

Assisted Reproductive Technology

Fertility Clinic and National Summary Report



**Centers for Disease
Control and Prevention**
National Center for Chronic
Disease Prevention and
Health Promotion

Updates to this report will be posted on the CDC website at the following address:

www.cdc.gov/art/reports

For additional information, send an email to artinfo@cdc.gov

Assisted Reproductive Technology

Fertility Clinic and National Summary Report



Acknowledgments

The Centers for Disease Control and Prevention, the Society for Assisted Reproductive Technology, and the American Society for Reproductive Medicine thank RESOLVE: The National Infertility Association and Path2Parenthood for their commitment to assisted reproductive technology (ART) surveillance. Their assistance in making this report informative and helpful to people considering an ART procedure is greatly appreciated.

This publication was developed and produced by the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention in consultation with the American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology.

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion. . . Karen Hacker, MD, MPH, Director

Division of Reproductive Health Wanda D. Barfield, MD, MPH, FAAP, RADM USPHS (ret), Director
Kelly Morris, MPH, CHES

Maternal and Infant Health Branch. Charlan Kroelinger, PhD, Chief
Omar Al Naimi, MD, DPH, MBHI
Anna Cofie, PhD, MPH
Carol DeSantis, MPH
Linda Hannon-Hall, MPH
Amy Jewett, MPH
Dmitry M. Kissin, MD, MPH
Mithi Sunderam, PhD
Anthony Yartel, MPH
Yujia Zhang, PhD

American Society for Reproductive Medicine Hugh S. Taylor, PhD

Society for Assisted Reproductive Technology Valerie Baker, MD, President
Jacqueline Marshall

Suggested Citation

Centers for Disease Control and Prevention. *2019 Assisted Reproductive Technology Fertility Clinic and National Summary Report*. US Dept of Health and Human Services; 2021.

The data included in this report and publication support were provided by Westat under Contract No. GS-00F-009DA for the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, US Department of Health and Human Services.

Updates to this report will be posted on the CDC website at the following address:
www.cdc.gov/art/reports/

For additional information, send an email to artinfo@cdc.gov

Contents

Preface	1
Commonly Asked Questions About the US National ART Surveillance System	2
How to Access and Interpret Fertility Clinic Success Rates	11
Finding a Fertility Clinic in Your Area	11
Clinic Services and Profile	11
Patient and Cycle Characteristics	12
ART Success Rates	14
Clinic Data Summary	22
Introduction to National Summary	25
National Summary Table	26
National Summary Figures	27
Appendix A: Data Validation	43
Data Validation	43
How to Interpret Confidence Intervals for Discrepancy Rates	43
Appendix B: Glossary of Terms	49
Appendix C: ART Clinics	55
2019 Reporting Clinics, by State	55
2019 Nonreporting Clinics, by State	98
Appendix D: Accessible Explanations of Figures	103

Preface

In 1992, the US Congress passed the Fertility Clinic Success Rate and Certification Act. This law requires the Centers for Disease Control and Prevention (CDC) to publish pregnancy success rates for assisted reproductive technology (ART) fertility clinics in the United States. (For more details about the law, see www.cdc.gov/art/nass/policy.html.) Since 1995, CDC has worked in consultation with the Society for Assisted Reproductive Technology (SART) and the American Society for Reproductive Medicine (ASRM) to report ART success rates.

This report is based on the latest available data on the type, number, and outcome of ART cycles performed in US clinics.

The 2019 Assisted Reproductive Technology Fertility Clinic and National Summary Report has four major sections:

- **Commonly Asked Questions About the US National ART Surveillance System**

This section provides background information on infertility and ART; an explanation of the data collection, analysis, and publication processes; and links to resources for people experiencing infertility or people interested in ART.

- **How to Access and Interpret Fertility Clinic Success Rates**

This section provides information on how to access and interpret fertility clinic success rates presented online for each reporting fertility clinic in the United States. It provides an overview of services and a profile for each reporting fertility clinic, the characteristics of the patient population, and detailed explanations about success rates covering various aspects of fertility treatments.

- **National ART Summary**

The National ART Summary section displays ART results and success rates from data combined from all US clinics. The summary table and figures use ART data from all reporting clinics to answer specific questions related to ART use and outcomes.

- **Appendixes**

- Appendix A: Data Validation**

This section provides information about this year's data validation activities.

- Appendix B: Glossary of Terms**

This section provides definitions for technical and medical terms used throughout the report.

- Appendix C: ART Clinics**

This section includes the names and addresses of all reporting fertility clinics, along with a list of clinics known to be in operation in 2019 that did not report their data to CDC as required by law.

- Appendix D: Accessible Explanations of Figures**

This section provides detailed explanations of the figures in the National ART Summary section.

This report is intended for the general public, and the emphasis is on presenting the information in an easily understandable format. CDC hopes that this report is informative and helpful to people considering an ART procedure. Please contact us with any questions or suggestions at artinfo@cdc.gov.

Commonly Asked Questions About the US National ART Surveillance System

1. How many people in the United States experience infertility?

The latest published data on infertility in the United States available to CDC are from the 2015–2017 National Survey of Family Growth. (For more details about the data, see www.cdc.gov/nchs/nsfg/index.htm.)

- About 9% of married women aged 15 to 49 years are unable to get pregnant after 1 year of unprotected intercourse (infertility).
- About 13% of all women aged 15 to 49 years have difficulty getting pregnant or carrying a pregnancy to term (impaired fecundity).
- About 13% of all women aged 15 to 49 years have ever received any infertility services.

2. What is assisted reproductive technology (ART)?

Although various definitions have been used for ART, the definition used in this report is based on the 1992 law that requires CDC to publish this report. According to this definition, ART includes all fertility treatments in which either eggs or embryos are handled outside a woman's body. In general, ART procedures involve surgically removing eggs from a woman's ovaries, combining them with sperm in the laboratory, and returning them to a female patient or a gestational carrier or donating them to another patient. They do NOT include treatments in which only sperm are handled (such as intrauterine insemination) or procedures in which a woman takes drugs only to stimulate egg production without the intention of having eggs surgically retrieved.

The main type of ART is **in vitro fertilization (IVF)**. For some IVF procedures, fertilization involves a specialized technique known as intracytoplasmic sperm injection (ICSI). In ICSI, a single sperm is injected directly into

a woman's egg. Other types of ART exist but are rarely performed. **Gamete intrafallopian transfer (GIFT)** involves using a fiber optic instrument called a laparoscope to guide the transfer of unfertilized eggs and sperm (gametes) into a woman's fallopian tubes through small incisions in her abdomen.

Zygote intrafallopian transfer (ZIFT) involves fertilizing a woman's eggs in the laboratory and then using a laparoscope to guide the transfer of the fertilized eggs (zygotes) into a woman's fallopian tubes.

In addition, ART is often categorized according to whether the procedure involved freezing all eggs or embryos (banking), whether the procedure used a patient's own eggs or eggs from another woman (donor), whether the eggs were frozen and thawed before use, and whether the embryos used were newly fertilized (fresh) or previously fertilized, frozen, and then thawed.

3. What is an ART cycle?

Because ART consists of several steps, an ART procedure is typically referred to as a **cycle** of treatment rather than a procedure at a single point in time. The start of an ART cycle is usually when a woman begins taking medication to stimulate egg production or begins monitoring with the intent of having embryos transferred. If eggs are produced, the cycle progresses to egg retrieval. Retrieved eggs can be combined with sperm to create embryos or frozen for future use. If fertilization is successful, embryos can be selected for transfer in the same cycle or frozen for future use. If embryo transfer results in implantation, the cycle may progress to clinical pregnancy and possibly a live-birth delivery. For the purposes of ART reporting, data on all cycles that were started, even those that were discontinued before all steps were undertaken, are counted in the clinic's success rates.

4. How do fertility clinics in the United States report data to CDC about their success rates?

CDC contracts with a statistical survey research organization, Westat, to obtain the data published in this *2019 Assisted Reproductive Technology Fertility Clinic and National Summary Report* and presented online in [ART Fertility Clinic Success Rates](#) (hereafter called the ART reports when discussed collectively in this publication). Westat maintains a list of all fertility clinics known to be in operation, identifies new clinics throughout the year, and tracks clinic reorganizations and closings. This list includes clinics and individual providers that are members of the Society for Assisted Reproductive Technology (SART), as well as clinics and providers that are not SART members.

Westat maintains the National ART Surveillance System (NASS), the web-based data collection system that all fertility clinics use to submit data to CDC. Clinics either electronically enter or import data into NASS for each ART cycle started in a given reporting year. SART-member clinics can report directly to SART, and their data are imported into NASS. The data collected include de-identified information on the patient's medical history (such as infertility diagnoses), clinical information pertaining to the ART procedure, and information on resulting pregnancies and births.

5. Why are the ART reports published 2–3 years after the ART cycle was performed?

Before success rates based on live-birth delivery can be calculated, every ART pregnancy must be followed up to determine whether a birth occurred. Therefore, the earliest possible date that clinics can report ART outcomes is about 9–10 months past the end of the reporting year, when all the births have occurred. Accordingly, the results of all the cycles initiated in a given year (year 1) are not known until about September–October of the following year (year 2).

After ART outcomes are known, the following occurs before ART reports are published:

- Clinics enter their data into NASS and verify that the generated clinic tables are accurate before submitting the data at the end of year 2.
- Preliminary data for fertility clinics are prepared and made available in the spring of year 3 on the CDC website at www.cdc.gov/art/artdata.
- After CDC conducts extensive data checks, ART reports and the ART Fertility Clinic Success Rates Dataset (which includes individual clinic success rates and a national summary) are published on the CDC website at www.cdc.gov/art/artdata later in year 3.

6. Why do the 2019 ART reports include 2018 ART cycles?

The ART reports contain statistics on two types of measures—noncumulative (or yearly) measures and cumulative measures. While calculations of noncumulative yearly measures (such as success rates for patients using donor eggs or embryos and general patient and cycle characteristics) are based on ART cycles performed in 2019, calculation of cumulative success rates requires data from two reporting years (2018 and 2019).

Cumulative success rates for patients using their own eggs represent the chance of having a baby after considering egg or embryo transfers that occur within 1 year after an egg retrieval (either intended or actual). The cumulative success rate calculation requires a follow-up period of about 21–22 months after egg retrieval: 12 months for egg or embryo transfers and 9–10 months for outcomes of these transfers to occur.

To calculate cumulative success rates for patients using their own eggs, we used complete information on all transfers and resulting outcomes occurring in 2018 and 2019 for patient egg retrievals that occurred in 2018.

For more information on the calculation of cumulative success rates, see question 11.

7. Which clinics are represented in the ART reports?

The data in the ART reports come from 448 fertility clinics that provided and verified information about the outcomes of the ART cycles.

Although almost all clinics that provided ART services in the United States during 2019 are represented in the ART reports, data from 41 clinics or individual providers are not included because they did not report as required. Clinics known to have been in operation at any time during 2019 that did not report or verify their data are listed in this report as nonreporters, as required by law (see Appendix C: 2019 Nonreporting Clinics, by State).

Given the estimated number of ART cycles performed in nonreporting clinics, we estimate that ART surveillance covered 98% of ART cycles performed in the United States in 2019. We will continue to make every effort to include all clinics that provide ART services in future reports.

8. Can I use clinic success rates to measure the quality of ART services?

Although the quality of ART services can affect the reported outcomes, patient characteristics such as age, race or ethnicity, infertility diagnosis, or existing medical conditions can also contribute to differences in ART success rates. For example, a clinic may accept patients that would be denied care from another clinic, which may result in lower success rates even if the quality of care in the two clinics was identical.

The clinic-specific success rates provide information on ART use and the associated outcomes from each reporting clinic. However, differences in the success rates between clinics may not reflect differences in the quality of ART services.

9. Why aren't the clinics ranked by their success rates?

Many factors contribute to the success of an ART procedure, and a difference in success rates between two fertility clinics may reflect differences in the characteristics of patients treated, the types of procedures performed, or other factors. More explanations on how to use the success rates and other statistics published in ART reports are in the How to Access and Interpret Fertility Clinic Success Rates section.

This report should be used to help people considering an ART procedure find clinics where they can meet with ART providers to discuss their specific medical situation and their likelihood of success using ART. Contacting a clinic may also provide additional information that could be helpful in deciding whether to use ART. Because ART offers several treatment options, and because there are non-ART treatment options for infertility, many other factors may affect a person's decision. This report may be a helpful starting point for consumers to obtain information and consider their options.

10. Do the ART reports include all ART cycles performed by the reporting clinics?

The ART reports include 330,773 new ART cycles performed in 2019 by the 448 clinics that reported their data as required. ART cycles started in 2019 are used to report on the 2019 yearly measures (such as success rates for patients using donor eggs or embryos and general patient and cycle characteristics) and, in part, to report on cumulative success rates for patients using their own eggs from retrieval cycles performed in 2018. (See question 6 for additional details.) The 330,773 total cycles performed in 2019 excludes 10 cycles in which a new treatment procedure was being evaluated.

