



Supporting you throughout every stage of
your journey

The Fertility Centre (a Division of Queensland Fertility Group – part of the Virus Health Group)

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Every effort has been made to ensure that the information in this booklet is as up to date as possible.

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The Fertility Centre Values

Pride.

We take pride in our achievements.

Respect.

We show respect in everything we do.

Trust.

We build trust through accountability and integrity.

Excellence.

We are committed to creating the best experience for our patients and each other.

Welcome to The Fertility Centre

The Fertility Centre brings together a team of highly experienced fertility experts; including specialist fertility doctors, nurses, administration and scientific staff. Working together, we provide affordable IVF to help you achieve your dream of having a baby.

At The Fertility Centre, we believe that everyone should have the opportunity to access 'a little extra' help with starting their family, without the financial strains often associated with IVF treatment or long waiting lists.

We do this through our simplified and standard approach to IVF treatment, whilst still maintaining high quality care for our patients. With The Fertility Centre, the family you've always wanted could now be within reach.

Located in Brisbane and the Gold Coast, The Fertility Centre offers:

- Comprehensive fertility investigations and assessment (both male and female);
- Fertility diagnosis and affordable IVF and ICSI by experienced fertility specialists;
- A trusted referral to the full service clinic, Queensland Fertility Group, if standard IVF or ICSI are not the preferred treatment for you

The Fertility Centre is open 7am – 4pm Monday to Friday.

At The Fertility Centre, we understand how important having a family is to you and we can assure you that we will provide you with the highest standard of fertility care available, every step of the way.

The purpose of this booklet is to guide you through your treatment – often a complex and emotional experience. Here we provide you with information about undertaking treatment at The Fertility Centre, including an overview of the causes of infertility, initial investigations that may be undertaken, and the main forms of fertility treatments and programs that we provide. Further information relating to your specific treatment will be provided by the fertility specialists and clinical staff at The Fertility Centre.

We look forward to supporting you in your treatment pathway. Should you have any questions at any stage throughout treatment, we encourage you to talk to a member of The Fertility Centre team.



OUR MODEL OF CARE

Here's how The Fertility Centre makes treatment more affordable:

Bulk Billing Services for:

All services with a Medicare item number are bulk billed.

Team of Fertility Specialists:

The Fertility Centre has a team of fertility specialists, so whilst you won't always see the same doctor for consultations or IVF procedures, you can be assured that the team has the same level of qualifications and experience, to ensure continuity of care.

Onsite Procedure Room:

IVF egg collection and embryo transfers are performed in our onsite procedure rooms removing the need for admission to a day procedure unit and the costs associated with such an admission. Egg collection procedures are performed using conscious sedation and do not require a general anaesthetic or anaesthetist present.

Support:

Your nursing team will guide you through treatment and perform your IVF ultrasound scans.

Location:

All appointments with a fertility specialist, nurse or administrator will take place at your chosen The Fertility Centre treatment location.

Access to Advanced Treatments and Services:

The following services are not available through The Fertility Centre but can be accessed through our affiliate clinic Queensland Fertility Group:

- Ovulation Induction
- Intrauterine Insemination
- Preimplantation Genetic Test
- Donor eggs, sperm or embryos
- Surrogacy
- Medical and social egg freezing
- Testicular Biopsy
- Embryo banking



TREATMENTS AND SERVICES

The Fertility Centre offers:

Diagnostic Services

- Pathology (reproductive hormone blood tests/pregnancy blood tests)
- Gynaecological ultrasound scanning prior to and during IVF cycle
- Andrology (semen analysis - check to see if your clinic provides this service)

Treatments

- In Vitro Fertilisation (IVF)
- Intracytoplasmic Sperm Injection (ICSI)
- Embryo cryopreservation (freezing) and storage
- Frozen Embryo Transfer

Counselling services

We have an experienced fertility counselling team to assist couples with emotional or relationship issues. Please discuss with your fertility nursing team if this is something you would like to access.

Benefits of being emotionally prepared for treatment

- Embarking on fertility treatment often means coping with a mixture of emotions from joy and excitement to grief and great sadness. Counselling gives you the opportunity to look at your responses, learn how to cope and develop emotionally as an individual and as a couple from the experiences
- Many people feel reassured and strengthened from the counselling process. It is important not to wait until you are overwhelmed before seeking counselling support. Our specifically trained fertility counsellors can help to:
 - Provide independent support and someone to talk to about how you or your partner may be feeling
 - Prepare you for your fertility treatments and discuss the options available when making decisions about changing or stopping treatments
 - Support you through the emotions involved in trying to achieve a pregnancy
 - Cope with other people's pregnancies and births by providing some protective (self-preservation) strategies for you when faced with emotional settings
 - Discuss reactions of families, friends and work colleagues
 - Explore strategies to help you feel more in control
 - Cope with unsuccessful treatment cycles and/or miscarriage
 - Discuss anxieties of pregnancy and preparation for parenthood



