Trianglen
FERTILITY CLINIC

Insemination (IUI-D)

with

Donor sperm

Information

Table of contents

Collection and storage of information

In connection with medical treatment and mandatory keeping of medical records we need to gather, organize and store information about the persons we treat. Medical treatment is possible only if you can accept this.
The information is collected and stored according to the General Data Protection Regulation.
More information is available on our website.

Types of donor semen

It is possible to use different types of donor semen.

Insemination treatment with semen from a donor may be used by couples or by single women.

Legal and other aspects of using donor sperm

The legal implications of sperm donation depend on the type of sperm used. Please see below for a brief description of some of the legal aspects associated with different types of donor semen.

Important legal aspects when using donor sperm
When a woman with a male or female partner is treated with donor semen, there are important legal issues to consider.
The father or 'co-mother' to be must sign a form about the fatherhood or 'co-motherhood' before the fertility treatment.
Please see *The State Administration's* website, www.familieretshuset.dk.

The Danish Health Authorities demand that the following information be given to all women/couples treated with semen from a sperm donor.
'When donors are selected, it is sought to limit the risk of inheritable diseases, malformations et cetera by only using donors who have declared that they are not aware of such inheritable risks in their kindred and who have been asked about such conditions by an experienced health professional. Despite these precautions the risk of inheritable diseases is not excluded. If the child unexpectedly has a condition at birth or during the first years of life which you are informed could be inheritable it is therefore important that you inform the clinic or the health professional who has treated, you so it can be decided whether the donor can still be used. The same applies if you find out that a contagious disease may have been transferred by donor semen or donor eggs. Even though the donor is tested and found not to have transmittable diseases such as HIV or hepatitis the risk is never zero'.

When donor insemination is used to treat a heterosexual couple, the man must declare that he will be the father of the child/children and assume all the responsibilities associated with fatherhood. The parents must provide for the child until the child turns 18 years old. The child can use the parent's family name and has the right to inherit the parents.

Donor testing

Please see the sperm banks' websites for details about donor testing.
The extent of testing performed by the various sperm banks differ. Therefore, we recommend that you consult the individual sperm bank's website for detailed information about the donor testing in that sperm bank.

Donors are examined by the sperm bank's doctor. They have to be physically and mentally healthy, and there must not be inheritable diseases in their family. The donors must have a normal chromosome test. They are tested for serious infectious diseases (venereal diseases, hepatitis B and C and HIV).

Selecting a sperm donor for treatment

As described below it is possible to choose between different types of sperm donors ('Anonymous', 'Extended profile', 'Open' and 'Own'). Depending on the type of donor you may base your selection on basic characteristics such as eye colour, hair colour, height, weight and skin colour or more detailed information such as childhood photos, voice samples et cetera.

The sperm banks offer different donor types and thus various levels of information about the donor. We recommend that you select a donor from a sperm bank (for example www.cryos.dk or www.skejbycryobank.dk). When you have found a suitable donor, you can have sperm 'straws' sent to our clinic. We can then store the straws at minus 196 °C until they are used for treatment.

Please note that The Danish Health and Medicines Authority and the sperm banks use different definitions of 'anonymous'.

'Anonymous' sperm donor

For an anonymous donor the sperm bank may provide information about the donor's eye colour, hair colour, height, weight and skin colour. You may select sperm donors from the sperm banks' websites.

The donor will forever remain anonymous, and his identity will never be revealed to you or the child. Neither will the donor ever have any information about the children resulting from the treatment with his sperm.
It is conceivable that DNA analyses on the donor or his children and family and on children created with sperm from donor can be used to find out who the donor is. This may happen if some of the aforementioned publish their DNA profiles so that they are available on the internet. In this way, it can theoretically happen that the anonymity is broken.

The 'Anonymous' donor has no legal obligations or rights in relation to the child.

'Extended profile' sperm donor

A sperm donor with an 'Extended profile' is a donor where there is more information available than the basic information that may be provided for an 'Anonymous' donor. 'Extended profile' donors are per definition non-anonymous. The 'Extended profile' may contain information about blood type or more detailed information such as family relations, interests, education, voice sample, baby photos et cetera.

