Univfy® PreIVF™ Report

Personalising your fertility success*

www.univfy.com

Carefertility

REPORT ID	4E894F	MRN		NAME			
REPORT	Univfy PreIVF Report	DOB	1/1/1990	AGE	34	REPORT DATE	4/30/2024

Your Likelihood* of Having a Baby in:	1 CYCLE	2 CYCLES	3 CYCLES	What are the chances that you won't have a baby after 3 cycles?*
IVF	61% - 62%	85% or higher	90% or higher	10% or lower

How do your chances of having a baby from IVF compare to intrauterine insemination (IUI) or trying naturally on your own?

The average likelihood of a couple with 3 years of infertility conceiving naturally per month of trying on their own: <3%.
The chances of having a baby from each IUI cycle at Care Fertility are around 7% for women under 38 and around 5% for women between 38 and 42 based on live birth data from 2019-2023.
Here a cycle means an IVF cycle and any frozen embryo transfers using suitable embryos from that IVF cycle. This likelihood of having a baby accounts for IVF success from the use of all available suitable embryos (fresh and/or frozen) resulting from each IVF cycle.

*If you are found to have poor oocyte or embryo quality in your first IVF cycle (e.g., resulting in one or no suitable embryos of good quality), your cumulative chances of having a baby over 2 or 3 IVF cycles will be much lower.

The 95% confidence limits for the predicted probability differ by less than 1%. The prediction error overestimates probabilities by 2.2%. The probabilities of having a baby shown here for 2 and 3 cycles assume that these cycles are done within 18 months of the first cycle.

Your Outlook

In a group of 100 women starting their first IVF treatment at our practice:

32 have success rates higher than yours

2 have success rates the same as yours

66 have success rates lower than yours

We analysed your health data by using the IVF success prediction model that was developed and validated for Care Fertility based on Univfy's proprietary AI/machine learning predictive technology. This report is based on your current health data. If your health condition changes, the report may need to be updated and the chances of having a baby from IVF may change.

IVF Services at Care Fertility

Care Fertility stands at the forefront of fertility assessment and treatment, with a history of groundbreaking research since 1978. Our dedicated team of experts have pioneered innovative solutions, setting new standards in fertility care. With state-of-the-art laboratories, we are committed to introducing proven tests, treatments, and technologies that pave the way for scientific advancements, ensuring you receive exceptional and personalised fertility care every step of the way.

In vitro fertilisation (IVF) is a process that involves several steps spread over a few weeks. If you choose to go ahead with IVF, the first step is self-administering hormone injections that will be prescribed by your doctor. These injections stimulate the ovaries to optimise the number of mature eggs – ensuring that they are ready for the egg retrieval. Once the ovaries have been stimulated, the egg retrieval procedure is performed under sedation, during the procedure a needle is passed through to the ovary to collect the eggs with ultrasound guidance. Once the eggs have been retrieved the mature eggs will be fertilised using IVF or intracytoplasmic sperm injection (ICSI) using the sperm of a male partner or sperm donor. Over the 5 days following the procedure, the embryo cultures are kept in an incubator and carefully monitored before being transferred to the uterus or cryopreserved (frozen) for future use. A pregnancy test is typically performed 12-14 days after embryo transfer. If the test is negative, excess frozen embryos can be used for further attempts.