11. How are the success rates determined?

The ART reports present several measures of ART success, including the percentage of live-birth deliveries or singleton live-birth deliveries among all ART cycles or among ART cycles with at least one embryo transferred. Note that not all transfer cycles result in a pregnancy, and not all pregnancies result in a live-birth delivery. Because the ART reports are geared toward patients, the focus is on a live-birth delivery outcome—the delivery of one or more live infants. Singleton live-birth delivery (birth of a single live infant) is emphasized as a separate measure of success because it has a much lower risk than a multiple live-birth delivery for adverse outcomes for mothers and infants, including cesarean section, prematurity, low birth weight, and infant disability or death.

Because of changes in clinical practice and more variation in ART treatment options, including improvements in egg and embryo cryopreservation (freezing), the field of ART is moving toward reporting cumulative success rates whenever possible. In the ART reports, success rates for patients using their own eggs are shown as cumulative success rates. These rates are calculated after accounting for all transfers of eggs or embryos that occur within 1 year after an egg retrieval. Thus, the calculation of cumulative success rates includes ART cycles performed in 2018 and 2019. (For more details about the calculation of cumulative success rates for patients using their own eggs, see the How to Access and Interpret Fertility Clinic Success Rates section.)

Calculation of noncumulative yearly success rates, such as success rates for patients using donor eggs, only includes ART cycles performed in 2019. (For more details about the calculation of success rates for patients using donor eggs or embryos, see the How to Access and Interpret Fertility Clinic Success Rates section.)

12. What are my chances of getting pregnant using ART?

ART success rates vary in the context of patient and treatment characteristics. These characteristics include age, type of infertility diagnosis, number of embryos transferred, type of ART procedure, use of techniques such as ICSI, and history of previous births, miscarriages, and ART cycles. CDC's Division of Reproductive Health has developed the [In Vitro Fertilization \(IVF\) Success Estimator tool](#) to estimate the chance of having a baby using IVF—the most common type of ART. Estimates are calculated based on the experiences of women and couples with similar characteristics. This estimator tool is available at www.cdc.gov/art/ivf-success-estimator.

13. What quality control steps are used to ensure data accuracy?

To have their success rates published in the ART reports, clinics must submit their data in time for analysis, and the clinics' medical directors must verify by signature that the generated clinic tables are accurate. Then, Westat conducts an in-house review of the data and contacts the clinics if corrections are necessary. After the data have been checked, a quality control process called validation normally begins.

During the annual validation process, members of the Westat validation team meet with a selection of reporting clinics and review medical record data for a sample of the clinic's ART cycles. For each cycle, the validation team reviews information from the patient's medical record. The information collected is then compared with the data submitted for the ART reports. In recent years, up to 35 reporting clinics (approximately 8% of the total reporting clinics) have been selected for validation.

The data validation process does not include any assessment of clinical practice or overall

record keeping. Validation primarily helps ensure that clinics submit accurate data. It also serves to identify any systematic problems that could cause data collection to be inconsistent or incomplete.

14. Does CDC collect any data that it does not include in the annual ART reports?

CDC uses any data collected and not included in the annual ART reports to monitor emerging practice patterns, better understand success rates by the characteristics of the patient or practice, evaluate emerging ART research questions, and monitor safety and efficacy issues related to ART treatment in order to improve maternal and child health outcomes. CDC also uses these data in the IVF Success Estimator tool, State-Specific ART Surveillance report, and scientific publications that are available at www.cdc.gov/art.

15. How does CDC ensure the confidentiality of the ART data it collects?

CDC has an Assurance of Confidentiality for the ART database. An assurance is a formal confidentiality protection used for projects conducted by CDC staff or contractors involving the collection or maintenance of sensitive, identifiable, or potentially identifiable information. The assurance protects the confidentiality of individuals and institutions included in ART data. The ART data are stored in a secure, limited-access, password-protected environment.

16. Why don't the ART reports contain specific medical information about ART?

The ART reports describe the average chances of success per ART cycle. Although the ART reports provide some information about factors such as age and type of infertility diagnosis, patients have many unique medical situations. This population-based registry of ART procedures cannot capture detailed information about specific

medical conditions associated with infertility. Patients should consult with their physician to understand their specific medical situation and their chances of success using ART.

17. Why are statistics published by CDC different from SART's IVF Success Rate Reports?

In 2019, 81% of all fertility clinics reporting data to CDC were SART members. Annual summary statistics of ART treatments performed in each SART member clinic are available in CDC's ART reports and on the SART website at www.sart.org. Discrepancies in tabulated statistics between CDC and SART tables may be due to (1) the inclusion of ART treatments performed at non-SART member clinics in CDC's ART reports; (2) differences in data submission deadlines for CDC and SART, which may result in some fertility clinics being excluded from CDC's ART reports; and (3) differences in data processing procedures, statistical methods, choice of reported measures, and data presentation.

18. Does CDC have any information on the women who donate eggs?

When a woman seeks treatment for the purpose of donating her eggs, CDC collects information on the donor such as age, race or ethnicity, and details about the stimulation and retrieval. While CDC does not present data about egg donors in the ART reports, success rates for cycles using donor eggs or embryos derived from donor eggs are presented.

19. Are there any medical guidelines for ART performed in the United States?

ASRM and SART issue guidelines for specific ART practices, such as the number of embryos to be transferred in an ART procedure. More information is available from ASRM or SART at their websites: www.asrm.org and www.sart.org.

20. Where can I get additional information on US fertility clinics?

For more information on specific clinics, contact the clinic directly. (See Appendix C: ART Clinics for contact information.) SART can also provide general information about its member clinics (call 205-978-5000 or visit www.sart.org).

21. What resources are available for people experiencing infertility or people interested in ART?

Resources for people experiencing infertility can be found at www.cdc.gov/reproductivehealth/infertility under Related Links. The CDC Division of Reproductive Health's IVF Success Estimator tool can be found at www.cdc.gov/art/ivf-success-estimator. Resources for people interested in ART can be found at www.cdc.gov/art/whatis.html under Related Resources.

22. What's new in the 2019 ART reports?

CDC continuously strives to present the most accurate and relevant ART fertility clinic success rates to help guide potential patients' decisions. For the first time, clinic-specific success rates can now be accessed only online at www.cdc.gov/art/artdata/index.html. In addition, National Summary Figures of pooled US fertility clinic data are included in this report.

Modifications in this report include the combined reporting of success rates for patients using their own eggs who are aged 41–42 or older than age 42 in the National Summary table (see the National ART Summary section). This change is consistent with the online clinic and national data. In addition, the calculations for ART cycle discontinuation measures were updated to better reflect the following aspects of clinical care: discontinuation between cycle start and egg retrieval and discontinuation between egg retrieval and egg or embryo transfer or banking (see the How to Access and Interpret Fertility Clinic Success Rates section).

2019

How to Access and Interpret Fertility Clinic Success Rates



How to Access and Interpret Fertility Clinic Success Rates

Consumers can find fertility clinic success rates and clinic profiles at www.cdc.gov/art/artdata/index.html.

The information in this section is provided to help consumers navigate and understand the information presented online, explore clinic services, see the types of patients each clinic treats, and understand fertility clinic success rates based on the latest data from the National ART Surveillance System.

To view [pooled data from all US reporting clinics](#), select the link above or below the map on the main page. Pooled data from all reporting clinics provide a national summary of patient and cycle characteristics and ART success rates from all reporting clinics in the United States.

Finding a Fertility Clinic in Your Area

You can use the information at www.cdc.gov/art/artdata/index.html to find a fertility clinic in your area in several ways. You can find all fertility clinics known to be in operation during the reporting year in any of the 50 US states, the District of Columbia, and Puerto Rico by selecting the state of your choice from the national map or by selecting a state from the drop-down menu below the national map.

You can also locate operating fertility clinics by entering your zip code and the mile radius. The list of all operating clinics that satisfy your search criteria will be shown. Selecting a fertility clinic from the list will take you to the individual clinic page, which has five navigation tabs: (1) Clinic Services and Profile, (2) Patient and Cycle Characteristics, (3) Success Rates: Patients Using Own Eggs, (4) Success Rates: Patients Using Donor Eggs, and (5) Clinic Data Summary.

Clinic Services and Profile

The Clinic Services and Profile navigation tab provides an overview of clinic services, the clinic's contact information, a map showing clinic location, the medical director's name, and summary statistics.

A Clinic Services and Profile table includes the following information:

- **Donor egg services**

A clinic may have a donor egg program for ART in which a donor egg is retrieved from one woman (the donor) and fertilized with either partner or donor sperm, and then the resulting embryo is transferred to the uterus of another woman (the recipient). A “Yes” indicates the clinic provided the service, and a “No” means they did not.

- **Donor embryo services**

A clinic may have a donor embryo program using embryos that were donated by other patients who previously underwent ART treatment and had extra embryos available. A “Yes” indicates the clinic provided the service, and a “No” means they did not.

- **Embryo cryopreservation services**

A clinic may have a program for freezing embryos for potential future use. A “Yes” indicates the clinic provided the service, and a “No” means they did not.

- **Egg cryopreservation services**

A clinic may have a program for freezing eggs for potential future use. A “Yes” indicates the clinic provided the service, and a “No” means they did not.

- **Gestational carrier services**

Policies regarding ART services using gestational carriers (also known as surrogates) vary from clinic to clinic. Some states do not permit clinics to offer this service. A clinic may have a gestational carrier program. A “Yes” indicates the clinic provided the service, and a “No” means they did not.

- **SART member**

The Society for Assisted Reproductive Technology (SART) is an affiliate of the American Society for Reproductive Medicine (ASRM). It is a professional society composed of clinics and programs that provide ART. A “Yes” indicates the clinic was a member at the time of reporting, and a “No” means it was not.

- **Verified lab accreditation**

A clinic laboratory may be accredited by at least one of three specified accrediting organizations: the College of American Pathologists, The Joint Commission, or the New York State Tissue Bank Program. A “Yes” indicates the clinic had an embryo laboratory accreditation at the time of reporting. A “No” indicates that the embryo laboratory was not accredited by any of these organizations or did not provide proof of accreditation to CDC. A “Pending” means that the clinic submitted an application for accreditation to one or more of the three organizations and provided proof of such application to CDC. Please note that, effective in 2021, the New York State Tissue Bank Program will no longer be a recognized accreditation body for embryo laboratories. More information on laboratory accreditation for specific clinics is provided in Appendix C: 2019 Reporting Clinics, by State.

A Clinic Summary table provides the following information:

- **Total cycles**

Because ART consists of several steps, an ART procedure is typically referred to as a cycle of treatment rather than a procedure at

a single point in time. Total cycles are the total number of ART cycles a clinic started.

- **Fertility preservation cycles**

Fertility preservation cycles are the number of cycles started with the intent of freezing and banking all eggs or embryos for at least 12 months for future use.

- **Pregnancies**

The total number of pregnancies that resulted from ART cycles. Since some pregnancies end in a miscarriage or stillbirth, the number of pregnancies may be higher than the number of live-birth deliveries or infants born.

- **Deliveries**

The total number of live-birth deliveries of infants conceived with the help of ART. One delivery could result in one or more infants born.

- **Total infants born**

The total number of infants born who were conceived using ART, including single infants and infants born in a multiple-birth delivery (such as twins or triplets).

Patient and Cycle Characteristics

The Patient and Cycle Characteristics navigation tab summarizes the types of ART services performed and the kinds of patients who received ART procedures in a specific clinic. Using a drop-down menu, you can select a patient or cycle characteristic of interest. By selecting the Show National Data box, the characteristics from individual fertility clinic can be compared with national data.

Patient characteristics include the following information:

- **What were the ages of patients who used ART?**

The ages of patients who used ART are categorized into four groups: patients younger than age 35, aged 35–37, aged 38–40, and older than age 40.

- **What were the reasons patients used ART?**

This section reports the patients' or couples' diagnoses or reasons for using ART. You may want to find a clinic that commonly performs cycles for patients or couples with similar reasons and diagnoses as yours. The total percentages may add to more than 100% because there can be more than one reason or diagnosis reported for each ART cycle. This section excludes cycles performed to evaluate new procedures. For additional information about diagnoses, see Appendix B: Glossary of Terms.

- **What was the percentage of cycles in which patients used their own eggs or embryos?**

As patient age increases, patient outcomes may differ based on whether they used their own eggs or embryos or donor eggs or embryos. Percentages of all ART cycles started in which the patient used their own eggs, by patient age, are displayed here. Since patient characteristics are presented per cycle rather than per patient, patients who had more than one ART cycle within the reporting year are represented more than once.

- **What was the percentage of cycles in which patients used donor eggs or embryos?**

Percentages of all ART cycles started in which the patient used donor eggs or embryos, by patient age, are displayed here. Since patient characteristics are presented per cycle rather than per patient, patients who had more than one ART cycle within the reporting year are represented more than once.