The 'Extended profile' donor has no legal obligations or rights in relation to the child.

The woman/couple or the children resulting from the treatment cannot obtain information about the donor's identity. Nor will the donor ever have any information about who is treated with his sperm or the children resulting from the treatment with his sperm.

'Open' sperm donor

An 'Open' donor is a donor who delivers sperm to a sperm bank and the sperm bank provides the sperm to fertility clinics. The 'Op en' donor has made an agreement with the sperm bank that children resulting from treatment with his sperm may later contact their donor if they wish.

The specific terms are agreed between the donor and the sperm bank. Therefore, users of 'Open' profile donor semen must themselves obtain detailed information from the sperm bank about the agreement that has been made with the donor concerning later contact between children resulting from treatment with his sperm and him.

The 'Open profile' donor has no legal obligations or rights in relation to the child except for the 'contact' possibility.

''Known/own' sperm donor

An 'Known' sperm donor is a donor whom the woman or couple knows and who has accepted to donate sperm for treatment of the woman, even though the woman and the donor are not married or living together as a couple.

An 'Own' donor must be tested for contagious diseases and deposit sperm like other sperm donors. This testing is done in a sperm bank, that can freeze the sperm for later use in a fertility clinic. Please note that it is not possible to use 'fresh' not frozen sperm from a known sperm donor. It must be frozen in a sperm bank prior to treatment.

The donor must be examined medically to determine if he is suitable as sperm donor. This testing can be done at Trianglen. For prices, please consult our pricelist or the secretaries. When the known donor has been evaluated and accepted, the frozen sperm can be transferred to the fertility clinic for use.

According to Danish Law, a 'known' donor is legally the father of the child/children resulting from the treatment i.e., the 'known' donor has duty to financially support the child, and the child will inherit from the 'known' donor. An exception from this rule applies when the woman being treated lives in a 'marriage-like' relationship with a male partner or if she has a female partner who assumes for 'co-motherhood' for the child.

The legal aspects regarding the donor's fathership or the female partner's co-mothership must be settled before the fertility treatment. The form called 'Blanket 9' from Familieretshuset ('The Family Law House') is used for this purpose.

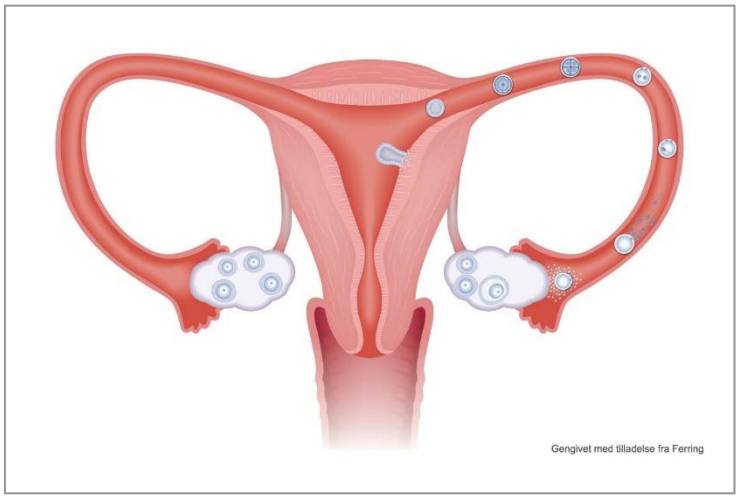
There are some important issues to consider when using a 'known' donor

- The known donor must give his written consent prior to each use of his sperm or blastocysts fertilised with his sperm. The treatment will be cancelled if the sperm donor's consent is not in place before the stage in the treatment where his sperm or the blastocyst must be thawed.
- The known donor can - at any time - request that the fertility clinic discards any unused sperm and any frozen blastocysts created with his sperm.
- If the donor should pass away, any stored sperm samples and blastocysts fertilised with his sperm cannot be used for treatment and must be discarded.

The normal fertilisation process

In a 'normal' menstrual cycle of approximately 28 days ovulation takes place around day 14. A single oocyte ('egg') is released from the ovary and the oocyte enters one of the fallopian tubes.