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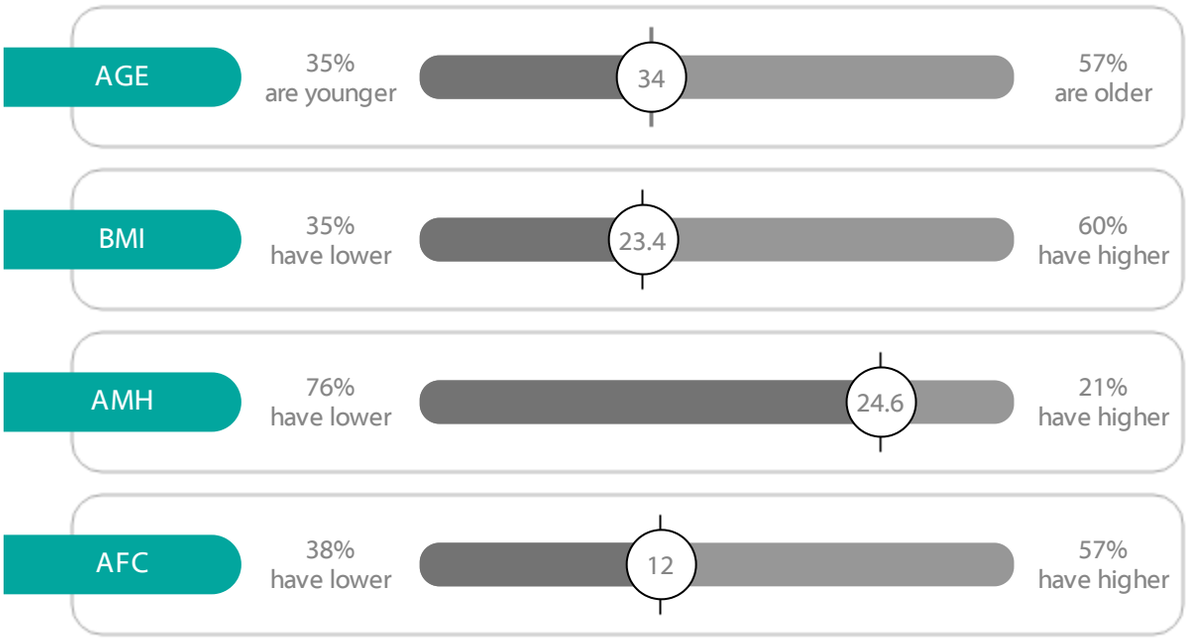
Your Health Data

Please review your health data and see how your profile compares to profiles of other patients who received IVF treatment at Care Fertility.



AGE is calculated based on your date of birth.

BMI (Body Mass Index) is based on your height and weight.

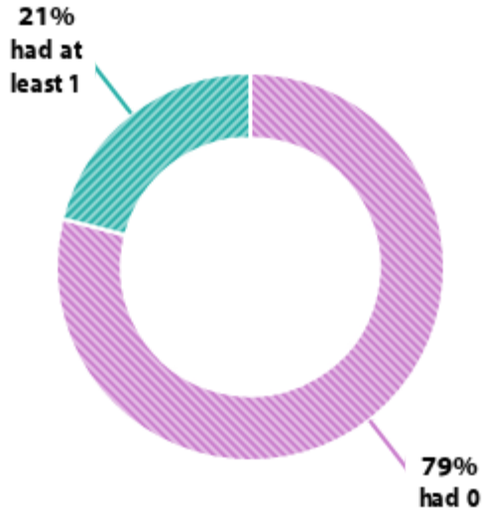
AMH (Anti-Mullerian Hormone pmol/L) levels reflect the size of the remaining egg supply.

AFC (Antral Follicle Count) predicts your response to ovarian stimulation.

Your Reproductive History

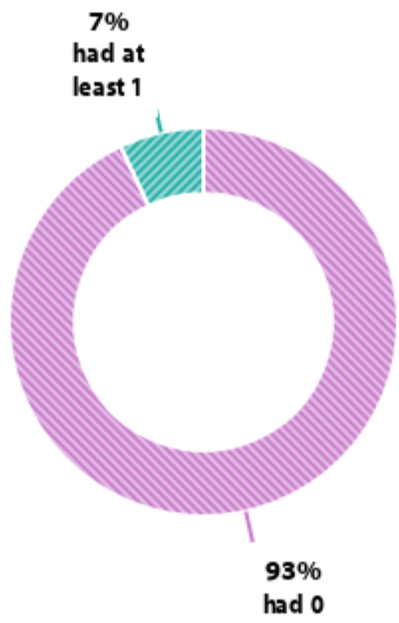
NO. OF PREGNANCIES 1

Other Patients



NO. OF PREGNANCY LOSSES 1

Other Patients



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Your Clinical Diagnoses

MALE FACTOR	27% share this diagnosis
OVULATORY DISORDERS	12% share this diagnosis

Clinical Diagnoses Reported in this Univfy PreIVF Report

The Univfy PreIVF Report uses the following diagnoses, where appropriate depending on the individual patient's health profile: male factor, ovulatory disorders (which include polycystic ovarian syndrome or PCOS), reduced ovarian reserve, tubal factor (which includes tubal blockage, tubal adhesions, and hydrosalpinges or fluid in the fallopian tubes), uterine factor (which includes uterine fibroids, uterine polyps, and congenital uterine abnormalities), unexplained infertility (which means no cause is identified), and endometriosis (which includes endometriosis and endometrioma).

