

FOLLICULAR MONITORING

Date _____ Tech _____

Patient Sticker

G _____ P _____ A _____ E _____ LMP _____

Regular Cycles N Y Day of Cycle _____

Hormone Use N Y How long _____

Day of Hormone Use (for this cycle) _____

Uterus _____ x _____ x _____ cm Volume: _____ ml _____

Endometrium _____ mm _____

Right Ovary _____ x _____ x _____ cm Volume: _____ ml _____

Right Adnexa _____

Left Ovary _____ x _____ x _____ cm Volume: _____ ml _____

Left Adnexa _____

Cul-de-Sac Free Fluid N Y _____

measure each follicle ≥ 2 mm in two perpendicular planes.
 {the longest diameter (in any plane) should be one of the two measurements}

RT OVARY	Follicle Size	LT OVARY	Follicle Size
1	_____ x _____ mm	1	_____ x _____ mm
2	_____ x _____ mm	2	_____ x _____ mm
3	_____ x _____ mm	3	_____ x _____ mm
4	_____ x _____ mm	4	_____ x _____ mm
5	_____ x _____ mm	5	_____ x _____ mm
6	_____ x _____ mm	6	_____ x _____ mm
7	_____ x _____ mm	7	_____ x _____ mm
8	_____ x _____ mm	8	_____ x _____ mm
9	_____ x _____ mm	9	_____ x _____ mm
10	_____ x _____ mm	10	_____ x _____ mm