General pre-pregnancy tips:

Some simple tips we suggest to help you maximise your chances of conceiving include:

- Appropriate weight (ie Body Mass Index as a guide) evidence suggests that fertility improves dramatically if a couple who are overweight can achieve a 5% reduction in weight
- Healthy diet
- Stop smoking
- No recreational drug use
- Reduce alcohol intake
- Regular intercourse 2-3 times per week
- Regular moderate exercise e.g. Walking, social tennis
- A daily intake 800ug of folic acid (3 months pre conception and during first trimester of pregnancy to reduce neural tube defects)
- Multivitamins (may benefit your overall health)
- Blood tests to check for rubella status, blood group, Rh factor, Hepatitis B and Hepatitis C

A microscopic image showing an egg cell and a sperm cell. A thin glass needle (micropipette) is positioned to inject a sperm cell into the egg cell. The egg cell is a large, clear, spherical structure with a granular internal texture. The sperm cell is a much smaller, tadpole-shaped structure. The background is a light blue, slightly grainy medium.

IN VITRO FERTILISATION

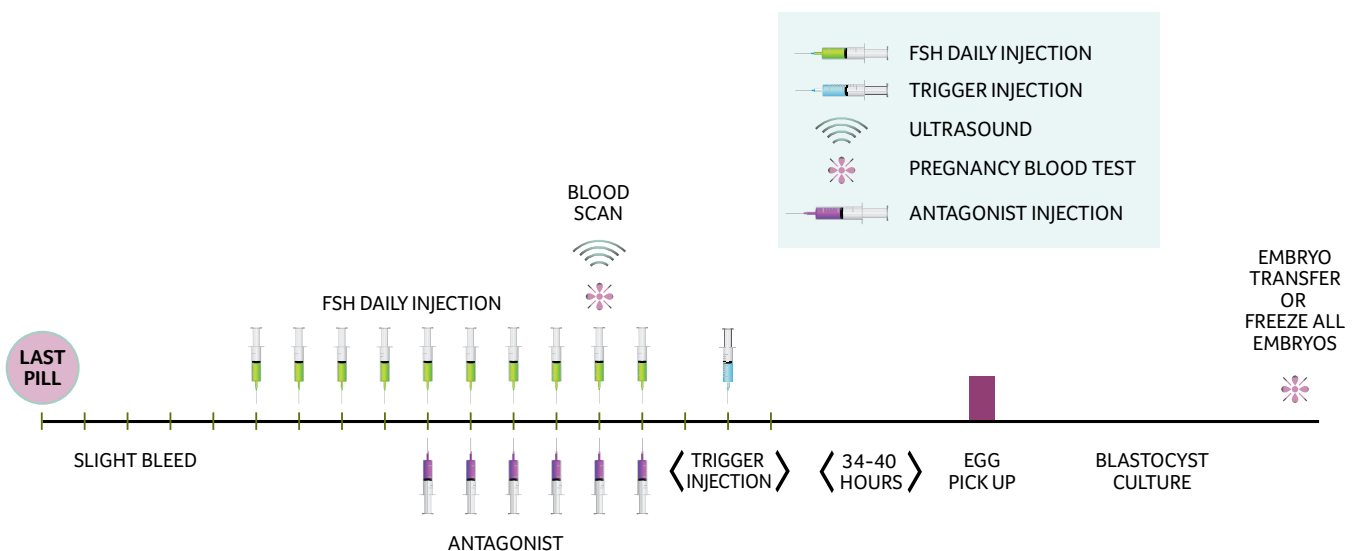
In Vitro Fertilisation (IVF) treatment cycle

Getting started

Following your initial nurse interview appointment and screening tests, a follow up appointment with a fertility specialist will be booked. At this appointment the specialist will review all results and confirm a treatment plan for you.

All relevant treatment consent forms will be provided, your treatment plan explained and your questions answered. You and your partner are required to sign and date the consent forms and return to the clinic before your treatment begins.

Patients guide to fresh IVF treatment



Use of oral contraceptive pill

Before we stimulate your ovaries it is sometimes necessary to suppress your own hormonal cycle. This may be achieved using the oral contraceptive pill. Sometimes you are put on the pill to enable the planning of your medication protocol and the Egg Collection to occur at a determined time.