Cycle characteristics include the following information:

- **What percentage of intended egg retrieval cycles were discontinued without any eggs retrieved?**

This is the percentage of all intended egg retrieval cycles that were discontinued

without any eggs retrieved. A cycle may be discontinued for many reasons, including poor response of a woman's body to medications, illness, or other medical or personal reasons. The denominator for this measure includes all cycles with the expectation to retrieve eggs. The numerator includes all cycles that were discontinued before egg retrieval.

- **What percentage of cycles were discontinued after retrieval and before transfer or banking?**

This is the percentage of all cycles that were discontinued after egg retrieval but before egg or embryo transfer or banking. A cycle may be discontinued after egg retrieval for many reasons, including inability of embryos to develop, illness, or other medical or personal reasons. The denominator for this measure includes all cycles in which eggs were retrieved and all cycles in which previously frozen eggs or embryos were thawed for transfer. The numerator includes all cycles that were discontinued before a transfer or banking occurred.

- **What was the percentage of cycles discontinued before an egg or embryo was transferred or banked?**

This is the percentage of all cycles that were discontinued before egg or embryo transfer or banking. All ART cycles start with the intent to transfer eggs or embryos or freeze them for future use. A cycle may be discontinued for many reasons, including poor response of a woman's body to medications, inability of embryos to develop, illness, or other medical or personal reasons. The denominator for this measure includes all cycles started with the intent to transfer or freeze eggs or embryos (i.e., all cycles). The numerator includes all cycles that were discontinued at any time before a transfer or banking occurred.

- **What percentage of cycles were used for fertility preservation?**

This is the percentage of all cycles that were intended for fertility preservation. These cycles were started with the intent to freeze all retrieved eggs or embryos from the patient or a donor for use more than 12 months in the future.

- **What percentage of transfers used a gestational carrier?**

This is the percentage of embryo transfers in which the intended parent does not carry the pregnancy but instead uses a gestational carrier. A gestational carrier (also known as a gestational surrogate) is a woman who gestates an embryo that was formed from the egg of another woman with the expectation of returning the infant to its intended parent(s). The eggs or embryos can be either fresh or previously frozen and thawed. They can come from either intended parents or donors. The denominator includes all cycles in which at least one egg or embryo was transferred. The numerator includes the total number of transfers in which the pregnancy carrier was a gestational carrier.

- **What percentage of transfers used frozen embryos?**

This is the percentage of embryo transfers in which at least one frozen embryo created from either fresh or frozen eggs was transferred to the intended parent or gestational carrier. The denominator includes all cycles in which at least one egg or embryo was transferred. The numerator includes all transfers with at least one frozen embryo.

- **What percentage of transfers used intracytoplasmic sperm injection?**

This is the percentage of embryo transfers in which at least one embryo was fertilized using intracytoplasmic sperm injection (ICSI). ICSI is a procedure in which a single sperm is injected directly into an egg for fertilization,

typically to overcome male factor infertility. It is an alternative to conventional in vitro fertilization (IVF), in which sperm compete to fertilize an egg. The denominator includes all cycles in which at least one egg or embryo was transferred. The numerator includes all transfers in which ICSI was performed.

- **What percentage of transfers used preimplantation genetic testing?**

This is the percentage of embryo transfers in which at least one embryo underwent preimplantation genetic testing (PGT). PGT is used to detect chromosomal or genetic abnormalities and prevent the transmission of inherited diseases. The denominator includes all cycles in which at least one egg or embryo was transferred. The numerator includes all transfers in which PGT was performed.

- **What percentage of transfers used a single embryo?**

The best outcome of ART is the birth of a healthy infant. For most patients, this outcome can be achieved when a single embryo is selected for transfer, regardless of the number of embryos available. The percentage of embryo transfers that used a single embryo is displayed here.

- **What was the average number of embryos transferred?**

The average number of embryos transferred during one embryo transfer procedure is displayed here.

ART Success Rates

Since ART success depends on whether patients are using their own eggs or donor eggs, the navigation tab for Success Rates presents information separately for these two groups. Using a drop-down menu, you can select a success rate of interest. In addition, you can view success rates for patients with a specific diagnosis by using a filter function on the left.

By selecting the Show National Data box, the success rates from an individual fertility clinic can be compared with national data.

An ART cycle starts when a woman begins taking fertility drugs or having her ovaries monitored for follicle production with the intent to retrieve eggs (intended retrieval). If eggs are produced, the cycle progresses to egg retrieval, in which at least one egg is retrieved (actual retrieval). Retrieved eggs are either combined with sperm to create embryos or frozen for future use (egg cryopreservation). If fertilization is successful, at least one embryo may be selected for transfer. The embryos may be transferred to the patient or to a gestational carrier (embryo transfer). Other embryos can be frozen for future use (embryo cryopreservation). If embryo transfer results in implantation, the cycle may progress to clinical pregnancy and, possibly, a live-birth delivery.

Interpretation of Fertility Clinic Success Rates

Many people considering ART will want to use the information presented online in [ART Fertility Clinic Success Rates](#) to find the “best” clinic. However, comparisons between clinics must be made with caution. Many factors contribute to the success of an ART procedure. Some factors are related to the training and experience of the fertility clinic and laboratory professionals and the quality of services they provide. Other factors are related to the patients themselves, such as their age, the quality of their eggs and sperm, the cause of their infertility, and genetic factors. Some clinics may be more willing than others to accept patients with low chances of success or may specialize in ART treatments that attract particular types of patients.

We encourage consumers considering ART to contact clinics to discuss their specific medical situations and their potential for success using ART. Because clinics did not have the opportunity to provide narratives to explain

their data, such conversations could provide additional information to help consumers decide whether to use ART.

Although ART offers important options for the treatment of infertility, the decision to use ART involves many factors in addition to success rates. Therefore, consumers should carefully examine all related financial, psychological, and medical issues before beginning treatment. They also may want to consider the location of the clinic, the counseling and support services available, and the rapport that staff members have with their patients.

Other important factors to consider when using success rates to assess a clinic include the following:

- **ART statistics are from cycles performed more than 1 year ago**

Before success rates can be calculated, ART treatments need to be completed; successful cycles need to be followed up to determine whether a birth occurred; data need to be collected, reported, cleaned, and analyzed; and the ART reports need to be prepared for publication. While the calculation of noncumulative yearly success rates for patients using donor eggs or embryos only requires information on transfers performed in 2019, the calculation of cumulative success rates for patients using their own eggs uses egg retrievals performed in 2018. Many factors that contribute to a clinic’s success rates may have changed in the years since the cycles included in the data were performed. Personnel may be different and equipment and training may or may not have been updated. As a result, the success rates may not necessarily represent current rates.

- **Success rates may vary**

A clinic’s success rates may vary from year to year, even if all determining factors remain the same. The more cycles that a clinic

carries out, the less the rate is likely to vary. Conversely, clinics that perform fewer cycles are likely to have more variability in success rates from year to year. As an extreme example, if a clinic reports only one ART cycle in a given category, as is sometimes the case in the data presented here, the clinic's success rate in that category would be either 0% or 100%.

- **Some clinics see more than the average number of patients with difficult infertility problems**

Some clinics offer ART to most potential patients, even those who have a low probability of success. Others discourage such patients or encourage them to use donor eggs, a practice that results in higher success rates among older patients. Clinics that accept a higher percentage of patients who previously have had multiple unsuccessful ART cycles will generally have lower success rates. In contrast, clinics that offer ART procedures to patients who might have become pregnant with less technologically advanced treatment will generally have higher success rates. CDC does not collect information on clinic-specific patient selection practices.

- **The number of embryos transferred varies from clinic to clinic**

ASRM and SART discourage the transfer of a large number of embryos because of the increased likelihood of multiple-fetus pregnancies. Multiple-fetus pregnancies, in turn, increase the probability of premature births and related health problems.

Success Rates: Patients Using Own Eggs

This navigation tab highlights fertility clinic success rates of patients who used their own eggs. Since ART success depends on whether patients are using ART for the first time or had prior ART cycles, a drop-down menu allows users to examine success rates for all “Patients using their own eggs” or for “Patients

with no prior ART using their own eggs.” This section excludes cycles that were considered research—that is, cycles performed to evaluate new procedures.

Patients using their own eggs

The success rates are shown per intended retrieval, per actual retrieval, and per transfer. In addition, the average number of transfers per intended retrieval and the average number of intended retrievals per live-birth delivery are shown. Success rates for patients using their own eggs are reported as cumulative success rates. Cumulative success rates take into account egg or embryo transfers that occur within 1 year after an egg retrieval. Calculation of cumulative success rates requires data from two reporting years for patients using their own eggs: 2018 for egg retrieval cycles and 2018 and 2019 to look at resulting transfer cycles that occurred during those years and outcomes from those transfer cycles. The details of the calculation for each success rate selected from the drop-down choices are described below.

- **What was the percentage of intended egg retrievals that resulted in a live-birth delivery?**

This is the percentage of cycles started in 2018 with the intent to retrieve eggs that resulted in a live-birth delivery. Not all cycles started with the intent to retrieve eggs result in actual egg retrieval; some cycles may be canceled before the egg retrieval is performed. Cycles may be canceled for many reasons, such as eggs may not have developed, the patient became ill, or the patient chose to stop treatment. Therefore, the number of intended retrievals may be higher than the number of actual retrievals. A live-birth delivery is the delivery of one or more infants with at least one born alive. The denominator for this measure includes the number of intended retrievals described above. The numerator includes the live-birth deliveries that have resulted from the

intended retrievals and associated transfers within 12 months of cycle start. For example, if a clinic started 60 intended egg retrievals, and these resulted in 30 live-birth deliveries, the average live-birth delivery rate for intended retrievals would be $30 \text{ (live-birth deliveries)} \div 60 \text{ (intended retrievals)} = 0.5$, or 50.0% of intended retrievals resulting in a live-birth delivery.

- **What was the percentage of intended egg retrievals that resulted in a singleton live-birth delivery?**

This is the percentage of all intended retrievals started in 2018 that resulted in a singleton live-birth delivery. A singleton live-birth delivery is the delivery of one infant who was born alive. The denominator for this measure includes the number of intended retrievals described above. The numerator includes singleton live-birth deliveries that resulted from the intended retrievals and associated transfers within 12 months of cycle start.

For example, if a clinic started 60 intended retrievals, and these resulted in 24 singleton live-birth deliveries, the average live-birth delivery rate for intended retrievals would be $24 \text{ (singleton live-birth deliveries)} \div 60 \text{ (intended retrievals)} = 0.4$, or 40.0% of intended retrievals resulting in a singleton live-birth delivery.

- **What was the percentage of intended egg retrievals that resulted in a single, term, normal weight live-birth delivery?**

This is the percentage of all intended retrievals started in 2018 that resulted in a single, term, normal weight live-birth delivery. Term birth is defined as at least 37 weeks of gestation, and normal weight is defined as at least 2,500 grams. The denominator for this measure includes the number of intended retrievals described above. The numerator includes single, term, normal weight live-birth deliveries that resulted from the intended retrievals

and associated transfers within 12 months of cycle start. For example, if a clinic started 60 intended retrievals, and these resulted in 20 single, term, normal weight live-birth deliveries, the average live-birth delivery rate for intended retrievals would be $20 \text{ (single, term, normal weight live-birth deliveries)} \div 60 \text{ (intended retrievals)} = 0.3$, or 30.0% of intended retrievals resulting in a single, term, normal weight live-birth delivery.

- **What was the percentage of intended egg retrievals that resulted in a multiple live-birth delivery?**

This is the percentage of all intended retrievals started in 2018 that resulted in a multiple live-birth delivery (delivery of two or more infants with at least one born alive). The denominator for this measure includes the number of intended retrievals described above. The numerator includes multiple live-birth deliveries that resulted from the intended retrievals and associated transfers within 12 months of cycle start.

For example, if a clinic started 60 intended retrievals, and these resulted in 6 multiple live-birth deliveries, the average multiple live-birth delivery rate for intended retrievals would be $6 \text{ (multiple live-birth deliveries)} \div 60 \text{ (intended retrievals)} = 0.10$, or 10% of intended retrievals resulting in a multiple live-birth delivery.

- **What was the percentage of actual egg retrievals that resulted in a live-birth delivery?**

Actual egg retrieval is an ART cycle in which at least one egg was retrieved from the patient. The denominator for this measure includes the number of actual retrievals described above. The numerator includes the live-birth deliveries that resulted from the retrievals and associated transfers within 12 months of cycle start. For example, if a clinic started 60 intended retrievals, and 55 of these intended retrieval cycles progressed to the egg retrieval

stage, which resulted in 30 live-birth deliveries, the average live-birth delivery rate per actual egg retrieval would be $30 \text{ (live-birth deliveries)} \div 55 \text{ (actual retrievals)} = 0.545$, or 54.5% of actual retrievals resulting in a live-birth delivery.

