FERTILITETSKLINIKKEN Trianglen

Oocyte freezing

(freezing of unfertilized eggs)

Information

Table of contents

Collection and storage of information
In relation to medical treatment and mandatory keeping of medical records we need to gather, organize and store information about the persons we treat. Accepting this is a condition of treatment. The information is collected and stored according to the General Data Protection Regulation. More information is available on our website.

About this information
The information provided is intended to supplement the information that you receive in connection with consultations and treatments in our clinic. If you have any questions, please do not hesitate to contact us. Please refer to the contact information.
We strive to ensure that all information is updated and correct. However, we cannot exclude the possibility of errors and typos.
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What does the law say
We can perform treatments within the limits of the law in Denmark. Some of the most important legal requirements are discussed here.

Woman's age

Fertility treatment must not be carried out after the woman has reached the age of 46.

Frozen embryos and eggs

Frozen unfertilized and fertilized eggs (embryos) may be stored until the woman reaches the age of 46.

Parental suitability

There must be no doubt about the "parent suitability".

Before starting treatment
Before the treatment is commenced, we will go through your medical history with special focus on factors important for your fertility.

Examinations

You will be examined with a transvaginal ultrasound scan of the uterus and ovaries.

Blood tests are taken to assess the ovarian reserve (number of eggs), thyroid function and various hormones. We will also do a blood test for hepatitis type B and type C and for HIV.

The examinations can provide information about how many eggs can be expected to be obtained by hormone stimulation and egg retrieval.

The examinations will also show whether there may be conditions at present, such as larger fibroids, that may hinder the uterus' ability to carry a pregnancy later. However, it is not possible to determine with certainty whether fibroids or other abnormalities may affect your uterus later in life.

General information about freezing unfertilized eggs
Unfertilized eggs can be frozen for later use, but there are several factors that you should be aware of before deciding to freeze unfertilized eggs.

If you freeze eggs for later use, a relatively large number of eggs should be frozen, because not all frozen eggs may result in live births.

As an approximate "rule of thumb", we say that about 20 unfertilized eggs should be frozen, for each child you want to have from the frozen eggs. The older the woman, especially if she is more than 35 years old, the more eggs may be needed. But at the same time, the number of eggs you can obtain per treatment cycle decreases with age, so for women over the age of 37, it can be difficult to obtain enough eggs to later provide a reasonable chance of having a child from the frozen eggs.

Special conditions to be aware of when freezing eggs

- Freezing unfertilized eggs is not a guarantee that one or more of the frozen eggs will later become a child.
- There may be a possibility that fewer than desired eggs will mature during the hormone stimulation that is given.
- There is a possibility that no mature eggs suitable for freezing will be obtained at the egg retrieval.
- Two, three or more hormone treatments with egg retrieval may be needed to achieve a number of eggs suitable for freezing that will give a reasonable chance of later having a child born from the frozen eggs.
- There is a possibility that some or, in rare cases, all the frozen eggs will not survive the thawing procedure.
- There is a possibility that the thawed eggs, when fertilized with sperm, will not develop into blastocysts suitable for transfer to the uterus.
- Reports from other countries, where egg freezing has been permitted for a long time, show that a large proportion of the women (around 80-90%) who have their eggs frozen *do not* use the eggs later. This may be because they later get pregnant with a partner themselves, or because they decide not to use the eggs for other reasons.
- When the eggs are later thawed for fertilization and division, fertilization must always be done by "micro-insemination", also called ICSI. This is because when the unfertilized eggs are frozen, the supporting cells that surround the mature egg must be removed. Once the supporting cells have been removed, the eggs can only be fertilized with 'micro-insemination' (also called ICSI).
- In general, eggs do not lose quality with long-term storage, so the quality is not dependent on whether the eggs are stored for, for example, 4 or 8 years. However, as stated above, there is always a risk of loss of quality due to the freezing and subsequent thawing procedures.
- There may be a risk of loss of the frozen eggs because of technical failures, unforeseen circumstances, force majeure, human error and more.
- In the event of the death of the woman, the frozen eggs must be discarded.
- The eggs must be discarded when the woman turns 46.
- There may be a possibility that the legislation regarding frozen eggs and their use may change in the future. The clinic will always be obliged to follow the rules of the law in effect at the time.
- There are annual costs associated with the continued storage of the eggs at 196°C in liquid nitrogen.
- If no payment is made for continued storage, the Clinic is entitled to discard the eggs.