Stimulation of ovarian follicular growth

Stimulating the ovaries will allow us to collect more oocytes (eggs) increasing your chances of achieving fertilisation and a subsequent pregnancy. We do, however, need to be very cautious to avoid overstimulation of the ovaries and we will schedule regular blood tests and ultrasounds to monitor your progress.

The hormones given to stimulate egg growth are given by a 'pen' and are injected just under the skin with a very fine needle. We will provide you with all the equipment necessary to perform these injections in the comfort of your own home. Our nurses will teach you how to administer these injections and are happy to supervise your first injections to make sure you are confident with the technique.

For your convenience we will provide you with written instructions on the medications and the technique for administration of these. In addition there are instructional videos available on our website that provide important information and administration instructions. We appreciate that this is difficult for some people and our nursing staff are always available to provide support as needed.

Treatment monitoring

The blood tests will measure your hormone levels and the ultrasound measures ovarian follicle size and number. This reflects your individual response to the Follicle Stimulating hormone injections and allows the clinic staff to see the follicles growing on the ovaries.

Ovulation Trigger Injection

Once we know you are ready, you will be advised when to have your trigger injection. This injection triggers the final maturation of the eggs in preparation for your egg collection and is a one off injection. On the day it is required you will be advised of the exact time to administer this injection (normally 36-37 hours before egg collection).

Egg Collection or "Pick-Up" (EPU)

The procedure to collect the eggs from the ovary is known as TRANSVAGINAL ULTRASOUND EPU. Using a vaginal ultrasound probe the follicles are identified and the needle guided into them. The contents of each follicle are in turn drained and passed to the scientist who identifies the eggs using a microscope. Not all follicles contain a mature or retrievable egg and the number of follicles provides a rough guide only to the number of eggs which can be expected to be found. You can expect to be ready to go home within an hour of the procedure. You will be required to have a family member or friend to drive you home following the procedure as you will have had pain relief medication.

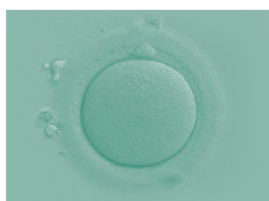
Fertilisation of the Egg

Your clinic will arrange an agreed time for a semen specimen to be provided. We usually ask for the semen specimen to be collected (by masturbation) before EPU. Alternatively, for many patients, the semen sample can be collected at home & brought into the clinic (within 45 mins of ejaculation). Semen is delivered to the laboratory, where the sample is prepared to isolate the best sperm, and a controlled number are added to the eggs. If you suspect that there will be any difficulty in the collection of the semen PLEASE discuss it with your doctor, nurse, or the scientist BEFOREHAND. There are a number of alternatives to deal with this problem (eg freezing sperm in advance).

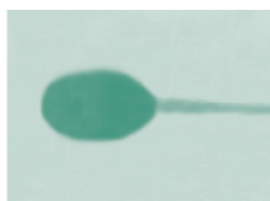
Once eggs are collected, they are prepared for fertilisation. Conventional IVF involves placing prepared sperm and eggs together in a dish, where fertilisation occurs overnight. If the number of sperm in the sample is not sufficient or if there is reason to believe the sperm will be unable to penetrate the egg, ICSI (Intracytoplasmic Sperm Injection) may be recommended. ICSI involves the injection of a single sperm into each mature egg via microinjection.

The eggs are checked the following day for signs of fertilisation. The developing embryos are kept in culture in our Embryoscopes and grown to day 5 or 6 following the egg collection procedure. Depending on your clinic protocols, embryos which develop to a good quality blastocyst may be transferred into your uterus on day 5 following the egg collection or may be frozen for use in a subsequent Frozen Embryo Transfer (FET) cycle. It is important to note that not all embryos will be of suitable quality for embryo transfer or freezing.

Embryo development



Egg



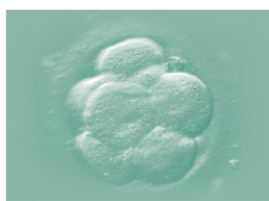
Sperm



Day 1 = Fertilisation



Day 2 = 4 cell



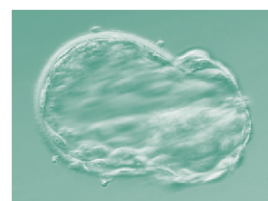
Day 3 = 8 cell




Day 4 = Morula



Day 5 = Blastocyst



Hatching Blastocyst



EMBRYO TRANSFER

Embryo transfer to the uterus

Timing of embryo transfer will vary depending on your clinic protocols.

Fresh embryo transfer in IVF cycle

If planning a fresh embryo transfer, this will be planned for day 5 after your egg collection. You will commence vaginal progesterone medications after your egg collection to supplement your own natural progesterone levels. This will help your uterus lining become more receptive to implantation. You will need to stay on this medication until you are advised to stop.