- **What was the percentage of actual egg retrievals that resulted in a singleton live-birth delivery?**

The denominator for this measure includes the number of actual retrievals described above. The numerator includes singleton live-birth deliveries that resulted from the retrievals and associated transfers within 12 months of cycle start.

For example, if a clinic started 60 intended egg retrievals, and 55 of these intended retrieval cycles progressed to the egg retrieval stage, which resulted in 24 singleton live-birth deliveries, the average singleton live-birth delivery rate per actual egg retrieval would be $24 \text{ (singleton live-birth deliveries)} \div 55 \text{ (actual retrievals)} = 0.436$, or 43.6% of actual retrievals resulting in a singleton live-birth delivery.

- **What was the percentage of actual egg retrievals that resulted in a single, term, normal weight live-birth delivery?**

The denominator for this measure includes the number of actual retrievals described above. The numerator includes single, term, normal weight live-birth deliveries that resulted from the retrievals and associated transfers within 12 months of cycle start.

For example, if a clinic started 60 intended egg retrievals, and 55 of these intended retrieval cycles progressed to the egg retrieval stage, which resulted in 20 single, term, normal weight live-birth deliveries, the average single, term, normal weight live-birth delivery rate per actual egg retrieval would be $20 \text{ (single, term, normal weight live-birth deliveries)} \div 55 \text{ (actual retrievals)} = 0.363$, or 36.3% of actual retrievals resulting in a single, term, normal weight live-birth delivery.

- **What was the percentage of actual egg retrievals that resulted in a multiple live-birth delivery?**

The denominator for this measure includes the number of actual retrievals described above. The numerator includes multiple live-birth deliveries that resulted from the retrievals and associated transfers within 12 months of cycle start. For example, if a clinic started 60 intended egg retrievals, and 55 of these intended retrieval cycles progressed to the egg retrieval stage, which resulted in 6 multiple live-birth deliveries, the average multiple live-birth delivery rate per egg retrieval would be $6 \text{ (multiple live-birth deliveries)} \div 55 \text{ (actual retrievals)} = 0.109$, or 10.9% of actual retrievals resulting in a multiple live-birth delivery.

- **What was the percentage of transfers that resulted in a live-birth delivery?**

The embryos transferred can be either fresh or previously frozen and thawed. Not all cycles started with the intent to retrieve eggs result in embryo transfer; some cycles may be canceled before the egg retrieval is performed or before one or more embryos are transferred into a woman's uterus. Cycles may be canceled for many reasons, such as eggs may not have developed or could not be fertilized, fertilized eggs failed to develop into good-quality embryos, frozen embryos failed to survive the thaw, the patient became ill, or the patient chose to stop treatment. The denominator for this measure includes the number of embryo transfers described above. The numerator includes the live-birth deliveries that resulted from the transfer of eggs or embryos.

For example, if 60 intended retrievals were associated with 58 transfers within 12 months of cycle start and resulted in 30 live-birth deliveries, the average success rate per transfer would be $30 \text{ (live-birth deliveries)} \div$

58 (transfers) = 0.517, or 51.7% of transfers resulting in a live-birth delivery.

- **What was the percentage of transfers that resulted in a singleton live-birth delivery?**

The denominator for this measure includes the number of transfers described above. The numerator includes singleton live-birth deliveries that resulted from the transfer of eggs or embryos. For example, if 60 intended retrievals were associated with 58 transfers within 12 months, which resulted in 24 singleton live-birth deliveries, the average success rate per transfer would be $24 \text{ (singleton live-birth deliveries)} \div 58 \text{ (transfers)} = 0.414$, or 41.4% of transfers resulting in a singleton live-birth delivery.

- **What was the percentage of transfers that resulted in a single, term, normal weight live-birth delivery?**

The denominator for this measure includes the number of transfers described above. The numerator includes single, term, normal weight live-birth deliveries that resulted from the transfer of eggs or embryos. For example, if 60 intended retrievals were associated with 58 transfers within 12 months, which resulted in 20 single, term, normal weight live-birth deliveries, the average success rate per transfer would be $20 \text{ (single, term, normal weight live-birth deliveries)} \div 58 \text{ (transfers)} = 0.344$, or 34.4% of transfers resulting in a single, term, normal weight live-birth delivery.

- **What was the percentage of transfers that resulted in a multiple live-birth delivery?**

The denominator for this measure includes the number of transfers described above. The numerator includes multiple live-birth deliveries that resulted from the transfer of eggs or embryos. For example, if 60 intended retrievals were associated with 58 transfers within 12 months, which resulted in 6 multiple live-birth deliveries, the average multiple live-birth delivery rate per transfer would be $6 \text{ (multiple live-birth deliveries)} \div 58 \text{ (transfers)}$

= 0.103, or 10.3% of transfers resulting in a multiple live-birth delivery.

- **What was the average number of transfers per intended egg retrieval?**

The denominator for this measure is the total number of intended retrievals started in 2018. The numerator is the total number of transfers within 12 months after intended retrievals. For example, if there were 45 transfers after 60 intended retrievals, the average number of transfers per intended retrieval would be $45 \text{ (transfers)} \div 60 \text{ (intended retrievals)} = 0.75$ transfers per intended egg retrieval.

- **What was the average number of intended egg retrievals per live-birth delivery?**

The denominator for this measure includes the number of live-birth deliveries resulting from the transfer of eggs or embryos following cycles started in 2018. The numerator is the number of intended retrievals described above. For example, if 30 live-birth deliveries and 60 intended retrievals were reported, the average number of intended retrievals per live-birth delivery would be $60 \text{ (intended retrievals)} \div 30 \text{ (live-birth deliveries)} = 2.0$ intended retrievals per live-birth delivery.

Patients with no prior ART using their own eggs

Information for patients with no prior ART using their own eggs provides the success rates for first-time ART users who intended to use their own eggs (new patients). These patients were reported to have no previous ART stimulations or previously frozen ART cycles. CDC reported cumulative success rates for patients with no prior ART cycles after their first intended retrieval, first or second intended retrieval, and after all intended retrievals that occurred in 2018. If the first intended retrieval did not result in a live-birth delivery, the patients may have initiated additional cycles. Therefore, the success rate for multiple retrievals was calculated.

- **What was the percentage of new patients having live-birth deliveries after one intended egg retrieval?**

The denominator for this measure includes the number of new patients (as defined above). The numerator includes the live-birth deliveries that resulted from the first intended retrieval and associated transfers within 12 months of cycle start. For example, if there were 40 new patients and their first intended retrieval resulted in 22 live-birth deliveries, the average live-birth delivery rate for the first intended retrieval would be $22 \text{ (live-birth deliveries)} \div 40 \text{ (new patients)} = 0.55$, or 55.0% of new patients having a live-birth delivery after the first retrieval.

- **What was the percentage of new patients having live-birth deliveries after one or two intended egg retrievals?**

This is the percentage of patients with no prior ART cycles with a live-birth delivery after their first or second (if the first retrieval did not result in a live-birth delivery) intended retrieval. The denominator for this measure includes the number of new patients. The numerator includes the live-birth deliveries that resulted from the associated transfer(s) of embryos after the first or second egg retrieval.

For example, if there were 40 new patients, and their first intended retrievals resulted in 22 live-birth deliveries, some of the remaining patients who did not have a delivery would then have second egg retrievals in 2018, which resulted in 3 live-birth deliveries, making the total number of live-birth deliveries after one or two intended retrievals 25. Thus, the average live-birth delivery rate after the first or second intended retrievals would be $25 \text{ (live-birth deliveries)} \div 40 \text{ (new patients)} = 0.625$, or 62.5% of new patients had a live-birth delivery after the first or second retrieval.

- **What was the percentage of new patients having live-birth deliveries after all intended egg retrievals?**

This is the percentage of patients with no prior ART cycles who had a live-birth delivery after all intended retrievals in 2018. The number of intended retrievals varies by the patient; it could be one, two, three, or more intended retrievals. The denominator for this measure includes the number of new patients. The numerator includes the live-birth deliveries that resulted from the associated transfer(s) of eggs or embryos after all egg retrievals were performed in 2018. For example, if there were 40 new patients that had 26 live-birth deliveries after all intended retrievals in 2018, the average live-birth delivery rate after all intended retrievals would be $26 \text{ (live-birth deliveries)} \div 40 \text{ (new patients)} = 0.65$, or 65.0% of new patients had a live-birth delivery after all intended retrievals.

- **What was the average number of intended egg retrievals per new patient?**

This is the average number of intended retrievals that started in 2018 among patients with no prior ART cycles. The denominator for this measure is the number of new patients. The numerator is the number of intended retrievals among new patients. For example, if a clinic started 45 intended retrievals among 40 new patients, the average number of intended retrievals would be $45 \text{ (new patient intended retrievals)} \div 40 \text{ (new patients)} = 1.1$ intended retrievals among new patients.

- **What was the average number of transfers per intended egg retrieval?**

This is the average number of transfers of eggs or embryos that occurred per intended retrieval among patients with no prior ART cycles. The denominator for this measure is the total number of intended retrievals

among new patients. The numerator is the total number of transfers within 12 months after intended retrievals among new patients. For example, if there were 55 transfers after 45 intended retrievals among new patients in 2018, the average number of transfers per intended retrieval would be $55 \text{ (transfers)} \div 45 \text{ (intended retrievals)} = 1.2$ transfers per intended retrieval among new patients.

Success Rates: Patients Using Donor Eggs

This navigation tab provides data on success rates for ART cycles that involve the transfer of embryos created from donor eggs or embryos. Intended female parents who have premature ovarian failure (early menopause), whose ovaries have been removed, or who have a genetic concern about using their own eggs may consider using eggs that are donated by a woman without these conditions. Embryos may also be donated by patients who previously used ART. Embryos may be transferred to the intended parent or to a gestational carrier.

Success rates presented in this section are noncumulative. They are based on donor cycles started in 2019 that had embryo transfers, regardless of when the donor eggs were retrieved. This section also includes cycles in which intended parents transferred donated embryos in 2019. This section excludes cycles that were considered research—that is, cycles performed to evaluate new procedures. Success rates in this section are not presented by age group because previous data show that an intended parent’s age does not substantially affect success when using donor eggs or embryos. The success rates are presented by types of embryos and eggs used in the transfer.

Fresh embryos, fresh eggs

This group of ART cycles involves fresh embryos created from fresh donor eggs. The eggs were retrieved from a donor and fertilized during the current cycle. Neither the donated eggs nor any resulting embryos were ever frozen prior to transfer.

Fresh embryos, frozen eggs

This group of ART cycles involves fresh embryos created from frozen donor eggs retrieved from a donor during a previous cycle and frozen for future use. The eggs were then thawed, fertilized, and transferred in 2019. The donated eggs were frozen prior to transfer, but any resulting embryos were not.

Frozen embryos

This group of ART cycles involves frozen embryos created from fresh or frozen donor eggs. In the case of fresh donor eggs, the eggs were retrieved from a donor during a previous cycle and immediately fertilized, and then the resulting embryos were frozen for future use. In the case of frozen donor eggs, the eggs were retrieved from a donor during a previous cycle, frozen, thawed, and fertilized, and then the resulting embryos were frozen for future use. For both fresh and frozen donor eggs, the frozen embryos were thawed in 2019 for transfer.

Donated embryos

This group of ART cycles involves donated embryos for transfer in 2019—that is, embryos donated from another patient or couple after their own ART treatment. The embryos can be fresh or frozen.

The details of the calculation for each success rate selected from the drop-down choices are described below.

- **What was the percentage of embryo transfers that resulted in a live-birth delivery?**

This is the percentage of donor transfers in 2019 that resulted in a live-birth delivery. The denominator for this measure includes the number of transfers in which at least one embryo created from a donor egg or donated embryo was used. The numerator includes the number of live-birth deliveries that resulted from the transfer of these embryos. For example, if 20 donor transfers resulted in 10 live-birth deliveries, the average success

rate per transfer would be 10 (live-birth deliveries) \div 20 (transfers) = 0.5 , or 50.0% of donor egg or embryo transfers resulting in a live-birth delivery.

- **What is the percentage of transfers that resulted in a singleton live-birth delivery?**

This is the percentage of donor transfers in 2019 that resulted in a singleton live-birth delivery. The denominator for this measure includes the number of transfers in which at least one embryo created from a donor egg or donated embryo was used. The numerator includes the number of singleton live-birth deliveries that resulted from the transfer of these embryos. For example, if 20 donor transfers resulted in 8 singleton live-birth deliveries, the average success rate per transfer would be 8 (singleton live-birth deliveries) \div 20 (transfers) = 0.4 , or 40.0% of donor egg or embryo transfers resulting in a singleton live-birth delivery.

- **What is the percentage of transfers that resulted in a single, term, normal weight live-birth delivery?**

This is the percentage of donor transfers in 2019 that resulted in a single, term, normal weight live-birth delivery. The denominator for this measure includes the number of transfers in which at least one embryo created from a donor egg or donated embryo was used. The numerator includes the number of single, term, normal weight live-birth deliveries that resulted from the transfer of these embryos.

