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Organization of an *in vitro* fertilization programme

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Any *in vitro* fertilization programme requires a very complex structure regardless of whether the programme is mainly or solely devoted to patient's services or whether it is also involved in research development and training. In either of these situations, a very strict quality control at all levels is mandatory; otherwise the programme is doomed to failure. Careful planning in each area should be done.

Figure 1 tries to depict some of the multiple aspects involved in such a programme based on the organizational chart of the Norfolk project as it stands in 1983. There are aspects of the programme mainly related to patient management, aspects of the programme mainly related to laboratory work including laboratories directly involved and support laboratories and finally aspects related to research, training, and data collection and processing. In the short time we have been assigned, we will try to cover very briefly each one of them.

The patient population, which is either self-referred or physician-referred has to be carefully screened by an experienced physician and this is a time consuming part of the programme because, besides the medical aspects, there are educational problems involved in order for the patient to be able to understand the procedure and to sign a valid informed consent. Once the patient is admitted, she is assigned to one of the main categories: namely tubal factors, male factors
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which is certainly not restricted to oligospermia, endometriosis, and other groups including the unexplained infertility and multi-factorial infertility, in which several aetiological factors are involved. Ovulation stimulation can be achieved using several different protocols: clomiphene; clomiphene/hCG; clomiphene/hMG/hCG; hMG/hCG; etc. Regardless of the type of ovulation stimulation selected, which in our programme is almost exclusively restricted to hMG/hCG or FSH/hMG/hCG, oocyte retrieval is the next step.

**IN-VITRO FERTILIZATION PROGRAM, NORFOLK—1983**

![Organizational chart](image)

Figure 1 Organizational chart of the in vitro fertilization programme. Norfolk, 1983

Although a regular operating room can be used, there are specific aspects involved concerning this type of project which makes the surgical environment very special and in a certain way sophisticated. All the steps taking place at the time of retrieval need to be carefully recorded and in order to do that, a member of the laboratory team is always present in the operating room; besides the procedure is taped for medical reasons and for research purposes.

The in vitro laboratory, in our opinion, should be immediately adjacent to the operating room and properly equipped to search, identify, diagnose, and report findings on the material sent from the operating room; this is a very important part of the system. Rapid identification and classification of the oocytes and granulosa cells complement the work of the surgical team.

The process of pre-incubation, insemination, and embryo culture