Frozen Embryo Cycle - transfer to the uterus

Transfer of an embryo will occur in a subsequent frozen embryo transfer (FET) cycle and will usually occur in the menstrual cycle immediately following your IVF treatment cycle. FET cycles may be undertaken within your natural menstrual cycle or using hormone preparation (medicated cycle). A medicated cycle involves treatment with an oral estrogen medication and the addition of a vaginal progesterone. Your fertility nursing team will explain the process in detail prior to the cycle commencing. Your embryo will be thawed in the morning on the day of your confirmed embryo transfer. Not all embryos survive the freezing/thaw process, and we only transfer those that will offer you a chance of pregnancy.

A single embryo will be transferred into the uterus using a fine catheter gently passed through the cervix. The procedure is performed in a matter of minutes and no sedation is required.

No more than one embryo will be transferred. This is to reduce the risk of multiple pregnancy. Your partner is more than welcome to be in attendance at the time of your embryo transfer.

After Embryo Transfer

Normal activities, including intercourse, may be resumed after the embryo transfer. Activities not recommended for pregnant women (like squash or aerobics or anything that can leave you gasping for breath) should probably be stopped, although there is no firm data about this. You should keep up the regular exercise that you are used to, providing it is not strenuous. Try to avoid excessive rises in body temperature.

Maintaining your hormone levels

Progesterone is a hormone that maintains your uterus in a receptive state for embryo implantation and pregnancy. You will be required to use a vaginal Progesterone Supplement (Crinone 8% Gel, Oripuro progesterone pessaries or Utrogestan capsules) until the pregnancy blood test is known. Depending on the type of treatment chosen by your specialist, you may be required to stay on medication until approximately 10 weeks of pregnancy. Please check in with your nurse before stopping any medication.

Complications associated with Assisted Reproductive Technologies (ART)

- 1. Inadequate ovarian response to stimulation**

Your treatment cycle may be cancelled before pick-up due to unsatisfactory response by your ovaries to hormonal stimulation.
- 2. No eggs collected**

At egg collection it is possible that we may be unable to collect any eggs.
- 3. Eggs do not fertilise**

Sometimes eggs fail to fertilise, this occurs most frequently when the sperm are of reduced quality.
- 4. Embryo transfer and still no pregnancy:**

Embryo implantation is often the point at which a cycle will not be successful. Unfortunately, many embryos lack all the genes required to develop fully and despite a healthy appearance at the time of transfer, will not subsequently implant and develop.
- 5. Pregnancy rate**

Pregnancy rate per cycle can be expected to be up to 40%. Factors such as your age, the number of embryos available for transfer, and the cause of your infertility affect this potential success rate.
- 6. Pregnancy loss**

Sadly, 20% of pregnancies may result in a miscarriage or ectopic pregnancy. This rate will vary according to many factors such as your age, the cause of your infertility, and whether you smoke.
- 7. Ovarian Hyperstimulation Syndrome (OHSS)**

In the mild form of the condition Ovarian Hyperstimulation Syndrome there is lower abdominal pain, nausea and some breathlessness while in the rare severe form the complications can cause serious illness requiring hospitalisation. This is more frequent in patients who become pregnant.

Your treatment cycle may be cancelled before the ovulation trigger injection if you are deemed at high risk of developing OHSS.

You should contact the clinic immediately any of these symptoms are seen after embryo transfer.
- 8. Post-procedure complications following transvaginal egg collection**

Occasionally post-procedure complications arise. There is a very small chance of developing pelvic infection, pelvic bleeding and damage to the bowel, bladder or other internal organs from the egg collection procedure. If any of the following symptoms occur: high temperatures over 38°C, severe pelvic pain which does not settle following pain relief or a vaginal discharge heavier than spotting, it is important to contact the clinic immediately. Please present to the closest accident and emergency centre in the case of an after- hours emergency.

9. Multiple pregnancy

Multiple births from IVF are most often caused by the transfer of more than one embryo. In all cases we transfer only one embryo as a twin pregnancy carries a significantly increased risk of a number of different childbirth and newborn complications. In particular a multiple pregnancy has a five times increased risk of death or major disability, and they are more likely to be born premature, to have low birth weight, or to have cerebral palsy.

Occasionally twins may result from a single embryo transfer if the embryo divides naturally.

10. Ectopic pregnancy:

An ectopic pregnancy is one that implants outside the uterus, usually in the fallopian tube. The risk of tubal or ectopic pregnancy is quite small but it may occur in up to 3% of IVF pregnancies. It is more common when there has been previous damage to the tube. The risk of ectopic pregnancy following IVF is no higher than with spontaneous conception.

