



Please send this form to:

Helfo
Postbox 2415
3104 Tønsberg
NORWAY

Statement from the treating physician abroad regarding reimbursement of assisted reproductive treatment

This form must be filled out and signed by the treating physician for each attempt.

The woman or couple must enclose this form together with her/their application for reimbursement of expenses for treatment and medicines for assisted reproductive treatment recieved abroad.

The form must be filled using capital letters and be ledgible.

1. Information regarding the applicant(s)

Name of applicant	Name of partner	
National ID number (11 digits)	National ID number (11 digits)	
The couple is married or cohabit in a marital-like relationship	YES	NO
The woman is single and living alone	YES	NO

2. Information regarding the treating physician

Name	Authorisation number
Name of hospital/clinic	Phone number including country code
Postal address	Postcode/City
Country	
The treating physician is a specialist in obstetrics and gynaecology	

3. Information regarding the treatment

The woman or couple is having the following treatment:	
Insemination (AIH/AID)	Hormone stimulation
Fertilisation outside the body (IVF or ICSI)	Drugs for PGD/PGT treatment

4A. Information regarding egg retrieval and embryo transfer

The treatment regards:

Attempt completed

Used stored fertilised eggs

Attempt aborted

Freeze only

Date for egg retrieval

Number of fertilized eggs

Date for embryo transfer

Date for aborted attempt

Date for the use of stored fertilized eggs

Other information that can be of significance with regard to reimbursement, for example the reason for an aborted attempt.

4B. Information regarding insemination or hormone stimulation

Time period for treatment:

Other information that can be of significance with regard to reimbursement

5. Information regarding the treatment outside Norway

Will eggs be used from a donor?	YES	NO
If yes - Who chose the donor? The woman/couple The practising physician		
If using donor eggs, please note that the following criteria in the Norwegian Biotechnology Act §§ 2-7 to 2-11 must be fulfilled in order for the couple to apply for reimbursement:		
<ul style="list-style-type: none"> The donor must <ul style="list-style-type: none"> -be at least 25 years of age and no older than 35 years of age -not be deprived of legal capacity -not be given information about the identity of the couple or child -have provided a written consent to use of her eggs in infertility treatment -have provided a written consent to registration of her identity in a donor register The donor's identity must be registered in a donor register. The child must be given access to this information upon turning 15 years of age. In the event of a donor's death, her eggs cannot be used in infertility treatment. 		
Does the treatment offered fulfill the criteria above?	YES	NO
If no - which criteria aren't fulfilled?		

Will donor sperm be used?	YES	NO
If yes - Who chose the donor? The woman/couple The practising physician		
Is the sperm donor registered in a donor register that gives the child access to the donor identity when the child has reached the age of		
<ul style="list-style-type: none"> - 15 years - 18 years 		
Date of sperm donation		
If using donor sperm, please note that the following criteria in the Norwegian Biotechnology Act §§ 2-7 to 2-11 must be fulfilled in order for the couple to apply for reimbursement:		
<ul style="list-style-type: none"> The donor must <ul style="list-style-type: none"> -be at least 18 years of age -not be deprived of legal capacity -not be given information about the identity of the couple or the child -have provided a written consent to use of his sperm in infertility treatment -have provided a written consent to registration of his identity in a donor register The donor's identity must be registered in a donor register. In the event of a donor's death, his sperm cannot be used in infertility treatment. 		
Does the treatment offered fulfill the criteria above?	YES	NO
If no - which criteria aren't fulfilled?		

Regardless of whether donor sperm is used or not, please note that Norwegian legislation prohibits processing of sperm before conception with the purpose of influencing a baby's gender, except in certain cases where the woman is a carrier of a serious hereditary disease linked to gender.		
Is processing of sperm used to influence the baby's gender?	YES	NO

Will it be performed a preimplantation genetic diagnosis of any kind?	YES	NO
Reason for preimplantation genetic diagnosis:		

6. Assessment of the woman/couple

According to the Norwegian Biotechnology Act, a doctor must assess whether assisted fertilisation should be given. The decision must be based on medical and psychosocial assessments of the woman / couple. Emphasis must be placed on the woman's / couple's parenting ability and the best interests of the child. If necessary, statements from Norwegian authorities should be obtained.

6A. Medical assessment

A diagnosis of infertility can be made if pregnancy is not achieved after regular intercourse without contraception for 12 months. The following conditions may reduce the benefit of treatment: overweight, age over 38 years, comorbidity, intracavitary polyps and myomas or other findings that can be treated surgically.

I hereby certify that I have performed the necessary medical assessments of the woman/couple. YES NO

In my opinion, there is a medical indication for granting the woman/couple assisted fertilisation. YES NO

Medical rationale (must be filled out):

6B. Mental/psychological health assessment

The woman/couple must be suited to go through the process of receiving assisted fertilisation. For some individuals, there can be a physical and mental (psychological) strain, especially given the risk of a negative outcome to the treatment.

In my opinion, the woman / couple is mentally (psychologically) prepared and in a psychological state to undergo the process of assisted fertilisation. YES NO

6C. Psychosocial assessment

Before a decision on assisted fertilisation can be made, an assessment must be made of the woman's / couple's parenting ability and the best interests of the child must be considered. The woman/couple must be in a state of ordinarily good mental/psychological health, and be able to give the child a safe upbringing.

I confirm that I have interviewed the woman/couple and have conducted a psychosocial assessment of the woman/couple and their life situation. YES NO

My assessment of the psychosocial situation of the woman / couple and her/their ability to give the child a safe upbringing (must be filled out):

6D. Total assessment

In your opinion, is the single woman/couple suited to go through the process of assisted fertilisation?

YES

NO

7. Signature

I hereby confirm that the information above is correct.

Place and date

Signature