The procedure for freezing the eggs

In order to obtain a larger number of eggs for freezing, the woman undergoes hormone stimulation, which aims to produce more eggs in a cycle.

The practical steps leading up to freezing the eggs are:

- Hormone therapy, which is monitored by ultrasound scans and sometimes also blood tests.
- Ovulation triggering.
- Egg retrieval under conscious sedation (you are awake).
- Assessment of the maturity of the eggs retrieved.
- Freezing the retrieved mature eggs
- Storage of the frozen eggs in liquid nitrogen until they are to be used.
- The eggs (or possibly just some of them) are thawed when they are to be fertilized with sperm from a partner or a sperm donor. Not all eggs can be expected to survive the thaw, and it is not possible to predict how many eggs may be lost during the thaw. In general, about 80-90% of the eggs are expected to survive the thawing process, but there can be very large variation from one person to another.
- The eggs are fertilized with sperm. When it is eggs that have been frozen and thawed, fertilization will always be done by so-called "micro-insemination", also called ICSI.
- The fertilized eggs divide in the laboratory to develop into so-called blastocysts, which is the stage a fertilized egg should divide into in 5(-6) days. It is at the blastocyst stage that the fertilized eggs can be transferred into the uterus or frozen for later transfer.
- If several of the fertilized eggs divide into good quality blastocysts, "excess" blastocysts can be frozen and stored for later use.

Hormone therapy

The purpose of hormone therapy is to stimulate the ovaries to develop and mature more than the one follicle, which is normal in a regular cycle. With hormone stimulation, we aim for 10-12 or possibly more eggs to be retrieved, but in some cases fewer follicles will grow despite the hormone stimulation. The number varies greatly, depending on the individual's egg reserve and age.
Follicle growth is monitored by ultrasound scanning through the vagina. By ultrasound he sizes and number of follicles can be monitored. The size of the follicle indicates the maturity of the egg that the follicle contains. When follicles have a diameter of 17-20 mm, the eggs are usually mature and ready for retrieval. The egg cell itself is so small, approximately 0.12 mm, that it is not visible by ultrasound scanning.

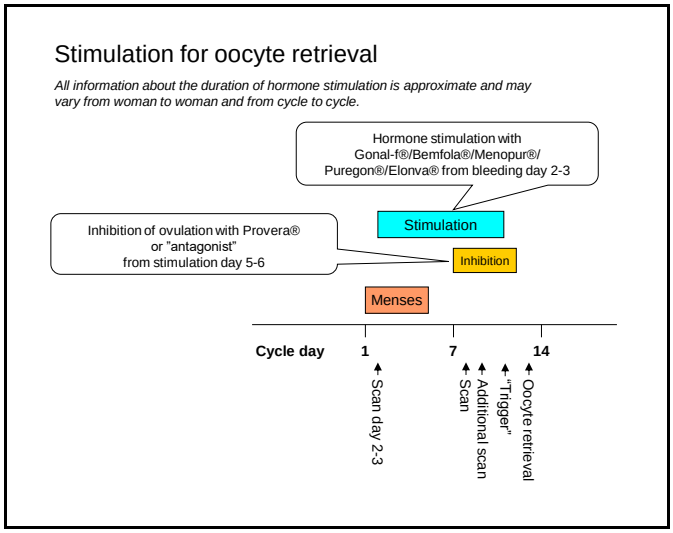
The clinic almost always uses "short antagonist treatment" when the stimulation is done to obtain eggs for freezing.

The treatment is always adapted to the individual woman.

When a course of treatment starts, you will receive detailed information about the treatment, use of medication, possible side effects and we will make an appointment for the next consultation including an ultrasound scan.

Hormone stimulation

Hormone stimulation is started on day 2-3 of menstrual bleeding (the day the bleeding starts is called day 1).