11. Congenital abnormalities

The risk of health problems at birth or in the first year of life in children conceived naturally is approximately 4%. However, recent research has suggested that in children conceived after IVF, the risk of health problems at the time of birth is slightly higher at around 5-6%. New research in this area is continually being undertaken and it is possible that these findings may change in time. If you have any concerns around this, or other consequences of a procedure, we encourage you to discuss these with our fertility specialists.

12. Adverse reaction to medications:

The medications used in IVF treatment are generally of low risk and it is unlikely that you will have any significant side effects. Some women may experience common side effects, including headaches, hormonal symptoms, local skin reaction, and flu-like symptoms.

13. Stress and coping

IVF treatment can be extremely stressful. This is normal for most couples and support systems are available. All our team are highly experienced in helping patients cope with the emotional aspects of IVF. Please contact the clinic to discuss this with the friendly nurse coordinators.

We also have an experienced fertility counselling team (all members of ANZICA) to assist couples with emotional or relationship issues which may arise throughout the course of infertility treatment. For enquiries and appointments for this service please ask our team.

YOUR RIGHTS AS A PATIENT



Your Rights & Responsibilities

As a patient of The Fertility Centre you are entitled to expect:

- An environment that provides the diagnosis and treatment of infertility in a manner that meets recognised standards and practices.
- Awareness of your needs as an individual to be treated with dignity, empathy, and respect for your beliefs and practices.
- Respect for your personal privacy and confidentiality of your personal information except where authorised by you or mandated under law.
- A clear understanding of your diagnosis and proposed treatments, including possible risks, expected outcomes, possible side effects, and likely costs as part of informed consent.
- The right to withdraw consent for a treatment up until the actual time of the treatment.
- The right to request information in writing and copies of any written consent given.
- The right to request access to your personal information.
- The right to lodge a complaint with The Fertility Centre about any aspect of your treatment with The Fertility Centre.
- Should you require a medical interpreter for any of your appointments please let our staff know so this can be arranged.

As a patient of The Fertility Centre it is your responsibility to:

- Provide the doctor and clinic staff, to the best of your knowledge, with accurate personal details, complete information on past and present medical history and treatments received, and details of any current medications that you are taking.
- Ensure that you have, from the doctor and clinic staff, a full understanding of your diagnosis, any proposed treatments, and the likely cost of the proposed treatments.
- Provide the doctor and the clinic with written consent for any proposed treatments.
- Follow all medical and nursing directions given to you and to report any unexpected side effects.
- Treat The Fertility Centre personnel as you would wish to be treated yourself – in a polite, friendly and efficient manner.

Complaints & Compliments

At The Fertility Centre we welcome your feedback; this assists us in improving services to our clients. Please feel free to share your feedback with us by contacting us directly via phone or email. Patient feedback surveys are also emailed out to patients on a quarterly basis to ask for feedback on all aspects of our service.

We will endeavour to solve problems as they arise. If you are not satisfied with our service, attitude or management, please feel free to discuss your issues with any member of The Fertility Centre personnel.

In the event you wish to lodge a formal complaint please submit this in writing addressed to The Fertility Centre.

Each complaint will be investigated by the Operations Manager and Medical Director who will respond to the complainant following a review of the complaint.

If you feel that your complaint has not been resolved to your satisfaction, you may wish to contact the Health Quality and Complaints Commission. The Health Quality and Complaints Commission is an independent organisation that review and investigate health complaints.

Privacy & Confidentiality Policy

We want to make sure your expectations about your privacy protection are the same as ours. If you have any concerns, please discuss them with your doctor or any member of our staff. If, after this discussion, you still have concerns, you can put your concerns in writing to us and we will provide you with a written response within seven business days or other time as agreed with you. If you are still not satisfied, you may complain to the Federal Privacy Commissioner.

Collection of Patient Information

Our fertility specialists and staff collect information that helps us provide the level of advice, care and management you need, or where there is a statutory requirement for collection.

This information may include:

- contact details
- relationship status
- medical history
- family medical history
- symptoms, diagnosis and recommended treatment
- ethnicity
- Medicare/private health fund details
- billing or account details.

We normally collect this information directly from you, but we may need to get it from other sources – for example, from other medical practitioners, health funds or health providers and, with your consent, from family members.

Use and Disclosure of Personal Information

To ensure we provide you with the most appropriate treatment, our fertility specialists and staff may use or disclose your personal information.