For example, if 20 donor transfers resulted in 6 single, term, normal weight live-birth deliveries, the average success rate per transfer would be 6 (single, term, normal weight live-birth deliveries) \div 20 (transfers) = 0.3 , or 30.0% of donor egg or embryo transfers resulting in a single, term, normal weight live-birth delivery.

- **What is the percentage of transfers that resulted in a multiple live-birth delivery?**

This is the percentage of donor transfers in 2019 that resulted in a multiple live-birth delivery (delivery of two or more infants with at least one born alive). The denominator for this measure includes the number of transfers in which embryos created from donor eggs or donated embryos were used. The numerator includes the number of multiple live-birth deliveries that resulted from the transfer of these embryos.

For example, if 20 donor transfers resulted in 2 multiple live-birth deliveries, the average multiple live-birth delivery rate per transfer would be 2 (multiple live-birth deliveries) \div 20 (transfers) = 0.10 , or 10.0% of embryo transfers resulting in a multiple live-birth delivery.

Clinic Data Summary

The Clinic Data Summary navigation tab provides a full snapshot of clinic services and profile, patient characteristics, and ART success rates. It is worth noting that patient medical characteristics, such as age, diagnosis, and ovarian reserve, affect ART treatment's success. Comparison of success rates across clinics may not be meaningful because of differences in patient populations and ART treatment methods.

The success rates displayed on this page do not reflect any one patient's chance of success. Patients should consult with a doctor to understand their chance of success based on their own characteristics.

2019

National ART Summary



Introduction to National Summary

Data from clinics in the United States that use [assisted reproductive technology \(ART\)](#) to treat infertility are a rich source of information about the factors that contribute to a successful ART treatment—the delivery of a healthy infant. Pooling the data from all reporting clinics provides a national picture that could not be obtained by examining data from an individual clinic.

The National ART Summary section includes data from the 448 US fertility clinics in operation in 2019 that provided and verified data on the outcomes of all ART cycles started in their clinics. ART cycles include any process in which (1) an ART procedure is performed, (2) a woman has undergone ovarian stimulation or monitoring with the intent of having an ART procedure, or (3) frozen embryos have been thawed with the intent of transferring them to a woman. For example, an ART cycle could include an embryo transfer from a previously frozen embryo. Another cycle could include stimulation, egg retrieval, and embryo transfer.

Of the 330,773 new ART cycles reported in 2019, a total of 209,687 (63%) were started with the intent to transfer at least one embryo. Among these 209,687 cycles, there were 171,206 embryo transfers. These embryo transfers resulted in 95,030 pregnancies, 77,998 live-birth deliveries (delivery of one or more living infants), and 83,946 infants. The other 121,086 cycles (37%) were banking cycles, where eggs or embryos were cryopreserved (frozen) and stored for potential future use. The 330,773 new ART cycles started in 2019 do not include 10 research cycles that were designed to evaluate a new treatment procedure.

A patient's chances of having a pregnancy and live-birth delivery when using ART are influenced by many factors. Some of these factors are patient-related, such as the patient's age or the cause of infertility. Others are clinic-related, such as a clinic's patient selection practices.

The national data include information on many of these factors, which can give potential ART users an idea of the average chances of success.

Average chances, however, do not necessarily apply to a particular individual or couple. To help patients estimate their chance of having a baby through in vitro fertilization (IVF), the most common type of ART, CDC developed the [IVF Success Estimator](#). This tool uses information about the experiences of women and couples with similar characteristics to estimate a person's chance of having a baby. These estimates are based on the available data and may not be representative of an individual patient's specific experience. In addition, the IVF Success Estimator does not provide medical advice, diagnosis, or treatment. Couples should talk with their doctor about their specific treatment plan and potential for success. This estimator tool is available at www.cdc.gov/art/ivf-success-estimator.

The **National Summary Table** in this section provides a full snapshot of clinic services, clinic profiles, patient characteristics, and ART success rates. It combines information from all individual clinic data summaries presented online in [ART Fertility Clinic Success Rates](#) using the calculations described in the How to Access and Interpret Fertility Clinic Success Rates section.

The **National Summary Figures** include ART cycles started in 2019 as described above and provide information about patients who use ART, their reasons, and the types of procedures performed. They also provide data on pregnancy and infant outcomes and 10-year trends of the types of procedures performed and pregnancy outcomes. The figures include ART cycles that used fresh or frozen embryos from a female patient's own eggs or eggs from another woman (donor eggs). The National Summary Figures are based only on ART cycles performed in 2019 and cannot be used to calculate cumulative success rates.

National Summary Table

An accessible version of this table is available on the [Assisted Reproductive Technology Data](#) website under the Clinic Data Summary tab.

NATIONAL SUMMARY

DISCLAIMER: Patient medical characteristics, such as age, diagnosis, and ovarian reserve, affect the success of ART treatment. Comparison of success rates across clinics may not be meaningful due to differences in patient populations and ART treatment methods. The success rates displayed here do not reflect any one patient's chance of success. Patients should consult with a doctor to understand their chance of success based on their own characteristics.

Cumulative ART Success Rates for Intended Retrievals Among Patients Using Their Own Eggs^{a,b}

	Patient Age			
	<35	35–37	38–40	>40
All patients (with or without prior ART cycles)				
Number of intended retrievals	50,444	31,071	30,021	26,792
Percentage of intended retrievals resulting in live-birth deliveries	52.7%	38.0%	24.4%	7.9%
Percentage of intended retrievals resulting in singleton live-birth deliveries	47.1%	34.4%	22.4%	7.5%
Number of retrievals	47,769	28,394	26,563	22,283
Percentage of retrievals resulting in live-birth deliveries	55.7%	41.5%	27.6%	9.5%
Percentage of retrievals resulting in singleton live-birth deliveries	49.8%	37.7%	25.3%	9.0%
Number of transfers	53,534	26,356	18,509	9,396
Percentage of transfers resulting in live-birth deliveries	49.7%	44.8%	39.6%	22.6%
Percentage of transfers resulting in singleton live-birth deliveries	44.4%	40.6%	36.3%	21.4%
Average number of intended retrievals per live-birth delivery	1.9	2.6	4.1	12.6
New patients (with no prior ART cycles)				
Percentage of new patients having live births after 1 intended retrieval	56.7%	41.9%	26.9%	9.2%
Percentage of new patients having live births after 1 or 2 intended retrievals	62.3%	48.6%	33.5%	12.1%
Percentage of new patients having live births after all intended retrievals	63.3%	50.3%	35.7%	13.5%
Average number of intended retrievals per new patient	1.2	1.3	1.4	1.5
Average number of transfers per intended retrieval	1.1	0.9	0.6	0.4

Non-Cumulative ART Success Rates for Transfers Among Patients Using Eggs or Embryos from a Donor^{a,b,c}

	Fresh Embryos Fresh Eggs	Fresh Embryos Frozen Eggs	Frozen Embryos	Donated Embryos
Number of transfers	1,630	2,726	17,199	2,487
Percentage of transfers resulting in live-birth deliveries	53.9%	45.8%	48.8%	44.4%
Percentage of transfers resulting in singleton live-birth deliveries	47.1%	41.7%	44.9%	38.7%

Characteristics of ART Cycles^a

	Patient Age				Total
	<35	35–37	38–40	>40	
Total number of cycles	121,536	75,922	65,869	67,446	330,773
Percentage of intended egg retrieval cycles without any eggs retrieved ^d	4.9%	7.2%	10.4%	15.1%	8.7%
Percentage of cycles discontinued after retrieval and before transfer or banking ^e	10.1%	10.2%	13.1%	19.2%	12.5%
Percentage of cycles for fertility preservation	6.7%	9.3%	7.5%	4.0%	6.9%
Percentage of transfers using a gestational carrier	3.2%	4.6%	5.4%	11.1%	5.4%
Percentage of transfers using frozen embryos	78.1%	81.3%	79.4%	76.6%	78.8%
Percentage of transfers of at least one embryo with ICSI	79.3%	78.3%	76.8%	68.3%	76.6%
Percentage of transfers of at least one embryo with PGT	38.6%	48.2%	50.8%	42.3%	43.8%

Current Services & Profile (percentage of clinics)

Donor eggs?	90%	Verified lab accreditation?	
Donated embryos?	65%		
Embryo cryopreservation?	100%	Yes	93%
Egg cryopreservation?	98%	No	6%
Gestational carriers?	90%	Pending 1%	
SART member?	81%		

Reason for Using ART^{a,f}

Male factor	27%	Diminished ovarian reserve	29%
Endometriosis	7%	Egg or embryo banking	37%
Tubal factor	10%	Recurrent pregnancy loss	6%
Ovulatory dysfunction	14%	Other, infertility	27%
Uterine factor	6%	Other, non-infertility	5%
PGT	15%	Unexplained	11%
Gestational carrier	2%		

ART = Assisted Reproductive Technology; ICSI = intracytoplasmic sperm injection; PGT = preimplantation genetic testing (diagnosis or screening)

^a Numbers and percentages exclude 10 cycle(s) that were evaluating new procedures.

^b A live-birth delivery is defined as the delivery of one or more infants with any sign of life. Multiple-birth deliveries (e.g. twins) with at least one live born infant are counted as one live birth. Success rates for cycles using a patient's own eggs are calculated by using all cycles started in 2018 with the intent to retrieve a patient's eggs and all transfers of these eggs, or embryos created from these eggs, started within 12 months of the start of the retrieval cycle. Success rates for cycles using a donor's eggs or donated embryos are calculated by using all transfers started in 2019.

^c Patients of all ages are combined because previous data show that a patient's age does not substantially affect success when using a donor's eggs or donated embryos.

^d Includes cycles in which no eggs were retrieved among all cycles in which egg retrieval was expected.

^e Includes cycles in which no eggs or embryos were transferred or frozen, among all cycles in which eggs were retrieved and all frozen cycles.

^f Reasons may add to more than 100% because more than one diagnosis can be reported for each ART cycle.

National Summary Figures

Accessible explanations of all figures are available in [Appendix D](#).

Figure 1 shows the distribution of the 330,773 ART cycles started in 2019 in the United States, by patient age group. The largest percentage of ART cycles performed was among patients younger than age 35. This age group represented 36.7% of all cycles, compared to 23.0% among those aged 35–37, 19.9% among those aged 38–40, 9.5% among those aged 41–42, and 10.9% among those older than age 42. The average age of patients using ART services in 2019 was 36.1 years. Research cycles are excluded.

Figure 1
ART Use by Age Group—United States, 2019

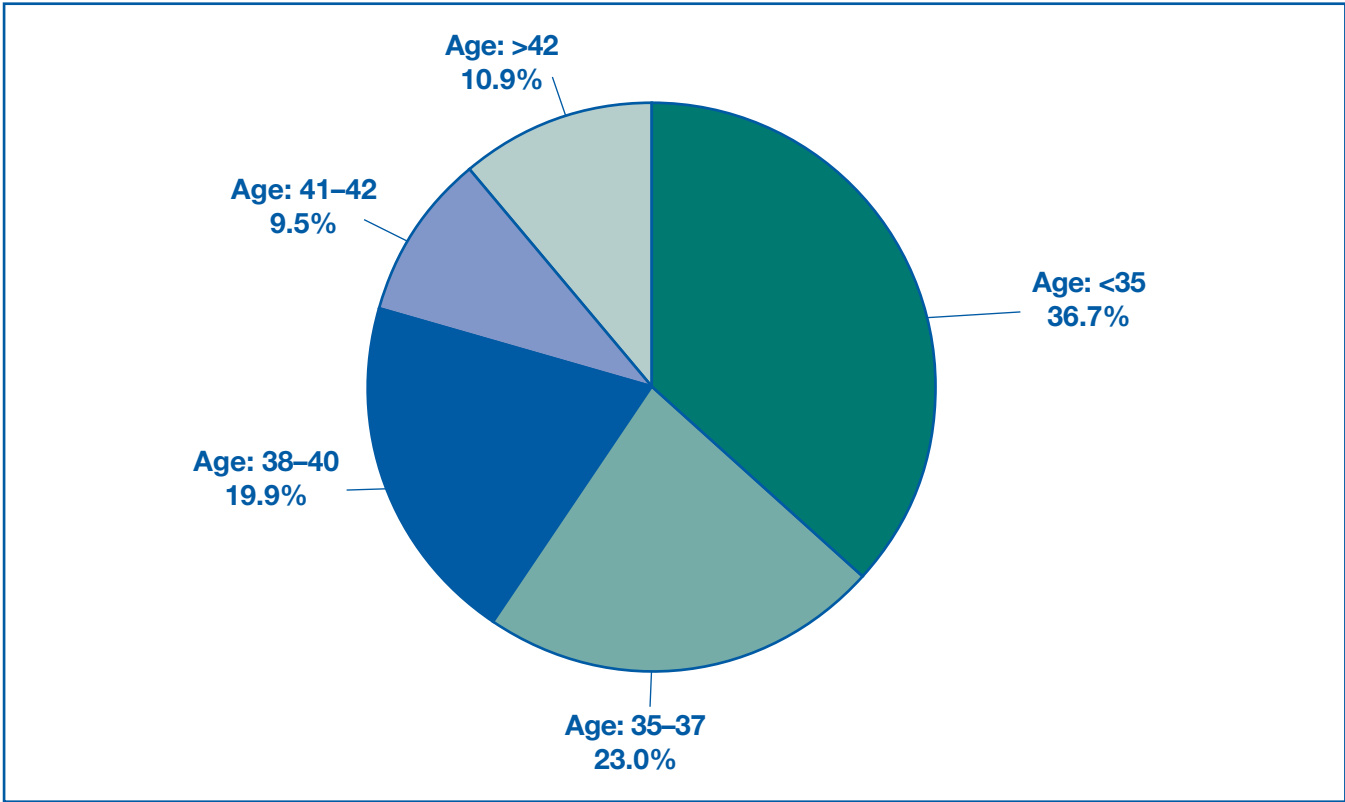


Figure 2 shows the outcomes of the 95,030 clinical pregnancies from ART cycles started in 2019 that used fresh or frozen eggs or embryos among patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded.