If intercourse has taken place 50-200 million sperm cells will have been ejaculated in the vagina. The sperm cells swim through the uterine cervix and the uterine cavity and into the fallopian tubes. Only a few hundred sperm cells reach the distal part of the fallopian tubes, where the fertilisation takes place.



Ovulation and fertilisation

Subsequently the fertilised egg – now an early embryo – is transported through the fallopian tube to the uterine cavity where it implants and develops into a child.

Intrauterine insemination in brief

The principle in treatment with intrauterine insemination can be summarised as follows:

1. One (or 2-3 if hormone stimulation is used) oocytes are matured in the ovaries
2. The time of ovulation and the insemination are timed to ensure that the oocyte and the sperm cells meet
3. The sperm cells are injected into the uterine cavity and the fallopian tubes where the fertilisation takes place.

Treatment levels

Most women who are treated with donor insemination have normal fertility. Therefore, it is often easy to obtain pregnancy.

Treatment with donor insemination may be performed on different 'levels'.

Level 1: The growth of the follicle is monitored by ultrasound scanning. When the follicle (and thus the oocyte) is ready an injection for ovulation triggering is given. Insemination is performed approximately 38 hours later.

Level 2: Mild hormone stimulation is given. The purpose is to develop 2-3 oocytes. Ultrasound scanning, ovulation triggering and insemination are as for Level 2.

In some cases the woman may use 'ovulation tests' to determine the appropriate time for insemination. We do generally not recommend this method because 'ovulation tests' may me inaccurate.

Consultation and examination

Before treatment is started you are welcome to come to the clinic for a consultation. If you prefer, you may in stead send us information about your case, so we can plan the treatment.

We will then evaluate your (in)fertility history and examine the results of diagnostic procedures and tests you may have had. We will also plan additional work-up if necessary.

Some of the most important factors for evaluating the cause of infertility are described below:

The fallopian tubes are best examined by ultrasound with contrast (HyCoSy). If the tubes are *not* normal, the treatment of choice is IVF (In Vitro Fertilisation) and not insemination.
If the woman has never had pelvic inflammatory disease (including chlamydia) or other infections in the abdomen (for example severe appendicitis) it may not be necessary to examine the fallopian tubes initially. However, the patency of the fallopian tubes should always be examined if pregnancy has not been obtained after 2-3 treatment cycles.

The ovaries can be examined with an ultrasound scan. The woman should also have a blood test for FSH, LH and oestradiol taken on cycle day 2-3. AMH may be taken any day of your cycle.

Sperm quality. If donor insemination is planned, it is most often because the sperm quality is severely reduced, or because there is no male partner.

Blood tests for serious infectious diseases (HIV, hepatitis-B and hepatitis-C) *must* be performed on both partners before treatment.

The woman should also have a blood test for the 'milk hormone' (prolactin) and thyroid function (TSH – Thyroid Stimulation Hormone and TPO-Ab (antibodies)).

A blood test for german measles (rubella) should also be taken. If the woman is not immune, she should be vaccinated against german measles before fertility treatment.

The woman should have a *PAP-smear* performed within the last 3 years and a test for *Chlamydia*.

The course of the treatment

As previously described, the treatment may be on different 'levels'.

In many cases, it will be reasonable to carry out 2-3 treatment cycles *without* hormone stimulation. If pregnancy has not been obtained, it may be relevant to use mild hormone stimulation in order to make 2-3 oocytes mature in each cycle.

Level 1 (no hormone stimulation – follicle development monitored by ultrasound)

Please call our secretaries (+45 3940 7000) when your menstrual period starts. You can make an appointment for an ultrasound scan. The first scan is normally performed on cycle day 10-12.

The purpose of the scan is to determine when the follicle - and thus the egg/oocyte - is mature (approximately 17-18 mm in diameter) and ready for ovulation triggering.

The ultrasound scan also shows the thickness of the endometrial lining, where the fertilised egg is going to implant.