Clinical Factors that May Affect IVF Success

When the Univfy PreIVF Report computes your probability of having a baby from IVF, it assumes that any problems related to tubal factor, uterine factor and/or endometriosis that can impact IVF success and can be treated surgically would have been treated surgically prior to starting IVF treatment. Some uterine factors having a negative impact on implantation or pregnancy may not be treated surgically or you may have chosen not to pursue surgical treatment.

The potential impact of not removing hydrosalpinx/hydrosalpinges, endometrioma, uterine fibroid, or uterine polyp, and other uterine factors on IVF success depends on the specific nature of your condition. Similarly, if you have severe male factor, low motile sperm count, a significant percentage of sperm having abnormal morphology, or your male partner requires sperm extraction or testicular biopsy, there may be a negative impact on the probability of your IVF success.

If you are currently a smoker, your IVF success may also be negatively impacted. More importantly, smoking by you and/or your partner may have a negative impact on your pregnancy and health of your baby.

The Univfy PreIVF Report accounts for most but not all of the differences among individuals with these conditions and therefore may over or underestimate your probability of having a baby from IVF. The Univfy PreIVF Report uses a combination of your predicted probability of IVF success, the presence of one or more of the above conditions, and your provider 's professional opinion.

Your provider will also review and discuss your Univfy PreIVF Report and give you his/her professional opinion on the potential impact of these conditions on your probability of having a baby from IVF.

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Review health data entered for this Univfy PreIVF Report

Patient Data

Patient's Age:	34
Height:	160 cm.
Weight:	60 kg.
Body Mass Index:	23.4
Total Number of Pregnancies:	1
Total No. of Term Births:	0
Total Number of Clinical Pregnancy Losses:	1
Duration of Infertility (years):	5
Serum AMH:	24.6 pmol/L
Antral Follicle Count, AFC (Total):	12

Patient's IVF and Reproductive History

How many IVF cycles (with or without fresh and/or frozen embryo transfer) has the patient done in the past?	0

This Univfy PreIVF report was run based on plans to use sperm from a male partner.

Male Partner's Data

Fresh vs. Frozen Sperm:	Frozen

Clinical Diagnoses:

Male Factor: Any Sperm Abnormality

Ovulatory Disorders

Glossary

Antral Follicle Count (AFC): a method used to assess egg reserve. During this process, small fluid-filled sacs in the ovaries' called follicles are counted to estimate the number of eggs available. A higher count, particularly of sacs between 2-6mm in size, indicates a higher chance of having a good egg reserve.

Anti-müllerian Hormone (AMH): a protein hormone produced by cells in the ovary. By evaluating your AMH levels, your doctor can gauge the quality of your egg reserve, providing insight into your fertility status.

Body Mass Index (BMI): Your BMI is a figure that indicates whether you're at a healthy weight for your height. To work out your BMI, you divide your weight (in kilograms) by your height (in meters squared). BMI is mostly used by healthcare professionals to gauge if your weight is in a healthy range, or if it's below or above this.

IVF Cycle: this involves a stimulation cycle to encourage egg production, followed by egg collection, and any embryo transfers from suitable embryos obtained from those eggs.

Pregnancy Loss: this refers to the loss of a pregnancy after 5 weeks, including spontaneous (miscarriage) or therapeutic (medical or surgical termination). It excludes chemical pregnancies from this classification.

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The Univfy PreIVF Report for Care Fertility

Designed for patients considering IVF, the Univfy PreIVF Report is a predictive analytics report that provides your personalised probabilities of having a successful pregnancy from one IVF cycle or a course of three IVF cycles. These probabilities include the use of fresh and any available frozen embryos from each IVF cycle. With proprietary predictive technologies first developed at Stanford University in 2005, Univfy uses the most advanced and scientifically rigorous techniques to evaluate your baseline and diagnostic health data. The Univfy PreIVF Report is intended to support you and your provider as you discuss and choose from various treatment options.

How did Univfy and Care Fertility collaborate to develop the Univfy PreIVF Report for Care Fertility?