Here are some examples:

- sharing your information within the treatment team
- communicating with the referring medical practitioners
- referrals to other medical practitioners, hospitals or health providers
- referring specimens for analysis
- accounts and billing, including Medicare and private health insurance claims
- managing our practice – including quality assurance, practice accreditation and keeping our records up to date
- complaints and incident handling, and notifications to our insurers
- disclosure, where legally required, to third parties – for example, in response to a court subpoena or for mandatory reporting of specific diseases
- provide a small sample of case-notes for confidential review as part of annual Code of Practice audits by the national Reproductive Technology Accreditation Committee (RTAC), in compliance with regulatory requirements, and
- submit a summary to the Australia and New Zealand Assisted Reproduction Database (ANZARD) of every treatment we perform, in compliance with regulatory requirements; in these cases, we remove any information that personally identifies you.

We may also use non-identifying information from your medical file or data analysis and research.

The diagnosis and treatment of infertility involves two partners. It is our policy to disclose all information to both partners.

Data Quality and Security

The Fertility Centre will take all reasonable steps to ensure that the personal information we collect, use, hold or disclose is accurate, complete, up to date and relevant to the functions and services that we provide.

You can help us achieve this by providing correct and up-to-date information, as described in our Patient Rights and Responsibilities document. We store your personal information securely and protect it from unauthorised access, modification or disclosure.

Access and Correction

In all but a few rare cases, you can access the personal information we hold about you, in part or in full, or ask us to provide it to a third party such as another healthcare provider.

You can ask for this in writing. There may be an administration fee for this service, depending on the nature of access required.

If you feel any of the personal information we hold about you is inaccurate or incomplete, please let us know. It is our policy to note your corrections and add them to your records. We do not erase the original record.

Retention of records

It is our policy to retain medical records for a period of 28 years following the birth of any child born as a result of any treatment, or 10 years after legal action, whichever is the latter. Personal information that does not form part of a medical record will be destroyed or deidentified once it is no longer required for the purpose for which it was collected.

Regulatory Bodies and Clinic Accreditation

The Fertility Centre is required to provide statistical data to meet statutory licensing and regulatory requirements under and also to the Fertility Society of Australia's Reproductive Treatment Accreditation Committee (RTAC) for accreditation purposes. Health records held by The Fertility Centre may be accessed for these purposes.

The Fertility Centre is required to provide de-identified patient and treatment information to be recorded in the Australian and New Zealand Assisted Reproductive Technology Database (ANZARD). ANZARD data and information may be used for population analysis, research projects, and the publication of clinic success rates

In addition, TFC staff may be required to access treatment information for the purposes of audits by RTAC (Reproductive Technology Accreditation Committee).

Not happy with our service?

We aim to offer the highest quality care to you, if however we fall a little short in your expectations we encourage you to discuss any dissatisfaction with a member of our team. Our aim is to resolve your complaint or problem locally and without delay. We know that it can be difficult for you. Please be assured we view this feedback as a pathway to improvement.

Office of the Health Ombudsman

If you are still not satisfied with the health services provided to you after attempt at local resolution, then it is your right to make a complaint. The office of the Health ombudsman is an independent body who assess all complaints and attempt to conciliate a resolution.

Terms used in assisted reproduction

IVF	In vitro fertilisation The fertilisation of eggs (oocytes) outside the human body by sperm, usually in a test-tube or a petri-dish in an incubator.
ET	Embryo transfer The transfer of fertilised eggs (embryos) from a test-tube or dish in an incubator back into the uterus via the cervix
FET	Frozen embryo transfer The transfer of frozen\thawed embryos back into the uterus.
EPU	Egg pick-up The aspiration and collection of eggs from follicles on the ovaries. This is usually done via the vagina (trans-vaginally) using an ultrasound scanner (TV-EPU)
ICSI	Intra cytoplasmic sperm injection The procedure of micro-injection where a single sperm is injected into the cytoplasm of the egg.



Hormones & Drugs

FSH	Follicle stimulating hormone The drugs used to stimulate the ovaries to produce one or more eggs. Gonal f / Puregon / Menopur belong to a group of hormones called gonadotrophins and contain follitropin alfa, which is a naturally occurring follicle stimulating hormone.
Ovidrel	Human chorionic gonadotrophin/ Ovidrel - hCG trigger injection The drug used to trigger ovulation is a form of the naturally occurring hormone Human chorionic gonadotrophin, which is given via injection.
Decapeptyl	Triptorelin/Decapeptyl- Agonist Trigger injection This medication used to trigger ovulation is a synthetic version of the natural gonadotropin releasing hormone (GnRH) & is given via 2 x 100mcg injections.
LH	Luteinizing hormone The natural hormone which triggers ovulation. A genetically engineered equivalent known as Luperin may be used.
Antagonist	These injections are used to stop the natural ovulation of eggs from follicles. These drugs are named Cetrorelix (the drug in Cetrotide), and Ganirelix (the drug in Orgalutran).
Crinone	Progesterone in a gel formulation administered vaginally around embryo transfer time to enhance pregnancy chances. An alternative to progesterone pessaries which also may be used and administered vaginally to maintain your hormone levels.
Oripro	Progesterone in a wax pessary formulation administered vaginally around embryo transfer time to enhance pregnancy chances. Alternative to Crinone gel.
OCP	In addition to their designed role of prevention of pregnancy, the oral contraceptive pill is also used in ART programs to regulate and modify the timing of cycles during preparation for ART procedures.
Utrogestan	Progesterone in a soft capsule administered vaginally around embryo transfer time to enhance pregnancy chances. Alternative to crinone gel and progesterone pessaries