A clinical pregnancy is a pregnancy that is confirmed by ultrasound. About 82% of clinical pregnancies from ART cycles started in 2019 resulted in a live-birth delivery. Of these pregnancies, 75.9% resulted in the birth of a single infant, while 6.1% resulted in the birth of multiple infants. Clinical pregnancies that did not result in a live-birth delivery included miscarriage (15.8%) and stillbirth (0.5%). For 1.6% of pregnancies, the outcome was reported as other or unknown.

Both miscarriage and stillbirth describe pregnancy loss, but they are categorized according to when the loss occurs. Miscarriage (also called spontaneous abortion) is a pregnancy ending in the spontaneous loss of the embryo or fetus before 20 weeks of gestation. Stillbirth, or fetal death, is pregnancy loss at 20 weeks or more of gestation.

Figure 2

Outcomes of Clinical Pregnancies Resulting From ART—United States, 2019

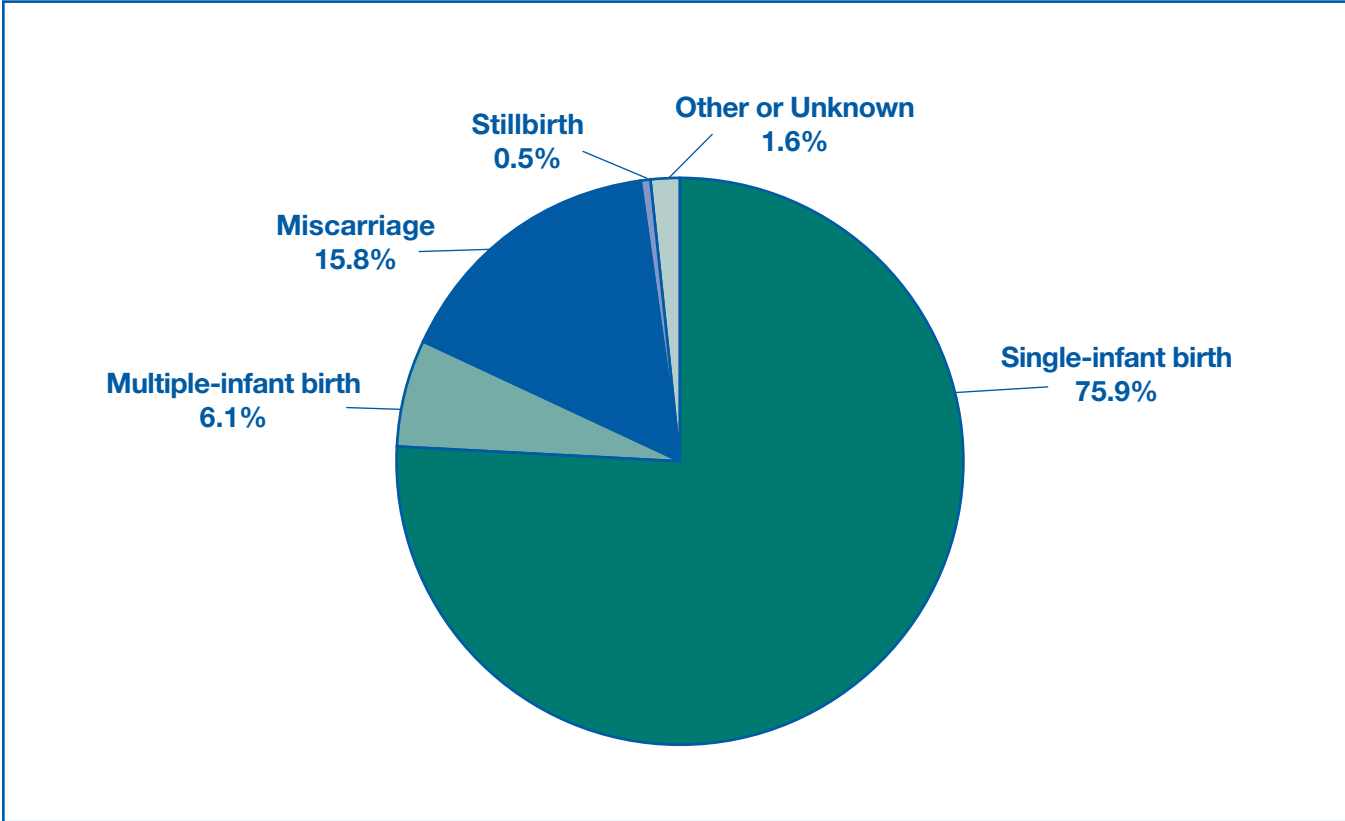


Figure 3 shows the percentage of embryo transfers started in 2019 that resulted in live-birth delivery of one or more live infants, by patient age and embryo source. It includes fresh or frozen embryos from patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded. These percentages are noncumulative and are based only on embryo transfers performed in 2019.

The percentage of embryo transfers that used patient eggs or embryos and resulted in live-birth delivery generally decreased as the age of the woman increased (range: 8.7%–43.2%) because the likelihood of a fertilized egg implanting is related to the age of the woman who produced the egg. In contrast, 42.8% (range: 39.2%–49.3%) of embryo transfers using donor eggs or embryos resulted in live-birth delivery for women of all ages because egg donors are typically in their 20s or early 30s and do not have infertility.

Figure 3
 Percentage of Embryo Transfers That Resulted in Live-Birth Delivery, by Patient Age and Egg or Embryo Source—United States, 2019

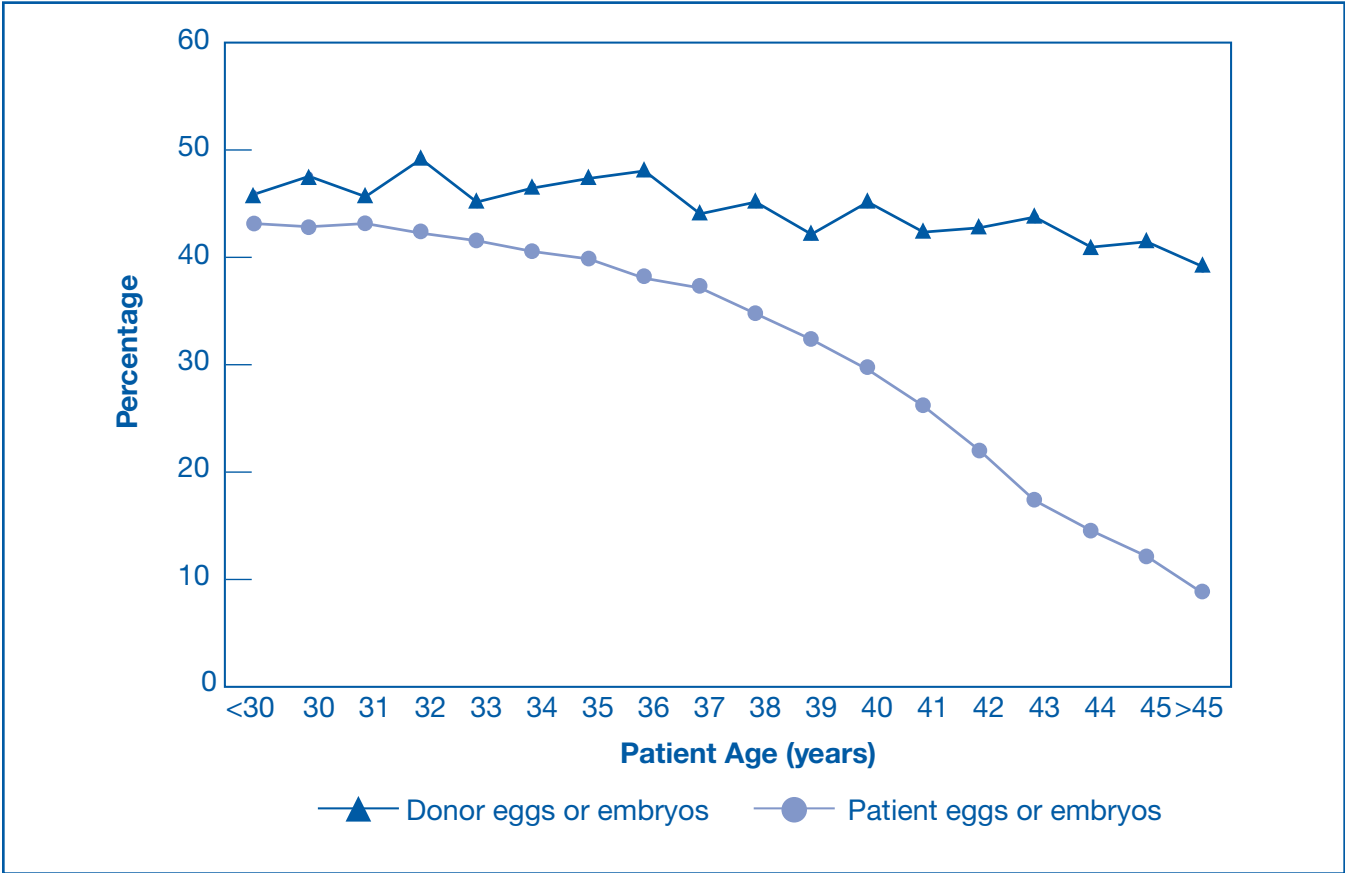


Figure 4 shows the distribution of reported reasons for ART cycles started in 2019. Because more than one reason can be reported per cycle, the total percentage adds to more than 100%. The cycles in this figure include those using fresh or frozen eggs or embryos from patients using their own eggs or embryos or using donor eggs or embryos. Banking cycles are included, but research cycles are excluded.

The most commonly reported reasons were egg or embryo banking (36.8%), diminished ovarian reserve (28.6%), and male factor infertility (27.5%).

