



Aberdeen Fertility Centre
 Aberdeen Maternity Hospital
 Foresterhill
 Aberdeen
 AB25 2ZL

Financial Agreement Costed Treatment Plan IVF/ICSI

Fix addressograph here

Partners Details

First Name: _____
 Surname: _____
 Date of Birth: _____

1 IVF/ICSI TREATMENT CYCLE

	Cost	Required	Total Cost
In Vitro Fertilisation Cycle (IVF) - All monitoring, egg collection, embryo transfer, follow-up appointment Note: where elective single embryo transfer is undertaken cost for frozen replacement cycle is reduced	£2,900.00		
HFEA Charge (only charged if transfer takes place or gametes frozen)	£104.50		
If ICSI treatment required	£300.00		
Use of donor sperm (if purchased for own use no charge)	£250.00		
Sperm freezing and storage for five years	£500.00		
Down Regulation Drugs Buserelin per pack used:	£15.00	x3	
Down Regulation Drugs Cetrorelix 7 day pack:	£60.00		
The quantity of stimulatory drugs can vary depending on each individuals response.			
Stimulatory Drugs 10 days of 150 iu's	£240.00		
Stimulatory Drugs 10 days of 225 iu's	£360.00		
Stimulatory Drugs 10 days of 300 iu's	£480.00		
Total			

Stimulatory Drugs Each 75 iu's	£12.00	Discussed	
Stimulatory Drugs Each 150 iu's	£24.00	Discussed	
Stimulatory Drugs Each 300 iu's	£48.00	Discussed	
If treatment cancelled prior to egg collection IVF (including HFEA fee) Refund:	£1,104.50	Discussed	
If treatment cancelled prior to egg collection ICSI (including HFEA fee) Refund:	£1,404.50	Discussed	
If no embryo transfer Refund:	£500.00	Discussed	
All monitoring, egg collection, egg freezing and storage for two years (if sperm unavailable on day of egg recovery)	£2,500.00	Explained	
Embryo Freezing	Includes storage for two years	£600.00	Discussed
Embryo Storage	Annually after two years	£250.00	Discussed
Frozen/Replacement Transfer Cycle	If elective single embryo transfer in fresh treatment subsequent frozen embryo transfer	£250.00	Discussed
	Frozen embryos (following double fresh embryo transfer cycle)	£500.00	Discussed
Any additional ultrasound scans	£100.00	Discussed	

Patient Signature:		Print:		Date:	
Partner Signature:		Print:		Date:	
Witnessed:		Print:		Date:	

Copies: Original – Patient Notes, Copy 1 – Patient, Copy 2 – Finance Assistant