Pennsylvania
Department of Health

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

IN **VITRO FERTILIZATION QUARTERLY REPORT**

All persons conducting, or experimenting in, in vitro fertilization shall file quarterly reports with the Department, Division of Acute and Ambulatory Care. Reports are due no later than 30 days after the end of each calendar quarter and will be available for public inspection and copying. Reports shall be submitted by fax 717-705-6663 or email RA-DAAC@pa.gov.

I. Reporting Period (check one): ☐ Jan 1 - March 31 ☐ April 1 - June 30 ☐ July 1 - Sept 30 ☐ Oct 1 - Dec 31

2. _____
Last Name First Name MI

_____
Last Name First Name MI

_____
Last Name First Name MI

_____
Last Name First Name MI

_____
Last Name First Name MI

3. Locations where the fertilization or experimentation is conducted:

_____
Street City, Boro, Township County

_____
Street City, Boro, Township County

3. Name and address of any person, facility, agency or organization sponsoring the fertilization or experimentation:

_____
Name Street County

4. Number of eggs fertilized: _____

5. Number of fertilized eggs destroyed or discarded: _____

6. Number of women implanted with a fertilized egg: _____

DATE SUBMITTED: _____

Division of Acute and Ambulatory Care Commonwealth of Pennsylvania HUB
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