Contact details and opening hours

THE FERTILITY CENTRE SPRINGWOOD

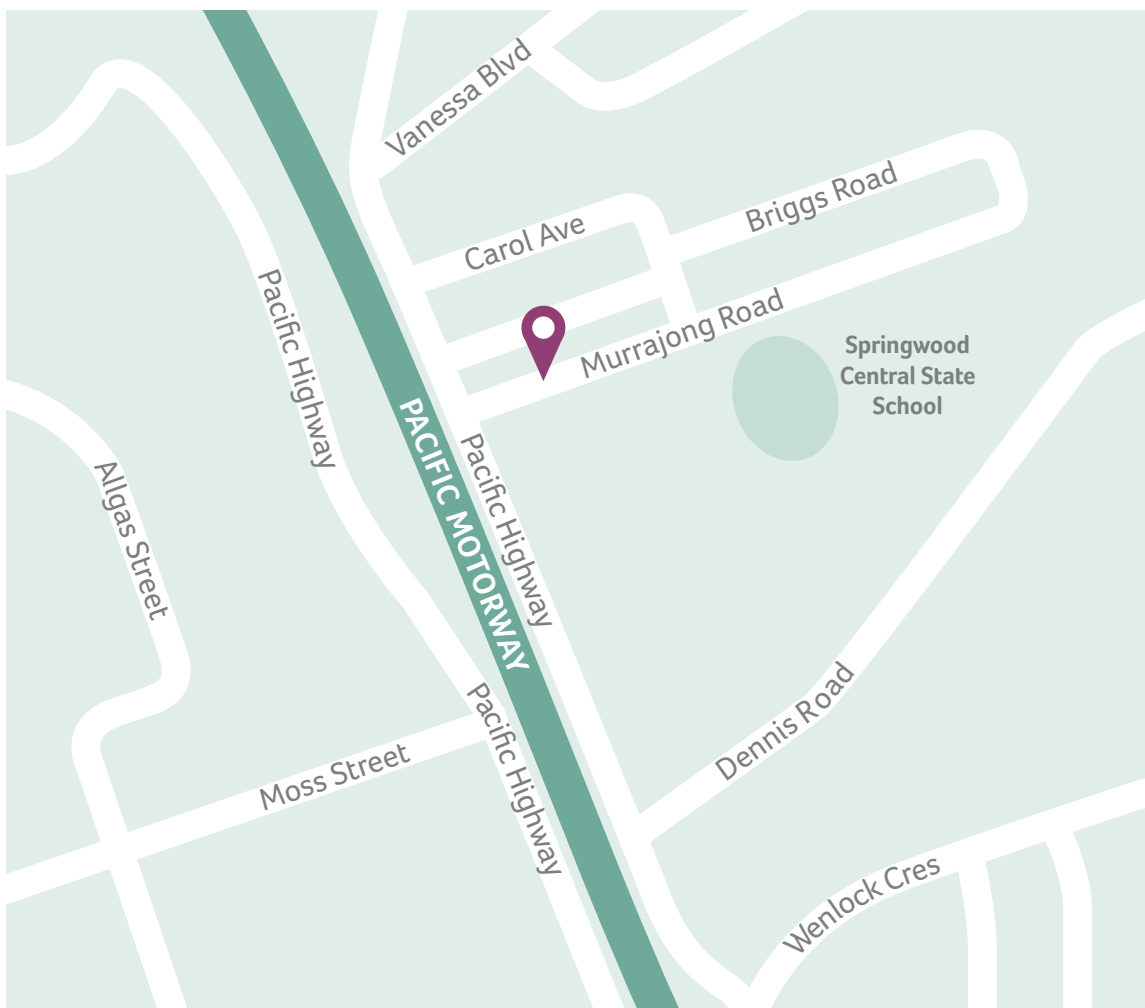
Floor 3, The Gateway Building, 2 Murrajong Road, Springwood QLD 4127