Ultrasound scan in other clinics

If you live far from our clinic, it may be convenient for you to have the ultrasound scan(s) performed 'locally'. If you prefer this option, you should send us information about the scan by email (sekretaer@trianglen.dk) or fax (+45 3940 7075). You may download a form for this purpose from our website.
After the ultrasound scan, we would like to know the following:

- The size and number of follicles in the right and left ovary
- The thickness of the endometrium.

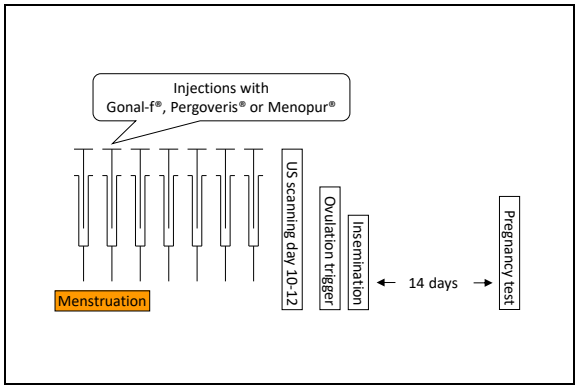
Ovulation trigger

When the follicle is ready, you should take an injection with hCG (Ovitrelle®) for ovulation triggering. Ovulation takes place approximately 38 hours later.

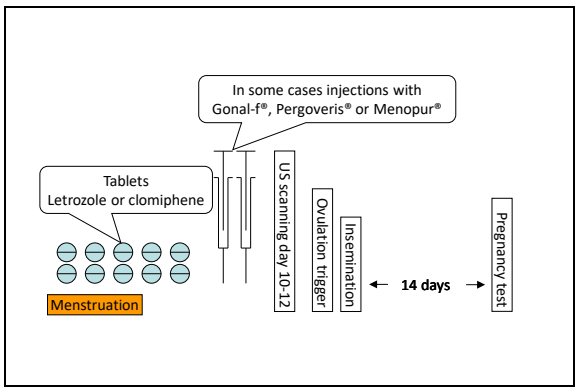
Normally the injection for ovulation triggering is taken in the evening. Our secretaries will inform you about the precise time. The insemination is performed in our clinic approximately 38 hours later, close to the time where ovulation occurs.

Level 2 (mild hormone stimulation – follicle development monitored by ultradound)

Please call our secretaries (+45 3940 7000) when your menstrual period starts. You can make an appointment for an ultrasound scan. The first scan is normally performed on cycle day 10-12. Concerning ultrasound scans in other clinics, please see below.



Hormone stimulation with injections



Hormone stimulation with letrozole or clomiphene and injections

Hormone stimulation

The plan for your hormone stimulation is written in your notes. The secretaries can confirm the planned hormone treatment with you.

In most cases, mild hormone stimulation is given in the early part of the menstrual cycle. The purpose of the hormone stimulation is to make 2-3 follicles grow in the ovaries. The most common form of hormone treatment is clomiphene citrate 50 mg twice daily from cycle day 3-7. In some cases, additional hormone injections with follicle stimulating hormone (FSH or hMG) is given on cycle days 8-10.

If your menstrual cycle is very long, the aim of the hormone stimulation is to make one or two follicles grow.

Women with PCOS (PolyCystic Ovary Syndrome) often do not develop follicles when treated with clomiphene tablets. In these women, it may be necessary to induce follicle development with daily injections with FSH (Follicle Stimulating Hormone). The injections are normally given for 10-20 days.

Ultrasound scan

The purpose of the scan is to determine the number of follicles and to find out when they are mature (17-18 mm in diameter). If the number of mature follicles is too high, the cycle has to be cancelled.

The ultrasound scan also shows the thickness of the endometrial lining, where the fertilised egg will implant.

Ultrasound scan in other clinics

If you live far from our clinic, it may be convenient for you to have the ultrasound scan(s) performed 'locally'. If you prefer this option, you should send us information about the scan by email (sekretaer@trianglen.dk) or fax (+45 3940 7075). You may download a form for this purpose from our website.
After the ultrasound scan, we would like to know the following:

- The size and number of follicles in the right and left ovary
- The thickness of the endometrium.