You will have an ultrasound scan in the clinic before hormone stimulation begins. Here we check that there are no cysts (or "remnants" of the corpus luteum) in the ovaries or anything else that can make it a less suitable cycle to start hormone stimulation in.

If everything is as it should be, start the daily injections of stimulation hormone (Gonal-f, Bemfola®, Puregon®, Pergoveris® or Menopur®). The injections are administered once a day at about the same time (within approximately +/- one hour). The injections are administered under the skin (subcutaneously) about 5 cm below navel height. You will be instructed about how to take the injections so that you can administer them yourself. Anyone can learn it. If it is not possible for you to do the injections yourself, they can be given by the nurses here in the clinic (during the day), or you will have to ask your own doctor, a nurse or another competent person to help.

In some cases, hormone stimulation can be done with the medicine Elonva®, which is a "long-acting" FSH stimulation hormone. Elonva® is given on days 2-3 and the effect lasts for 7-8 days, so it is only after a few days that it is necessary to take further injections with hormone stimulation.

Prevention of ovulation before egg retrieval

In connection with hormone stimulation, medication will be needed to prevent ovulation of the eggs that mature with hormone stimulation.
Premature ovulation can be prevented with Provera tablets or by injections of an "antagonist".

Provera tablets

In many cases, you can prevent ovulation prematurely with Provera tablets 10 mg daily from day 5 of hormone stimulation until the day of the ovulation trigger injection.

Antagonist

Premature ovulation can also be prevented with daily injections from day 5-6 of hormone stimulation with a so-called "antagonist" (Fyremadel®, Orgalutran®, Ganirelix® or Cetrotide®).

The antagonist prevents the pituitary gland from secreting FSH and LH, which are the hormones that stimulate the ovaries to produce eggs. The antagonist therefore prevents the pituitary gland from emitting an "ovulation signal" when there are mature eggs. This prevents ovulation from occurring before egg retrieval.

The antagonist is taken as a daily injection every morning. Once antagonist treatment has started, it must be taken every morning up to and including the day on which the ovulation trigger injection is given. The hormone stimulation medicine described above must also be taken every day until the follicles (eggs) are ready.

Ovulation trigger

Gonapeptyl® (or other "GnRH agonist")

This type of ovulation trigger is standard for most women who are hormone stimulated with "short antagonist" treatment. The trigger injection is given to complete the maturation of the eggs so that they are ready for egg retrieval.

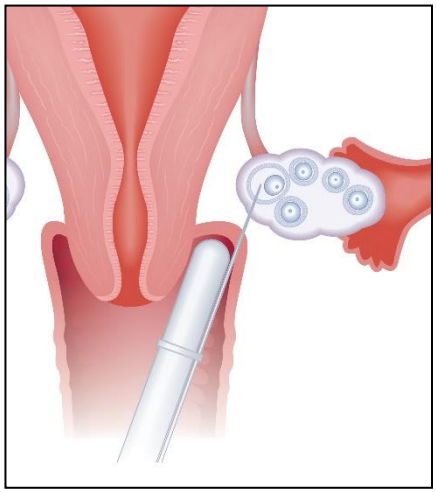
Ovitrelle® (hCG)

This type of ovulation trigger is only used in exceptional cases in connection with hormone stimulation to collect eggs for freezing.

The injection of the ovulation trigger is usually given 36 hours before the scheduled egg retrieval. It is very important that the timing of the ovulation trigger is exactly as prescribed. You will be informed about the exact time that you shall take the trigger injection. The time is determined based on the time when the egg retrieval is to take place.

Egg retrieval without pain

During egg retrieval, the eggs are removed from the follicles. The eggs go directly into the laboratory so that we can assess them and determine which of them are suitable for freezing.



The egg retrieval is largely painless, because we give frequent small amounts of a powerful morphine-like painkiller directly into a vein and we also apply a local anesthetic at the top of the vagina. It is important for you, as well as for us, that the egg retrieval is painless, so you do not have to worry about this part of the treatment. We are the only clinic in Denmark that employ nurse anesthetists to take care of pain relief during egg retrieval.
This has led to great satisfaction among our patients at the egg retrieval.

At the agreed time, you will meet at the Fertility Clinic, usually in the morning between 9 am and 11 am.