Figure 4

Percentage of ART Cycles by Reason for Using ART—United States, 2019

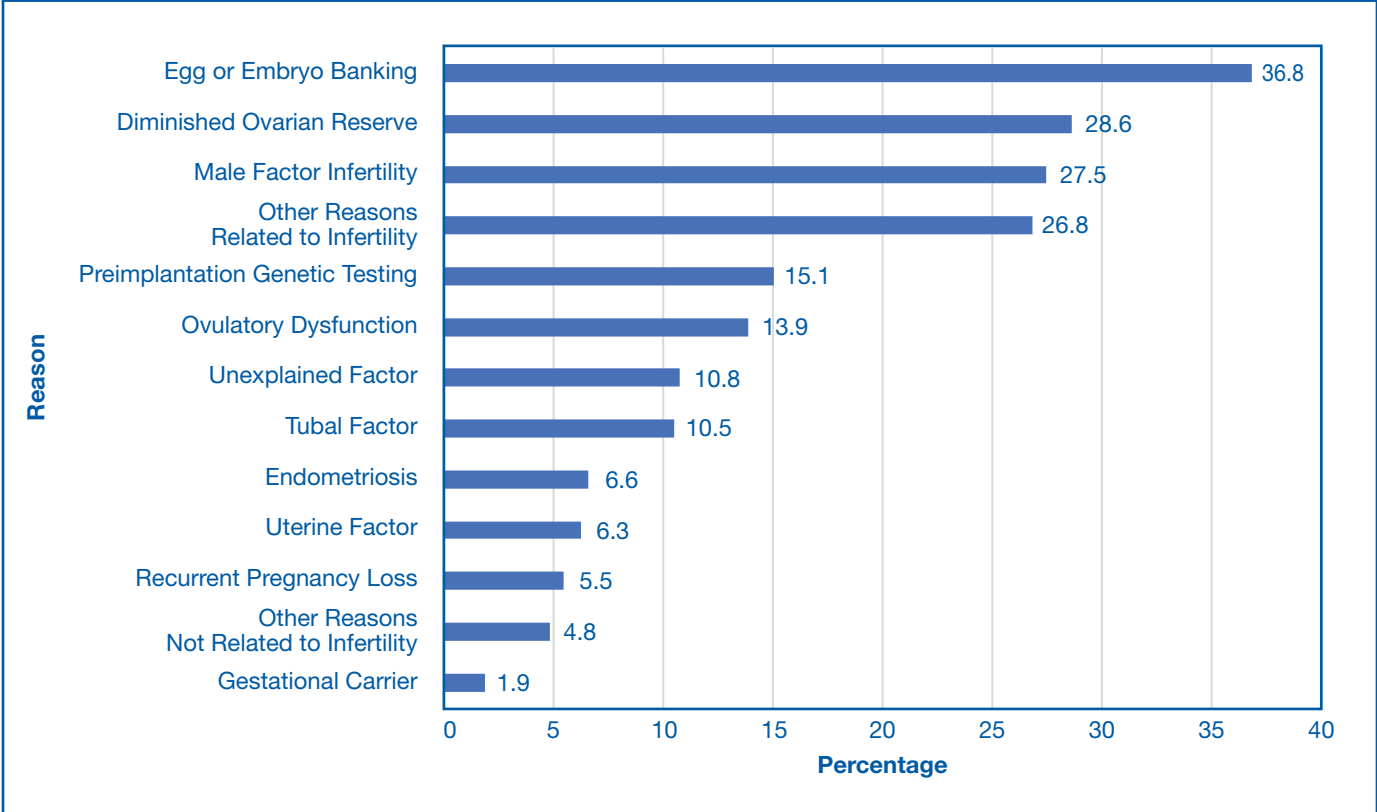


Figure 5 shows the percentage of infants born from ART procedures started in 2019 who were born preterm or with low birth weight. It includes ART cycles using fresh or frozen embryos among patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded.

Preterm infants are born before 37 full weeks of pregnancy. Low birth weight infants are born weighing less than 2,500 grams (about 5 pounds, 8 ounces). Infants born preterm or with low birth weight are at higher risk of death in the first year of life. They also have a higher risk of other poor health outcomes, including visual and hearing problems, intellectual and learning disabilities, and behavioral and emotional problems throughout life.

This figure presents percentages for deliveries that resulted in a single live-born infant separately for single-fetus and multiple-fetus pregnancies. Multiple-fetus pregnancies were more likely to result in infants being born preterm or with low birth weight. For example, 11.8% of single infants from single-fetus pregnancies were preterm, compared to 23.7% of single infants from multiple-fetus pregnancies. Percentages of preterm and low birth weight infants increased as plurality (the number of infants born in one delivery) increased. Among triplets, 95.0% were preterm and 97.2% had low birth weight.

Figure 5
Percentage of Infants Conceived With ART Who Were Preterm or With Low Birth Weight, by Plurality—United States, 2019

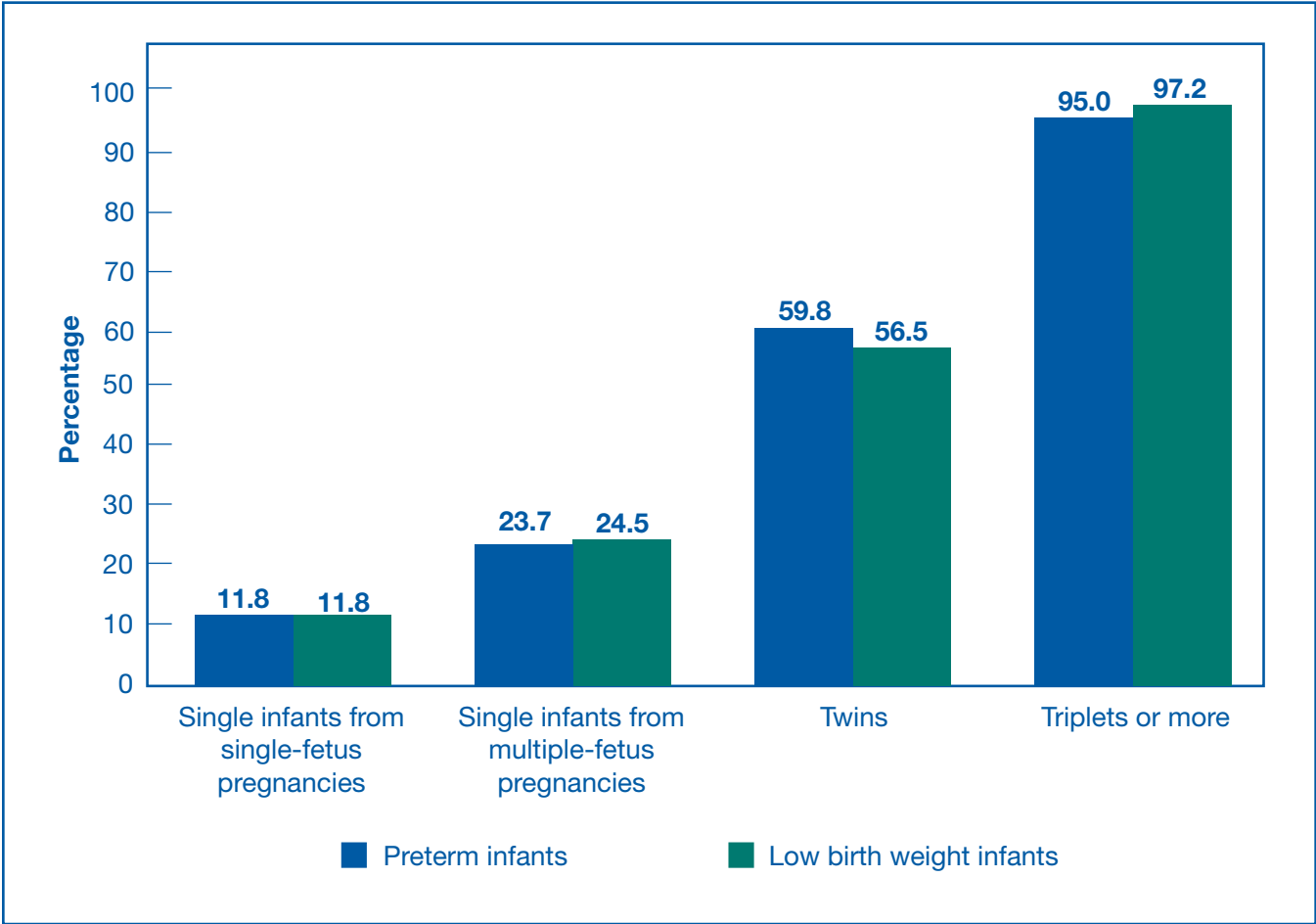


Figure 6 shows the number of ART cycles, embryo transfers, and banking cycles performed and the number of live-birth deliveries that resulted from ART cycles started from 2010 through 2019. It includes fresh or frozen embryos from patients using their own eggs or embryos or using donor eggs or embryos. Research cycles are excluded.

Over the last decade, the number of ART cycles started has doubled, from 154,427 cycles in 2010 to 330,773 in 2019. Banking cycles also increased, from 7,163 in 2010 to 121,086 in 2019. The number of embryo transfers in 2019 (171,206) was about 1.4 times higher than in 2010 (125,399). The number of live-birth deliveries in 2019 (77,998) was about 1.7 times higher than in 2010 (47,104).

Figure 6
 Number of ART Cycles, Embryo Transfer Cycles, and Banking Cycles That Were Performed and Resulted in Live-Birth Deliveries—United States, 2010–2019

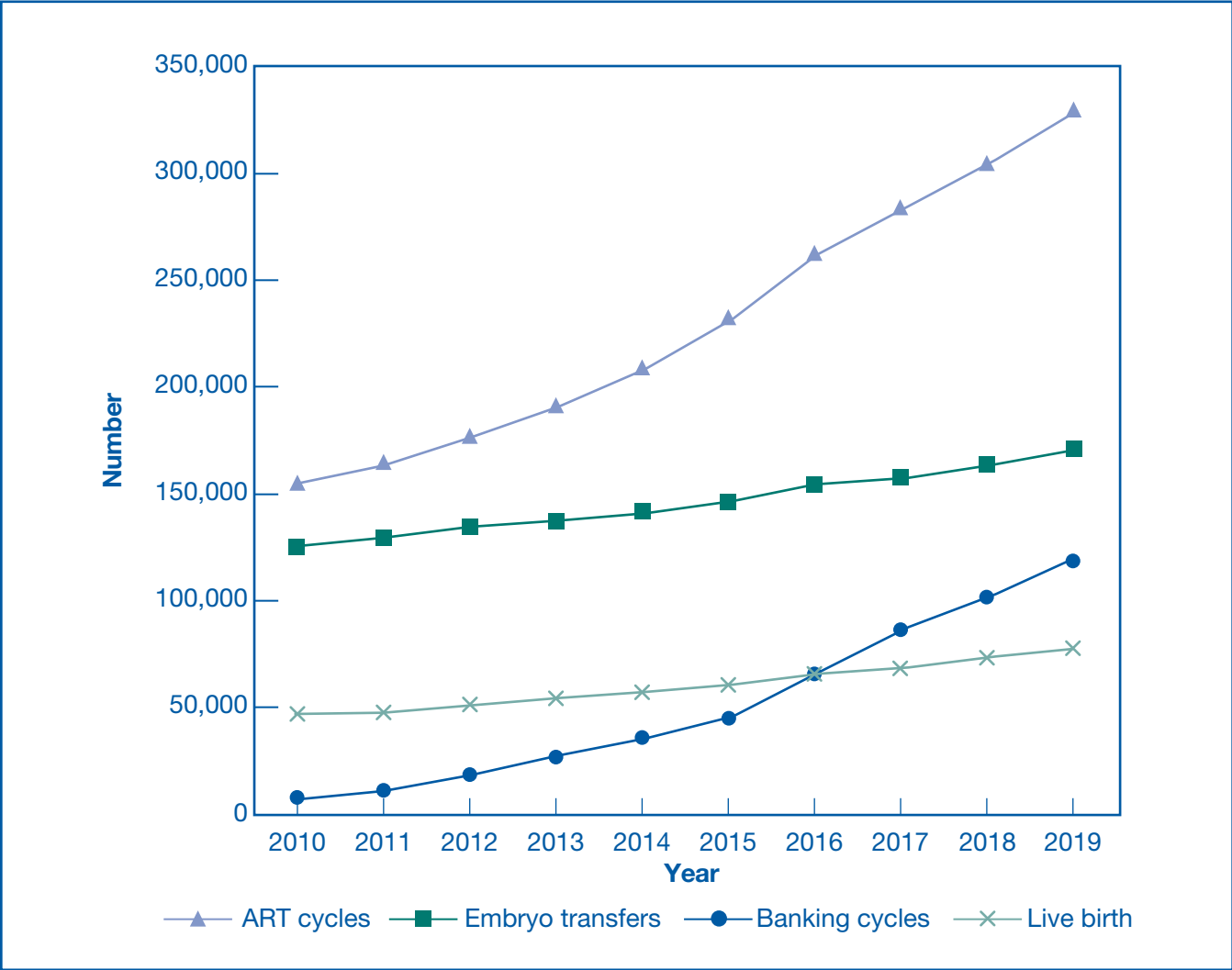


Figure 7 shows the number of ART cycles started by egg or embryo source and type, from 2010 through 2019. It includes cycles using fresh or frozen embryos from patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded.

The number of cycles performed using donor eggs or embryos (fresh or frozen) increased from 18,011 in 2010 to 27,131 in 2019. The number of cycles performed using embryos from frozen patient eggs or embryos increased from 28,425 in 2010 to 126,187 in 2019. The number of cycles performed using embryos from fresh patient eggs decreased from 100,824 in 2010 to 56,369 in 2019.

Embryos from fresh patient eggs are fresh patient embryos that were transferred without being frozen from fresh eggs. Embryos from fresh donor eggs are fresh donor embryos that were transferred without being frozen from fresh donor eggs.

Embryos from frozen patient eggs or embryos are patient eggs or embryos that were frozen at some point after retrieval of the egg. They include fresh embryos from frozen eggs or frozen embryos. Embryos from frozen donor eggs or embryos are donor eggs or embryos that were frozen at some point after retrieval of the egg. They include fresh embryos from frozen donor eggs, frozen embryos, or embryos or from donated embryos.