Univfy analysed 2019-2023 data provided by Care Fertility on its IVF treatments and outcomes. With this data, Univfy used its proprietary predictive platform to develop and validate an IVF success prediction model. Thus, the Univfy PreIVF prediction model in this Univfy PreIVF Report is specifically tested against Care Fertility data to ensure that it is highly accurate and tailored to the quality of IVF services at Care Fertility. Univfy's proprietary predictive technologies are reported in scientific research literature (Jun et al., PLoS ONE 2008; Banerjee et al., PNAS 2010; Lannon et al., Fertil Steril 2012; Choi et al., Fertil Steril 2013; Nelson et al., Fertil Steril 2015). See Why Univfy -- https://www.univfy.com/fertilityresearch/whyunivfy

The IVF success probabilities shown on Page 1 of this report pertain to conventional IVF only and do not represent your success probabilities for other types of IVF treatments such as mini-IVF, INVO Cell, natural cycle IVF, which are generally found to have lower success rates than conventional IVF. These success probabilities are calculated to represent specifically what can be achieved at Care Fertility and are not transferable to another clinic outside of Care Fertility.

General Limitations of Univfy PreIVF Report

Because of the length of human gestation, there is a usual 12-month lag in live birth reporting. Therefore, the Univfy PreIVF Report may not reflect the most recent improvements implemented at Care Fertility or changes in the Care Fertility patient population over the past 12 to 18 months. Care Fertility and Univfy are committed to provide continual updates to the Univfy PreIVF Report.

The Univfy PreIVF Report is not intended for patients who are peri-menopausal, menopausal, have premature ovarian failure, or have had very poor IVF results in the past. It is also not intended for same-sex female couples planning reciprocal IVF.

At the time of report generation, the patient's response to IVF meds and embryo quality are not known. About 2-5% of patients have poor embryo quality that cannot be predicted prior to starting their first IVF cycle. This possibility is already 'built' into the predicted probability provided for the first cycle. However, the cumulative predicted probabilities provided for the second and third IVF cycles assume that the first IVF cycle results in at least 2 suitable embryos of 'good quality'. For Day 3 embryos, good quality here means having 6-8 cells and not severely fragmented or have severe abnormalities. For Day 5 embryos, good quality means reaching blastocyst development and not severely fragmented or have severe abnormalities.

The Univfy PreIVF Report can be used for women who have had prior IVF cycles. However, for the reasons listed above, when using the report for women with prior IVF cycles, it should be used only if the most recent IVF cycle using the woman's own eggs resulted in at least 2 suitable embryos of good quality.

The probability of having a pregnancy from intra-uterine insemination (IUI) as listed on Page 1 assumes that the patient does not have contraindications to IUI such as tubal factor; it also assumes that she does not have PCOS or anovulation or if she does, that she has already attempted one or more ovulation induction treatments that are not successful. Among women who are receiving IUI for the purpose of superovulation, the probability of having a successful pregnancy from each IUI cycle at Care Fertility is around 7% for women under 38 and around 5% for women between 38 and 42, which is in line with rates reported in the literature. (Reindollar et al., 2010; Goldman et al., 2014)

Your IVF success probability may be impacted by whether the values for ovarian reserve tests (if applicable) -- e.g. Antimullerian hormone (AMH) and antral follicle count -- are entered. If these tests are not completed prior to the consultation, the report may need to be updated and the IVF success probability may change.

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Univfy Does Not Provide Medical Advice

Univfy's services are designed to provide evidence-based, validated, and personalised prediction as an informational supplement to standard counseling given by healthcare providers. This Univfy PreIVF Report is provided to you by the medical team at Care Fertility and is intended to support the care that Care Fertility provides to you. Your provider has the right and freedom to disagree with any information shown on this report, and Univfy defers to your provider's professional judgment. Your provider has much greater insight into your personal medical and/or socioemotional situation than is possible for the Univfy PreIVF Report to ascertain.

Univfy's services are not substitutes for any standard clinical care and do not constitute medical opinion or advice. This Univfy PreIVF Report is not medical care, treatment, a treatment recommendation, or diagnosis. Always seek the advice of your provider or medical team with any questions you may have regarding a medical condition.

Confidentiality, Privacy, and GDPR Compliance

This Univfy PreIVF Report was administered via the Univfy Clinic Platform by designated Care Fertility personnel. The Univfy Clinic Platform operates in compliance with the General Data Protection Regulation (GDPR) to safeguard the patient's personal health information (PHI), and is distinct and separate from any registration at Univfy's consumer website, https://www.univfy.com, which has its own registration agreement and privacy policy. Patients who are receiving the Univfy PreIVF Report through your fertility center are not required to be users or registered users of www.univfy.com.

Questions?

For general information about Univfy, please visit our website at www.univfy.com.

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