You will be greeted by a nurse. A small plastic needle is placed in a vein on your arm. The plastic needle is used to give painkillers during egg retrieval. The egg retrieval itself is done with ultrasound guidance. A needle is inserted through the top of the vagina and into each individual follicle. The individual follicles are emptied by sucking out the fluid around the egg. The fluid is immediately examined by an embryologist under a microscope to see if there is an egg cell in it. If there is no egg, we will try to flush the egg out. The needle we use has two channels, one to suck the egg out through, and one to flush the follicle with. Both the ultrasound scan and the examination for egg cells under the microscope can be seen on TV screens during egg retrieval.

Fasting up to egg retrieval
You must observe egg retrieval fasting. This means that:

- You must *not* have eaten and you must not have consumed dairy products in the last 6 hours before egg retrieval.
- You are *allowed* to drink "thin liquids" (not milk) up to 2 hours before egg retrieval. We recommend that you drink a glass of juice about 2 hours before egg retrieval.

The painkillers you are given during egg retrieval may make you a little drowsy, but you are awake throughout the egg retrieval. We talk during the procedure and explain what is going on. You are welcome to bring a companion if you wish. Egg retrieval usually takes about 10-15 minutes.

After egg retrieval, you rest here at the clinic for 1/2-1 hour, after which you can go home.

Because of the sedatives and painkillers, you will be given during egg retrieval, you must not drive a car or other vehicle for the rest of the day.

For the rest of the day, you should expect to be tired and need rest.

If you experience pain on the day of or the day after egg retrieval, you can take painkillers, like Panodil or ibuprofen or equivalent in the first day or two after egg retrieval.

Freezing the unfertilized eggs

Once all the eggs have been collected, they are examined by our embryologists and the cells surrounding the eggs are removed.

The eggs are examined to assess whether they have the right maturity, as only mature eggs can be frozen.

During the afternoon of the egg retrieval day, you will receive an email from our laboratory to confirm how many eggs have been suitable for freezing.

Cancellation of a treatment cycle

Cancellation before egg retrieval

In some cases, it may be necessary to interrupt the treatment before egg retrieval.
The most common reason for this is a lack of effect of hormone treatment, i.e. that the ovaries do not respond with the development of a sufficient number of mature follicles. In these cases, increasing hormone dosage in a new treatment cycle can sometimes ensure that more eggs are produced.

Cancellation around egg retrieval

In rare cases, it happens that there has been ovulation before egg retrieval, although with medication and careful *timing*, we try to avoid this. If all eggs have ovulated, we cannot remove the eggs, and the cycle must therefore be cancelled.

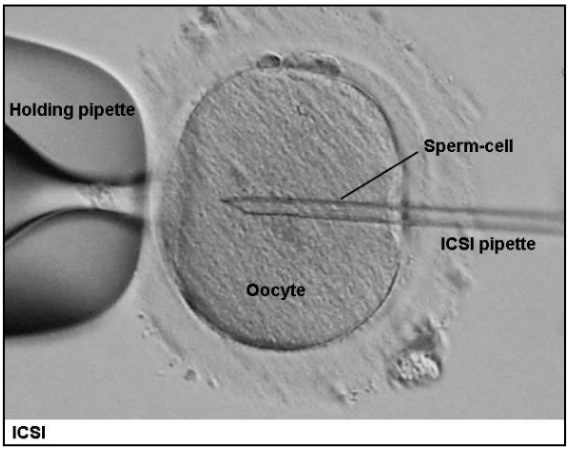
Very rarely, it happens that the follicles are "empty" so that we cannot get eggs out of them. During egg retrieval, we will always do everything possible to get eggs out of the follicles, including flushing the follicles to "flush" the eggs out if they are stuck.

Later use of the eggs

When you want to use the frozen eggs at some point, we will thaw them to fertilize them with sperm. The sperm can come from a partner or from a donor. It's your decision.

Fertilization with ICSI

(Intra cytoplasmic sperm injection, "microinjection", "micro-insemination").



When eggs have been frozen, it is always necessary to fertilize them with so-called "ICSI" also called micro-insemination (see more below). This is because during freezing, the cells surrounding the egg must be removed, and without these cells, the egg cannot be fertilized without ICSI.