Ovulation trigger

When the follicle is ready, you should take an injection with hCG (Ovitrelle®) for ovulation triggering. Ovulation takes place approximately 38 hours later.

Normally the injection for ovulation triggering is taken in the evening. The precise time is arranged with our secretaries. The insemination is performed in our clinic approximately 38 hours later, close to the time where ovulation occurs.

'Ovulation testing' (urine-test for LH rise)

We generally do not recommend this method because ovulation tests may be inaccurate. If this method is used it should only be used by women with a regular menstrual cycle between 26-30 days.

You should perform a urine LH-test every morning from around day 11 of your cycle (if the cycle length is 28 days)

Cycle length	26	27	28	29	30
First LH test taken on cycle day	9	10	11	12	13

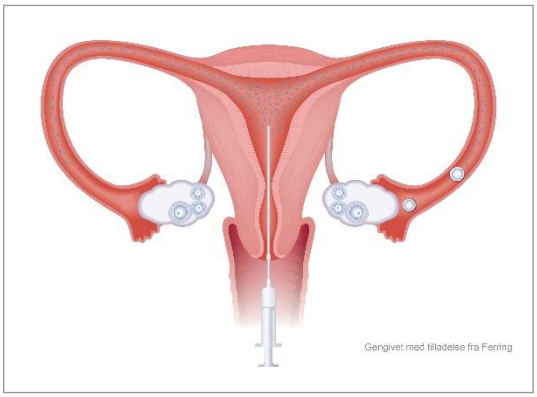
The LH-test should *not* be taken on the first urine void in the morning. When the test is positive (two lines, see the instructions that came with the test) please call us so we can book an appointment for insemination the day after the positive test.

Insemination

For the insemination we use the donor sperm that you have ordered from the sperm bank, and which has been sent to us.

The insemination is performed like a normal gynaecological examination. A thin plastic tube is introduced into the uterine cavity and the sperm sample is injected. In most cases, there is no pain or discomfort associated with the insemination.

There are no special precautions after the insemination. You may do anything you would otherwise have done.



Insemination i the uterine cavity

Pregnancy test

After the insemination, we give you a pregnancy test, which you should use 14 days later. It is best to test on the first urine you void in the morning.

Please call our secretaries and tell them whether the test was positive or negative. If the test is positive, you should be ultrasound scanned approximately three weeks later, when the early embryo should be visible.
If the test is negative, you may follow the plan we discussed on the day of insemination.

If you are not pregnant after 2-3 inseminations

If pregnancy is not obtained after 2-3 inseminations, the following could be considered

- Examine the patency of the fallopian tubes (HyCoSy) if not done before
- Use a mild hormone stimulation (if not done already)
- Change sperm donor.

The chance of becoming pregnant

The chance of becoming pregnant with donor insemination in our clinic is approximately 20-25% per cycle for women younger than 40. Approx. 60% will be pregnant after 3 cycles and 80% after 6 cycles.

For women over 40 years of age the success rate decreases significantly.
After the woman has turned 41, the chance of becoming pregnant by insemination is just a few percent. Therefore, we do not perform insemination after a woman has turned 41.

If hormone stimulation has been used the woman will often produce more than one egg. In these cases, the probability of a twin pregnancy is increased. Twins are seen in approximately 10% of the pregnancies after hormone stimulation. Without hormone stimulation, the chance of a twin pregnancy is 1%. Triplets are very rare.

Insemination with donor sperm 2022	**<35 years**	**35-<38 years**	**38-<40 years**	**40-<42 years**
Insemination with donor sperm	308	172	145	92
Positive pregnancy test per insemination	69	28	20	12
Positive pregnancy test per insemination (%)	**22,4%**	**16,3%**	**13,8%**	**13%**
Ongoing clinical pregnancy in week 8	52	20	11	8
Ongoing clinical pregnancy in week 8 (%)	**16,9%**	**11,6%**	**7,6%**	**8,7%**
Multiple pregnancy	4	0	0	1
Multiple pregnancy (%)	**1,3%**	**0%**	**0%**	**1,1%**

Pregnancy rate is per insemination

How many treatments?

