other web browsers.

** Adobe Acrobat Reader can be downloaded free from the website <http://www.adobe.com/products/acrobat/readstep2.html>.

ENABLING COOKIES AND JAVASCRIPT

To view the website the browser needs to be set to accept cookies and enable JavaScript. Cookies are small pieces of information that a website puts on your hard disk to remember something about you at a later time. JavaScript is a technology built into a browser that allows validating the data entered.

To turn on cookies follow these steps:

- 1) Open Internet Explorer
- 2) Click *Tools*, and then click *Internet Options*.
- 3) In the Internet Options dialog box, Click the *Privacy* tab.
- 4) a) Select a security level of Medium or lower or, b) Click *Advanced*, and enable Accept First-Party and Accept Third-Party Cookies

To enable JavaScript follow these steps:

- 1) Open Internet Explorer.
- 2) Click *Tools*, and then click *Internet Options*.
- 3) In the *Internet Options* dialog box select the *Security* tab.
- 4) Click Custom Level button at bottom. The Security Settings dialog box will pop up.
- 5) Scroll down until you reach the *Scripting* category. Under *Scripting* category enable the following: *Active Scripting*, *Allow paste options via script* and *Scripting of Java applets*.
- 6) Click OK twice to close out.
- 7) Hit *Refresh*.