Fertilization with ICSI takes place using a special microscope with "micro-manipulators". With the microscope, an egg can be held and one sperm cell can be selected and trapped in a very thin glass needle. The sperm is injected directly through the eggshell and into the egg. After the fertilization of the egg has been carried out by ICSI, cell divisions in the embryo continue.

Cultivation to the blastocysts stage in the laboratory

After fertilization with ICSI, the eggs must divide for usually 5(-6) days in the laboratory to develop into "blastocysts" that are ready for transfer into the uterus. Often you will freeze the blastocysts before transfer into the uterus to facilitate the timing of your cycle, but sometimes it can be possible to coordinate for a transfer without freezing the blastocyst.

Eggs that do not become blastocysts until 6 days after fertilization can also be transferred to the uterus. But in this situation, we will always freeze the blastocysts and plan later transfer in a "freezing cycle", because the timing is otherwise not optimal in relation to the maturity of the uterine lining.

Transfer to the uterus

When the blastocyst is to be transferred to the uterus, it can be done in your own cycle (if it is regular).

If you have an irregular cycle or do not have a menstrual cycle at all, the transfer can be done by preparing the uterine lining with either estradiol tablets or transdermal patches and subsequently supplementing with progesterone suppositories.

"Excess" blastocysts

If there are more of the thawed and fertilized eggs that divide into good quality blastocysts, these blastocysts can be frozen and stored for later transfer.

Complications and risks of hormone stimulation and egg retrieval

The physical side effects are described below. There are no long-term consequences of the treatment.

Side effects of hormone therapy

In some women, side effects caused by the hormones may occur, but most women will experience very few side effects.

The stimulation is given with a pituitary hormone (FSH or hMG), which are natural hormones for the body. In the case of oocyte freezing, we aim for approximately 8-14 follicles.

Some women may feel some tension in the abdomen due to the relatively large number of follicles that mature. In rare cases, far too many follicles grow, in which case there may be a risk of ovarian overstimulation syndrome (OHSS). See more below.

Ovarian hyperstimulation syndrome (OHSS)

If too many follicles develop, a condition called overstimulation syndrome can occur after the ovulation trigger injection. In OHSS, the ovaries are significantly enlarged due to the large number of follicles. Fluid can be secreted in the abdominal cavity, and the stomach can become distended.

OHSS is very rare in connection with the retrieval of eggs for freezing. This is because severe overstimulation in connection with in vitro fertilization almost exclusively occurs in cases where eggs are transferred during the ongoing treatment and the woman becomes pregnant.

Less than 1% of our patients are hospitalized with hyperstimulation. If hospitalized, most patients are discharged within a few days of treatment, but unfortunately, we have seen a few patients (<1%) develop severe overstimulation.

If you are in doubt about whether you are overstimulated, you should always contact the clinic.

We always try to avoid overstimulation by carefully adapting the hormone dose to the individual woman. The aim is to produce an appropriate number of follicles, but this is not always easy. If hyperstimulation occurs, it is temporary and does not leave lasting damage.

Hypersensitivity reactions

Hypersensitivity reactions can be seen during hormone treatment.

Most often, these are minor reactions in the form of a rash, redness at the injection site, or itching. in case of an allergic reaction, it almost always helps if you change the type of medicine.
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In very rare cases, severe allergic reactions with rash, shortness of breath or fever may occur. If you have such severe reactions, do *not* take any more medication. You must contact us or another doctor immediately.

No increased risk of ovarian or uterine cancer because of hormone treatment

Several studies, including from Denmark and Sweden, have shown that there does not appear to be an increased risk of ovarian or uterine cancer because of hormone treatment.

Complications to egg retrieval

The eggs are taken out through the vagina by passing the needle through the vaginal wall. There may therefore be some bleeding after egg retrieval. In rare cases (<1%), the bleeding requires treatment. Most often, a stitch or two is inserted into the top of the vagina with a suture that dissolves by itself. It has no bearing on the outcome of the treatment. After egg retrieval, there may be soreness in the abdomen, and in some people, there is pain that may require treatment with Panodil or similar.