Ph (07) 3290 1546 Fax (07) 3208 2288

www.thefertilitycentre.com.au/ivf-clinics/qld

New Patient Enquiries: 1800 842 862

Nurse Clinic Hours info@thefertilitycentre.com.au	Monday to Friday 7.00am – 4:00pm
Blood Test Clinic Hours	Monday to Friday By Appointment
Emergency After-hours Nursing Support	Ph 0466 793 336



THE FERTILITY CENTRE GOLD COAST

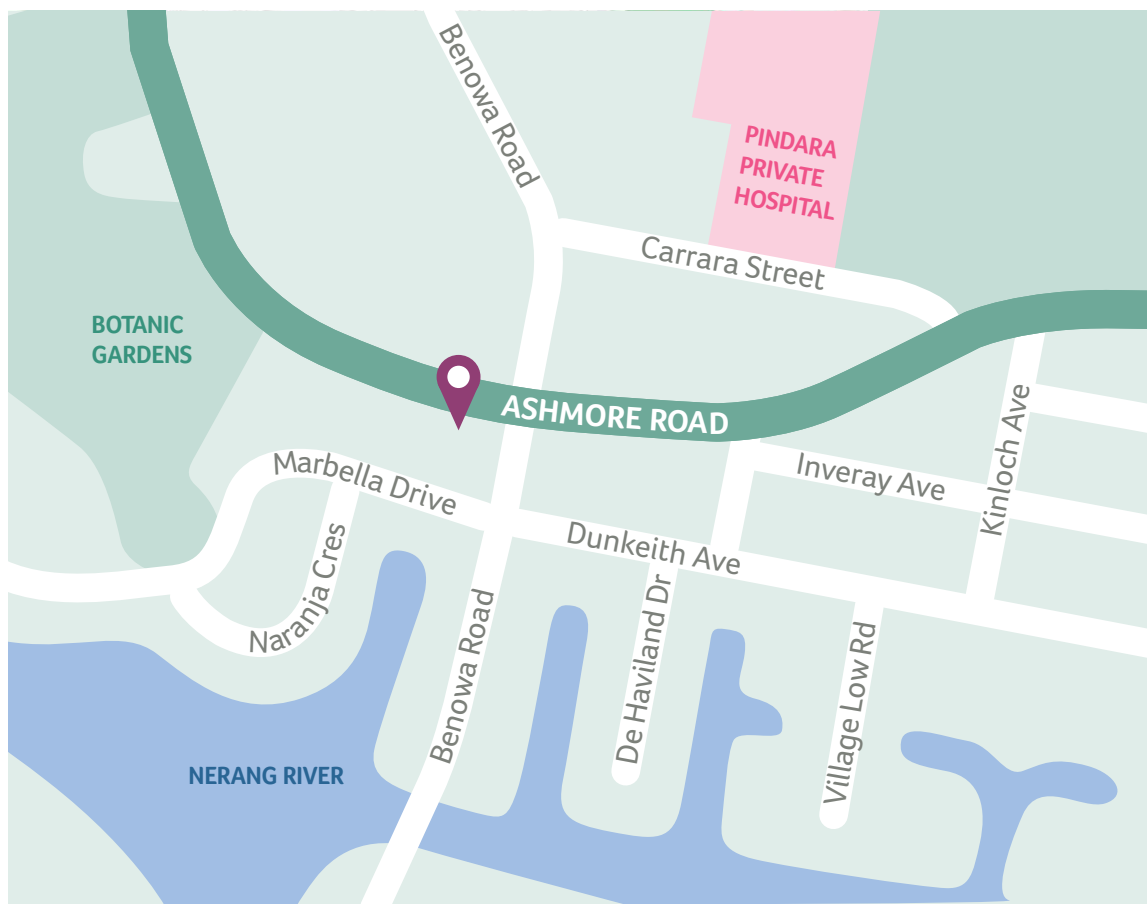
Ground Floor, 210 Ashmore Road, Benowa QLD 4127

Ph (07) 5510 0500 Fax (07) 5510 0501

www.thefertilitycentre.com.au/ivf-clinics/qld

New Patient Enquiries: 1800 842 862

Nurse Clinic Hours info@thefertilitycentre.com.au	Monday to Friday 7.00am – 4:00pm
Blood Test Clinic Hours	Monday to Friday By Appointment
Emergency After-hours Nursing Support	Ph 0414 319 981



For Medical Emergencies out of hours, on weekends and on public holidays, you should attend your local hospital Emergency Department.

If you attend your local Emergency Department please advise them that you are currently undertaking IVF treatment and take your medications with you.