If insemination with donor semen has not been successful after 3-6 treatment cycles, IVF (In Vitro Fertilisation) should be considered. IVF is more efficient but also more demanding.

Age and insemination

The chance of getting pregnant and *give birth* with insemination treatment decreases markedly with age and becomes low after the woman has turned 40 years of age.

When the woman has turned 40 but not yet 41 the chance of giving birth after insemination is around 8-9% per insemination. When the woman has turned 41 but not yet 42 the chance of giving birth per insemination is around 6-7% per insemination. Thus, on average it takes around 15 inseminations to obtain one childbirth for a woman aged 41.

Because of these statistics we do not recommend insemination after the woman has turned 40, and we do not do insemination after the woman has turned 41.

In vitro fertilization (IVF) treatment is far more effective when the age is above 40. With IVF the chance of giving birth is around 15-20% for a woman who is 40 years old and around 13-15% for a 41-year old woman.

If insemination treatment is performed in women above 40 there is a quite high risk that she will use her last fertile months/years on a less efficient treatment. This may give a lower chance of ever obtaining pregnancy and childbirth because the time (age) for potential subsequent IVF is postponed.

Treatment related side effects

In general, insemination treatment is safe and there are very few risks associated with the treatment.

Side effects of the medicine

These are temporary and generally mild. You may experience nausea, breast tenderness, headache, hot flushes and tiredness.

Sometimes hormone stimulation makes more follicles than desired grow. This may make it necessary to cancel the cycle and start over with a lower (or no) stimulation.

Allergic reactions against the medicine are very rare. Symptoms may include rashes and difficulty breathing. If you suspect an allergic reaction, you should not take more of the medicine and you should consult a doctor.

Complicated pregnancy

As described earlier there is an increased risk of twin pregnancies when hormone stimulation is used. The risk of complications – especially preterm delivery – is increased in twin pregnancies.

Risk of ovarian cancer?

Recent studies do not indicate that the hormones used for fertility treatment result in an increased risk for later development of ovarian cancer. However, no studies that can completely exclude such a risk have been performed.

Acupuncture

Acupuncture is a classic Chinese treatment, which is also used, in modern 'Western' medicine.
We offer acupuncture in connection with insemination treatment. There is no scientific evidence that acupuncture increases the chance of becoming pregnant.

Ordering donor sperm

If you are going to use donor sperm for treatment, the sperm should be ordered from one of the certified sperm banks, and the donor sperm should be transferred to us. We can store the frozen sperm samples in liquid nitrogen until they are used for treatment.
You can find the desired information about the donors on the sperm bank's websites. You can find additional information about ordering donor sperm on trianglen.dk.

We recommend that you order 'washed sperm', also called 'IUI-ready'.

In Denmark, there are three major sperm banks:

- **Skejby Cryobank** (www.skejbycryobank.dk). We have a collaboration agreement with Danish Skejby Cryobank, which, like Trianglen, is part of Virtus Health. This means that you get free delivery and save our handling fee when you order sperm from Skejby CryoBank. We recommend MOT20 for straw for insemination treatment.
- **European Sperm Bank** (www.europeanspermbank.com). We collaborate with European Sperm Bank so you can access their donor register without having to pay. If you go to ESB's website using this link http://clinics.europeanspermbank.com/trianglen they can see that you were referred from us. All sperm straws from European Sperm Bank are MOT20 or better and thus meet Trianglen's recommendations for quality.
- **Cryos** (www.cryos.dk) We collaborate with Cryos. You can find more information about the collaboration on our website. Please note that we recommend that you order MOT20 or better when ordering from Cryos. MOT10 and MOT5 straws are not recommended.

Reservation of sperm from the same donor for future treatment

You can reserve/buy sperm from the same donor for future treatment. When you have become pregnant with a donor, you may contact the sperm bank and buy 'straws' from the same donor for future use. The straws should remain in the sperm bank until the time when you want to use them.

Price list (IUI-D)

The prices are per treatment cycle.
Donor sperm is not included in the prices. Donor sperm is normally bought directly from the sperm bank.