Pelvic inflammatory disease after egg retrieval is very rare (<½%) and is treated with antibiotics

Treatment in a new cycle

If you want to do multiple egg retrievals to freeze more eggs, you can do so.

We will assess on the 2nd day of the cycle whether the body is ready for a new stimulation or if it needs a pause cycle before it is completely ready again.

Lifestyle and fertility

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. 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 to treat 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 maintain a conversation during exercise.

German measles (rubella)

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

Medicine

If you take medicine, you should consider whether the medicine may affect your chances 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.
We recommend that you do not take medicine that is not strictly necessary for you and 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.

Smoking

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.
We recommend – no smoking at all.

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 3 units does not seem to affect the sperm quality. A higher intake of alcohol may reduce the sperm quality.
We recommend that the woman does not drink alcohol at all or keeps the alcohol consumption at a minimum.

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), may reduce the chance of becoming pregnant.

Body weight

Both a too low and a too high body weight will reduce the chance of becoming pregnant. Being overweight also increases the risk of complications during pregnancy and delivery. Normal body weight and too low or too high weight may be determined by the so-called 'Body Mass Index' (BMI) which is calculated as follows:

$$\text{BMI} = \frac{Weight}{Height * Height}$$ 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.
We recommend that the BMI should be between19-29.

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.

Sex

You can have sex as you wish. It does not affect treatment.

Absence from work

Expect absence from work on the day you have eggs retrieved and possibly the day after.

Oocyte freezing in public fertility clinics

As a rule, the public clinics do not offer freezing of unfertilized eggs for "social" reasons. In some cases, freezing of unfertilized eggs can be carried out in the public clinics if there are deemed to be significant "medical" reasons for it. See more information on the websites of the public clinics.

Medicines used for oocyte freezing

At the Trianglen Fertility Clinic, we have an agreement with Holte Pharmacy to maintain a medicine stock in the clinic. Thus, it is not necessary to pick up the medicine at a pharmacy. If you receive medication from the Fertility Clinic, an invoice for the medication will subsequently be sent to you directly from Holte pharmacy.

Stimulation Medication

Gonal-f®, Bemfola®, Puregon®

Contain FSH which stimulates the ovaries to produce follicles containing eggs. This is the natural follicle-stimulating hormone.
With the doses used for stimulation for IVF/ICSI, the ovaries will produce more than the one egg that is matured in a normal cycle. These hormones are taken as one daily injection.
Side effects: Local irritation at the site of injection. Tenderness in the lower abdomen. May cause ovarian hyperstimulation.

Menopur®, Pergoveris®

Contain FSH and LH. FSH is the most important hormone stimulating the ovaries to produce eggs. It is the natural follicle stimulating hormone. LH is necessary in small amounts to assure an optimal follicle development. Normally there is enough LH present in the body, so it is much debated whether it is necessary to add the LH component for ovarian stimulation.
With the doses used for stimulation for IVF/ICSI, the ovaries will produce more than the one egg that is matured in a normal cycle. These hormones are taken as one daily injection.
Side effects: Local irritation at the site of injection. Tenderness in the lower abdomen. May cause ovarian hyperstimulation.

Elonva®

Contains a long-acting FSH hormone that stimulates the ovaries to produce follicles containing eggs. It works in the same way as normal follicle stimulating hormone, but the stimulating effect lasts for several days after one injection.
With the doses used for stimulation for IVF/ICSI, the ovaries will produce more than one egg. Elonva® is mostly used for stimulation in the 'short antagonist' protocol (scheme 4) where it is given as a single injection on cycle day 2-3.
Side effects: Local irritation at the site of injection. Tenderness in the lower abdomen. May cause ovarian hyperstimulation.

Ovulation inhibitors

Provera®

Provera tablets can be used during hormone stimulation to prevent the maturing eggs from ovulating before egg retrieval.
The most common side effects are mood disturbances, headaches, and nausea.

Ganirelix®, Fyremadel®, Cetrotide®, Orgalutran®

GnRH antagonists prevent the pituitary gland from secreting LH, which is the body's ovulation signal. These medicines are used to prevent premature ovulation. We recommend that the antagonist injection is taken in the morning.
Side effects: Itching and redness at the injection site.

