

## Request for Endometrial Function Test® (EFT®)

Physician: \_\_\_\_\_ Please fill out **one** form **per** biopsy.  
Location: \_\_\_\_\_ Please only send biopsies Monday  
Contact: \_\_\_\_\_ through Thursday via **FedEx Express**  
Telephone: \_\_\_\_\_ **Priority Overnight to:**  
Fax: \_\_\_\_\_ Harvey Kliman, MD, PhD  
Cell: \_\_\_\_\_ Reproductive and Placental Res Unit  
email: \_\_\_\_\_ Department of Obstetrics & Gynecology  
310 Cedar Street, FMB 225  
New Haven, CT 06510

**\*\*Ordering M.D. Signature\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_ **K2** \_\_\_\_\_ – \_\_\_\_\_  
↑ Office Use Only ↑

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Principal Diagnosis \_\_\_\_\_

G \_\_\_\_\_ P \_\_\_\_\_ SAb \_\_\_\_\_ Biochem \_\_\_\_\_ Elec Ab \_\_\_\_\_ Prem \_\_\_\_\_ Ectopic \_\_\_\_\_ Liv \_\_\_\_\_

Failed IVF-ET (#) \_\_\_\_\_ Failed FET (#) \_\_\_\_\_ Failed Donor ET (#) \_\_\_\_\_ Failed IUI (#) \_\_\_\_\_

LNMP \_\_\_\_\_ **\*\*Date LH Surge\*\*** \_\_\_\_\_

Blood type, if known \_\_\_\_\_ Male factor present? \_\_\_\_\_

Date of Biopsy \_\_\_\_\_ Clin cycle day \_\_\_\_\_ (urine LH surge = d13, first full day P = d14)

Diagnoses from prior biopsies? \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI \_\_\_\_\_ Cycle: Natural ☐ Mock ☐ Stimulated ☐

If mock or stimulated cycle, please fill out the following: Suppression: \_\_\_\_\_

E2: Route \_\_\_\_\_ Start date \_\_\_\_\_

P: Route \_\_\_\_\_ **\*\*Start date\*\*** \_\_\_\_\_ ☐ AM ☐ PM

**\*\* Please always try to fill in at  
least one of the boxed dates\*\***

Other medications, additional relevant clinical information, or specific questions:

☐ H&E first (\$100) to rule out Quantity Not Sufficient (EFT run if sufficient) ☐ H&E only (\$100)

☞☞☞ I understand that I am personally and fully responsible for payment of the fee for this test.  
\*\*\* No discount will be accepted based on insurance coverage. \*\*\*

**\*\*Required Patient Signature\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

Credit card (\$595):  or  Name on card: \_\_\_\_\_ Tel#: \_\_\_\_\_

Card number: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp: mm | yy

House Number & Street: \_\_\_\_\_ State/Province: \_\_\_\_\_

City: \_\_\_\_\_ Zip or postal code: \_\_\_\_\_