Price List 01.01.2024	
Consultation prices *(Covered if there is a valid referral from your doctor)*	**DKK**
First consultation.	1.400
Subsequent 'extra' consultations that are not part of paid IUI treatment.	1.300
IUI-D prices *The prices apply when donor sperm is bought from and paid to the sperm bank.*	
Handling fee for sperm straws received from sperm bank. Regardless of number of straws. Includes storage for one year.	850
Storage of frozen sperm straws beyond 1 years. Per year.	2.900
Referral from family doctor / GP for both, for female-male couples.	0
Referral for the woman, for single women.	0
Couples/single women. Referral for the man only. Includes one ultrasound scan.	2.860
Couples/singles without a referral. When using non-washed semen. Includes one ultrasound scan.	4.310
Couples/singles without referral. When using washed semen (IUI / ready to use). Includes one ultrasound scan.	3.660
Ultrasound scans above one scan per cycle. No referral for the woman. Per scan.	1.300
First pregnancy scan included. If more pregnancy scans and no referral for the woman. Per scan.	1.300
Sperm donor evaluation when using own known sperm donor (valid two years).	4.350

Prices for other services can be found on the clinic's website.

General advice

Folic acid

It is recommended that all women take folic acid daily when they try to become pregnant and during the first 12 weeks of pregnancy. Taking folic acid reduces the risk of foetal malformations in the central nervous system.
In Denmark, the health authorities recommend a daily dose of 400 micrograms folic acid.
If you have previously had a child (or a miscarriage) with malformations in the central nervous system (neural tube defects), it is recommended that you take 5 mg folic acid daily. This also applies if you use medicine against epilepsy.

Physical exercise

Physical exercise is good – in moderation. Very hard physical exercise or training may reduce the chance of becoming pregnant. Most likely, high heart rate for extended periods reduces fertility.

We recommend that exercise is kept at moderate intensity. This means that you should not go beyond 2/3 of your capacity equal to a level where you can easily keep up a conversation during exercise.

Alcohol

The woman should consume as little alcohol as possible when she tries to become pregnant. It is likely that even a small alcohol intake (1-5 units per week) may reduce fertility.
When a woman is pregnant, she is advised not to drink alcohol at all.
Alcohol seems to affect the man's fertility to a lesser degree. A daily consumption of up to three units does not seem to affect the sperm quality. A higher intake of alcohol may reduce the sperm quality.

Tobacco

Smoking reduces the fertility in women and the sperm quality in men. Therefore, it is advisable for both the woman and the man not to smoke at all.

Coffee/caffeine

Coffee, tea and cola contain caffeine. There is no indication that a moderate consumption of caffeine-containing beverages affects fertility. It is possible that a large consumption (more than 3-5 cups/glasses per day) will reduce the chance of becoming pregnant.

Medicine

If you take medicine, you should consider whether the medicine may affect your chance of becoming pregnant or if it could harm the foetus/baby when you are pregnant. You may discuss this subject with your doctor. It may be possible to switch to another medicine, which will not affect your fertility or the foetus.
In general, we recommend that you do not use herbal medicinal products, since too little is known about their possible effects on your fertility.

Pain-relieving medicine

We recommend that you do not use pain-relievers of the 'NSAID' type (e.g. Brufen®, Ipren®, Diclon®) during fertility treatment. You may use paracetamol (e.g. Panodil®) if necessary.

Environmental factors

Most kinds of work will not affect the fertility. If you work with chemical substances such as organic solvents or pesticides or if you are exposed to radiation, your fertility may be affected. You may discuss this with your workplace or with your doctor.

German measles (rubella)

It is recommended that the woman has a blood test to determine if she has antibodies against German measles. If she is not immune, she should be vaccinated because it may cause serious foetal malformations is she is infected with german measles during pregnancy.

Body weight

Both a too low and a too high body weight will reduce the chance of becoming pregnant. Overweight also increases the risk of complications during pregnancy and delivery. The so-called 'Body Mass Index' (BMI) which is calculated as follows may determine normal weight and too low or too high body weight

$$\text{BMI} = \frac{Weight}{Height * Height}$$ the weight is in kilos and the height in metres.