Ovulation trigger

Gonapeptyl ®, Suprefact® (GnRH agonists)

This type of ovulation trigger is usually used when it comes to freezing unfertilized eggs.

Ovitrelle®

Can in some cases be used for ovulation triggering, but this is not the type of medicine that is usually used when eggs are taken out for freezing.

Sedative and painkillers during egg retrieval

Propofol®

Has a calming effect. Given intravenously at the time of egg retrieval.
Side effects: fatigue and dizziness.

Rapifen® or similar

Strong painkiller - morphine-like. Given intravenously at the time of egg retrieval.
Side effects: nausea, fatigue and dizziness.

Panodil®

Mild painkiller. To be taken as tablets.
Side effects: none when the dose does not exceed 8 tablets (of 500 mg) daily.

Other medicines

Antibiotics

In women who are considered to be at increased risk of infection during egg retrieval, a single dose of antibiotic is given at the time of egg retrieval to prevent infection. For example, it can be women with endometriosis or women with previous infection after egg retrieval.

Reimbursement for medicines

The public health insurance provides partial reimbursement for the medicine if you are covered by the National Danish Health Care System.

The public subsidy means that within a "subsidy year" (which does not follow the calendar year) you can pay a maximum of approx. 4000 DKK for medicine. If the cost of medicine exceeds this amount, "chronic disease reimbursement" is given, so that additional medicine is fully covered by the public sector. For more information on reimbursement, see the Danish Medicines Agency's website.

Clinic staff

On our website, you can see all the dedicated professionals who make Trianglen what we are.

Prices for treatment

Overview of prices

Cryopreservation and storage of oocytes	
First hormone stimulation, oocyte pickup and cryopreservation (incl. one year storage).	*27.300*
Subsequent hormone stimulation, oocyte pickup and cryopreservation.	*24.000*
Continued storage of frozen oocytes, per year.	*3.000*
Four years additional storage to 5 years total (no refund if thawed earlier).	*9.700*
Thawing and fertilisation of cryopreserved oocytes and blastocyst culturing. (Blastocyst transfer and/or cryo-preservation must be paid separately).	*6.500*

Note: *Due to the "Money Laundering Act", we are not allowed to accept cash amounts of DKK 14,999 or more. Such amounts must be paid by debit card or bank transfer.*

Clinic opening hours, telephone hours and contact information

Opening hours

The clinic is open during daytime hours every day of the week, including weekends and public holidays, all year round.
On weekdays, the opening hours are 8 am to 4 pm.
On weekends and public holidays, the opening hours are 8 am to 12 pm.

In emergency situations outside these hours, you must contact the emergency room. Unfortunately, it is not possible for us to be open around the clock for inquiries.

Phone numbers and phone hours

Phone: +45 3940 7000
Telephone opening hours can be found on our website.

Address

The clinic is located at the address
Strandvejen 104A, 2900 Hellerup

Email addresses

For security reasons and due to the General Data Protection Regulation, all email correspondence with Trianglen must take place as "secure mail". See "Contact" on our website.

Email contact to the clinic for patients in treatment

If you send us a secure email about a course of treatment and we have you in our medical record system, please state your *full name* and date of *birth*.

See also our website: trianglen.dk and trianglen.com.

Bank

Nykredit Bank
Reg. no. :5490 Account no. 0007032755
Swift Code: NYKBDKKK
IBAN: DK1354900007032755

Links

Trianglen Fertility Clinic ..... www.trianglen.dk
Danish Fertility Society ..... www.fertilitetsselskab.dk
Danish medicines agency..... www.sst.dk
The Danish Patient Safety Authority..... www.stps.dk
Danish medicines agency..... www.dkma.dk
Sundhed.dk..... www.sundhed.dk
Medicin.dk..... www.medicin.dk Detailed information about medicines
The House of Family Law..... www.familieretshuset.dk
LfUB..... www.lfub.dk (National Association for Involuntarily Childless)

Videos

We have posted videos of procedures on our website. For example, ICSI egg retrieval, blastocyst culture, assisted hatching and embryo transfer.

Own notes


FERTILITETSKLINIKKEN
Trianglen