## **Application form for Recognition of Centre for ICOG Certification Course** On Reproductive Medicine Criteria: Should complete 3 years of ICOG Fellowship (FICOG). • A DD/Online Payment of Rs. 35,000/- in favour of FOGSI payable at Mumbai.

| Name of Center                             |      |                |
|--|------|----------------|
|  |      |                |
| Address                                    |      |                |
|  |      |                |
| Contact Numbers                            |      |                |
| E  |      |                |
| Email ID                                   |      | 0 10 1         |
| O-manife min                               | Name | Qualificaitons |
| Consultants                                |      |                |
|  |      |                |
|  |      |                |
|  |      |                |
| Details of other members of the team       | Name | Qualification  |
| a) Andrologist                             |      |                |
| b) Sonologist                              |      |                |
| c) Embryologist                            |      |                |
| d) Pathologist                             |      |                |
| e) Counsellor                              |      |                |
| f) Endocrinologist                         |      |                |
| Details of workload at the center          |      |                |
| a) Total number of pts presenting with     |      |                |
| infertility (per month)                    |      |                |
| b) Number of pts undergoing IUI            |      |                |
| (per month)                                |      |                |
| c) Number of pts undergoing IVF            |      |                |
| d) Number of pts undergoing ICSI           |      |                |
| Requirements for ART Center                |      |                |
| Are the following available at the center: | Yes  | No             |
| a) Reception with pts waiting room         | 103  | 140            |
| b) Room with privacy for interviewing      |      |                |
| male & female partner                      |      |                |
| •  |      |                |
| c) In case of male doctor → presence       |      |                |
| of female at the clinic                    |      |                |
| d) Appropriate examination room for        |      |                |
| gynecological examination                  |      |                |
| e) Access to a clinical laboratory         |      |                |
| f) Record maintenance                      |      |                |
| g) Autoclave Room                          |      |                |
| h) Vermin proofing with details of         |      |                |
| steps taken                                |      |                |
| i) Private semen collection room with      |      |                |
| washbasin (soap & Clean towels) and        |      |                |
| an attached toilet (not used for any       |      |                |
| other purpose)                             |      |                |
| j) Vibrator/Aids for collection of semen   |      |                |

| k) Semen processing laboratory with                    |  |
|--|--|
| laminar flow   |  |
| Operation theatre equipped for                         |  |
| emergency resuscitative procedures                     |  |
| m) Embryology laboratory with :                        |  |
| (i) temperature & humidity control                     |  |
| (ii) filtered air                                      |  |
| (iii) composition of walls/floors                      |  |
| (iv) laminar flow stereomicroscope                     |  |
| (v) high powered light microscope                      |  |
| (vii)high resolution with inverted                     |  |
| microscope & phase contrast or                         |  |
| Hoffman optics, with facilities for                    |  |
| video recording  |  |
| (viii)micromanipulator                                 |  |
| (ix) CO2 incubator, with backup                        |  |
| (x) laboratory certificate                             |  |
| (xi) equipment for freezing embryos                    |  |
| in programmed manner                                   |  |
| (xii) liquid nitrogen cans                             |  |
| (xiii) camera attachment & display for                 |  |
| All microscopes  |  |
| n) Backup power supply                                 |  |
| o) Ultrasound machine with details                     |  |
| p) Availability of donor programs                      |  |
| (i) oocyte   |  |
| (ii) semen   |  |
| q) Availability of surrogate programs                  |  |
| Are the following available at the                     |  |
| center?  |  |
| <ul> <li>Operation theatre with facilities</li> </ul>  |  |
| for endoscopic surgery                                 |  |
| <ul> <li>Facility for relay of surgery for</li> </ul>  |  |
| teaching the candidate                                 |  |
| <ul> <li>Audiovisual aids for the training</li> </ul>  |  |
| program  |  |
| <ul> <li>Access to procedures like</li> </ul>          |  |
| hysterosalpingography &                                |  |
| sonosalpingography                                     |  |
| <ul> <li>Facility for hands on training in:</li> </ul> |  |
| a. Follicle study                                      |  |
| b. Semen wash  |  |
| c. Ovum pickup   |  |
| d. Handling of oocytes/embryos                         |  |
| Signature of Centre Incharge:                          |  |
|  |  |
|  |  |
| Inspected by Name & Signature:                         |  |
|  |  |
| 5.4.41   |  |
| Date of Inspections:                                   |  |
| Remarks:   |  |
|  |  |