BMI between 20 and 25 is optimal. Your fertility may be reduced if your BMI is below 19 or above 29.

Folic acid

It is recommended that all women take folic acid daily when they try to become pregnant and during the first 12 weeks of pregnancy. Taking folic acid reduces the risk of foetal malformations in the central nervous system.
In Denmark, the health authorities recommend a daily dose of 400 micrograms folic acid.
If you have previously had a child (or a miscarriage) with malformations in the central nervous system (neural tube defects), it is recommended that you take 5 mg folic acid daily. This also applies if you use medicine against epilepsy.

Referral for treatment in a public fertility clinic

It is possible to be referred to fertility treatment in the fertility clinics in the public hospitals.
In general, you must meet the conditions below in order to be referred to a public fertility clinic. We are happy to assist you with the referral.

- There must be reason for fertility treatment.
- You must not already have a child (for couples: a common child).
- The woman must not have turned 40 at the time of referral.

Opening hours, telephone hours and contact information

Opening hours

The Clinic is open all days year-round, including weekends and holidays.
On weekdays, the opening hours are from 8-16 (8 a.m. – 4 p.m.).
Weekends and holidays we are open from 8-12 (a.m.).
In case of an emergency outside of our opening hours you should contact an emergency room or a doctor on call.
In the Copenhagen area in Denmark you may contact the 'Acute Phone' (1813).

Telephone numbers and opening hours

Phone: +45 3940 7000
Please find our telephone opening hours on weekdays and on holydays and weekends on our website.

Address

Our address is:
Strandvejen 104A
DK-2900 Hellerup
Denmark.

Mail-addresses

Due to security and because of the General Data Protection Regulation all email correspondence must be 'secure'. Please refer to 'Contact' information on our website www.trianglen.com.

Mail-contact to the clinic for patients

Please only use *secure email*, see 'Contact' information on our website www.trianglen.com.
If you send an email to us about an ongoing treatment, please provide your *full* name and your *date of* birth.
There is more information on our website: trianglen.com and trianglen.dk

Links

Trianglen Fertility Clinic ..... trianglen.dk
Danish Fertility Society ..... fertilitetsselskab.dk
Danish Health and Medicine Authority ..... sst.dk
Sundhed.dk ..... sundhed.dk
Medicin.dk..... medicin.dk - detailed information about medicine.

Notes

Overview over IUI-D treatment (with or without hormone stimulation – with ultrasound monitoring)

Day of menstrual cycle – The first day of 'real/heavy' bleeding is day 1

1st day of menstrual bleeding *Call our secretaries.* *Check that sperm is in Trianglen or ordered from the sperm bank.*	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**
Tests *(if relevant)*					◄- *HSU/HyCoSy (HysteroSalpingoUltrasound) if relevant*-►									
Without stimulation											Ovulation trigger (timing arranged with us)			
Letrozole orClomiphene (+ injections)		💊	💊	💊	💊	💊	(💉)	(💉)	(💉)		Ovulation trigger (timing arranged with us)			
Stimulation with injections		💉	💉	💉	💉	💉	💉	💉	💉	💉	Ovulation trigger (timing arranged with us)			
Monday	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed 👁	Thu 👁	Fri 👁	Sat	Sun	Mon
Tuesday	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu 👁	Fri 👁	Sat	Sun	Mon	Tue
Wednesday	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri 👁	Sat	Sun	Mon	Tue	Wed
Thursday	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon 👁	Tue	Wed	Thu
Friday	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon 👁	Tue 👁	Wed	Thu	Fri
Saturday	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon 👁	Tue 👁	Wed 👁	Thu	Fri	Sat
Sunday	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue 👁	Wed 👁	Thu 👁	Fri	Sat	Sun

The table is read horizontally beginning on the weekday where your menstrual bleeding starts..

Days 3-10 (or longer) you may in some cases use hormone stimulation with tablets (💊) and/or injections (💉) with Pergoveris®, Gonal-f®, Menopur® or similar.

On day 10-12 you should be scanned (👁) to determine the number and size of follicles in the ovaries.

Please call the secretaries and arrange for an ultrasound scan when your menstrual bleeding starts.