Figure 7

Number of ART Cycles, by Egg or Embryo Source—United States, 2010–2019

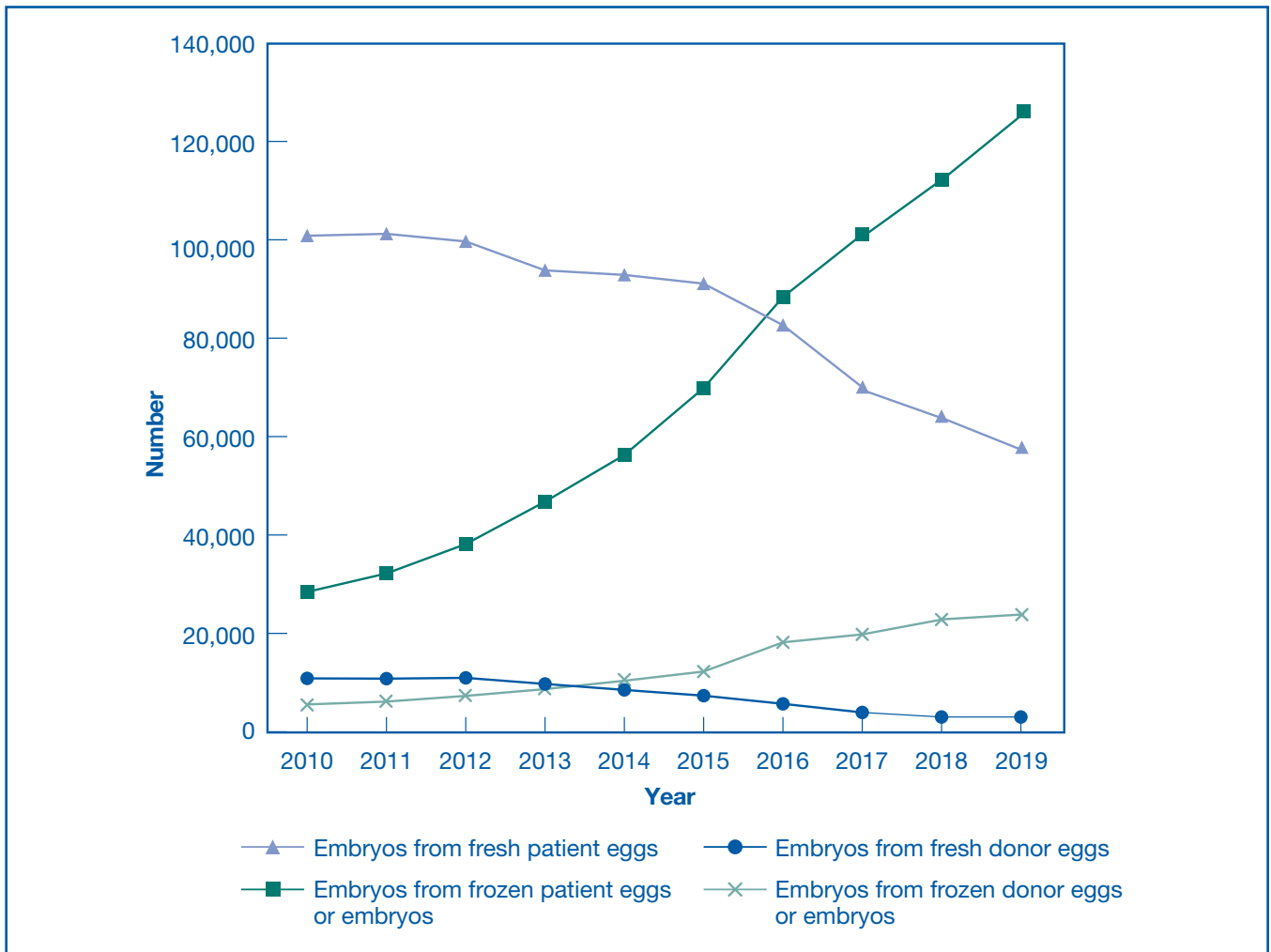


Figure 8 shows the number and percentage of embryo transfers that used a gestational carrier from 2010 through 2019. It includes cycles using fresh or frozen embryos from patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded.

A gestational carrier (also called a gestational surrogate) is a woman who agrees to carry a developing embryo created from another woman’s egg. Over the last decade, the number of embryo transfers for ART cycles that used gestational carriers increased, from 2,649 in 2010 to 9,195 in 2019. The percentage of transfers using a gestational carrier among all ART cycles also increased, from 2.1% of all ART cycles in 2010 to 5.4% in 2019.

Figure 8

Number and Percentage of Embryo Transfers That Used a Gestational Carrier—United States, 2010–2019

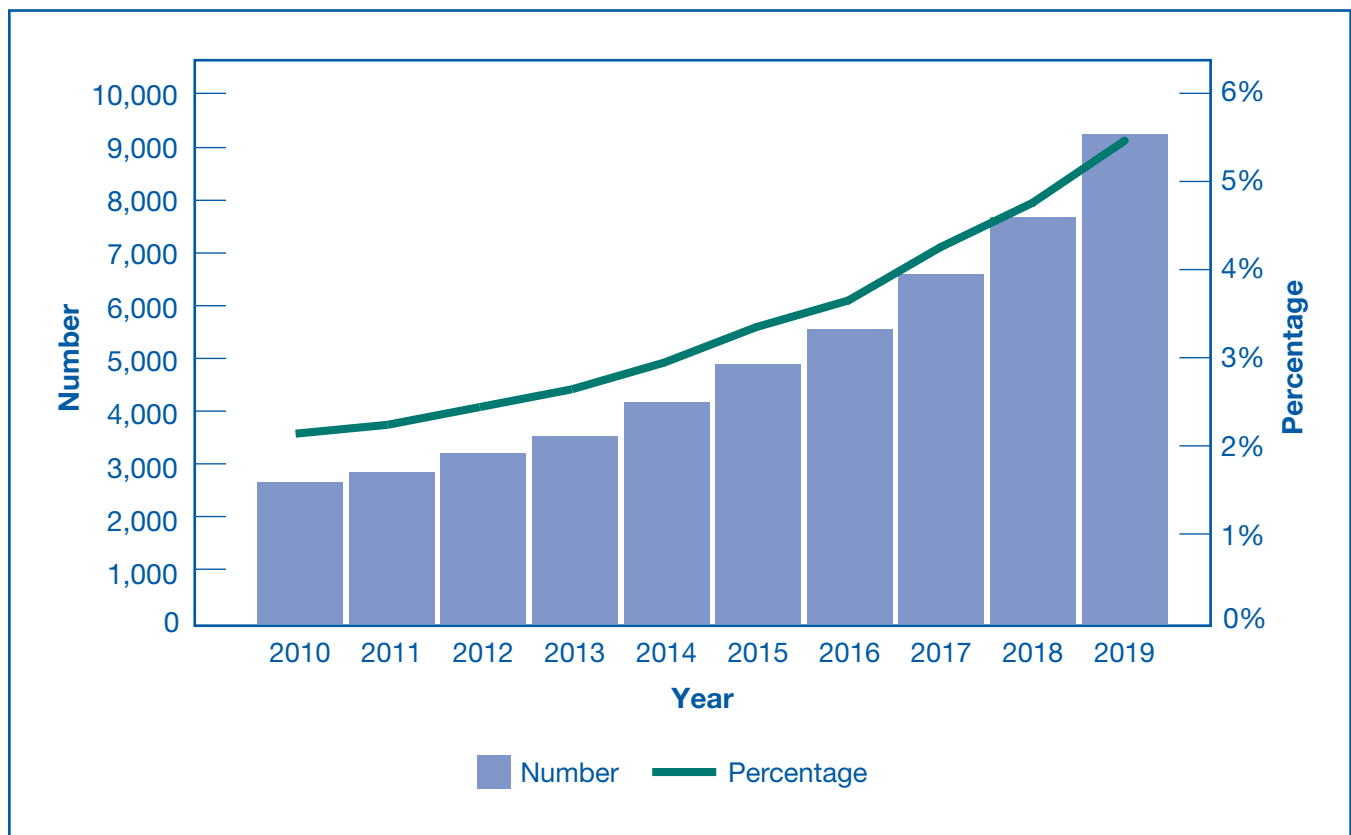


Figure 9 shows the percentage of embryo transfers in which a single embryo was transferred, from 2010 through 2019. It includes cycles using fresh or frozen embryos from patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded.

The percentage of single embryo transfer (SET) procedures is the percentage of all embryo transfers in which only one embryo is transferred to the uterus, regardless of the number of embryos available. The use of SET is a strategy to avoid a multiple-fetus pregnancy and reduce the risk of poor health outcomes, such as prematurity and low birth weight, among infants.

Over the last decade, the percentage of SET among all patients increased dramatically, from 18.2% in 2010 to 77.3% in 2019, and this trend was identified among all age groups.

Figure 9
Percentage of Embryo Transfers in Which a Single Embryo Was Transferred—United States, 2010–2019

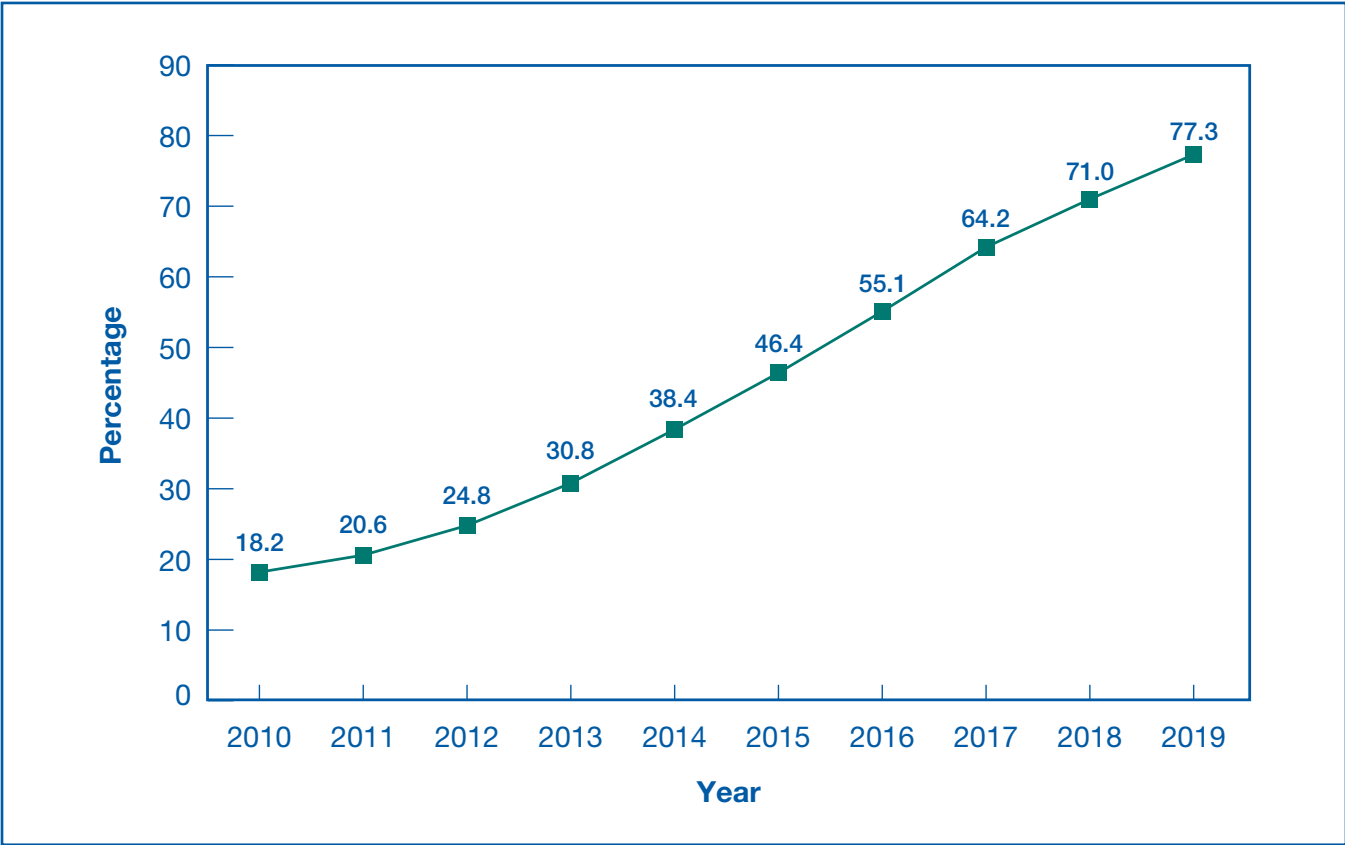


Figure 10 shows the percentage of ART cycles that resulted in live-birth deliveries by patient age group, from 2010 through 2019. It includes ART cycles using fresh or frozen embryos from patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded. These percentages are noncumulative and are only based on ART cycles performed in 2019.

Over the last decade, the percentage of live-birth deliveries from ART cycles increased among all age groups, from 32.0% in 2010 to 37.2% in 2019. Younger patients had a higher percentage of ART cycles that resulted in live-birth deliveries than older patients. However, it is important to note that a larger proportion of older patients use donor eggs or embryos.

Figure 10

Percentage of ART Cycles That Resulted in Live-Birth Deliveries, by Patient Age Group—United States, 2010–2019

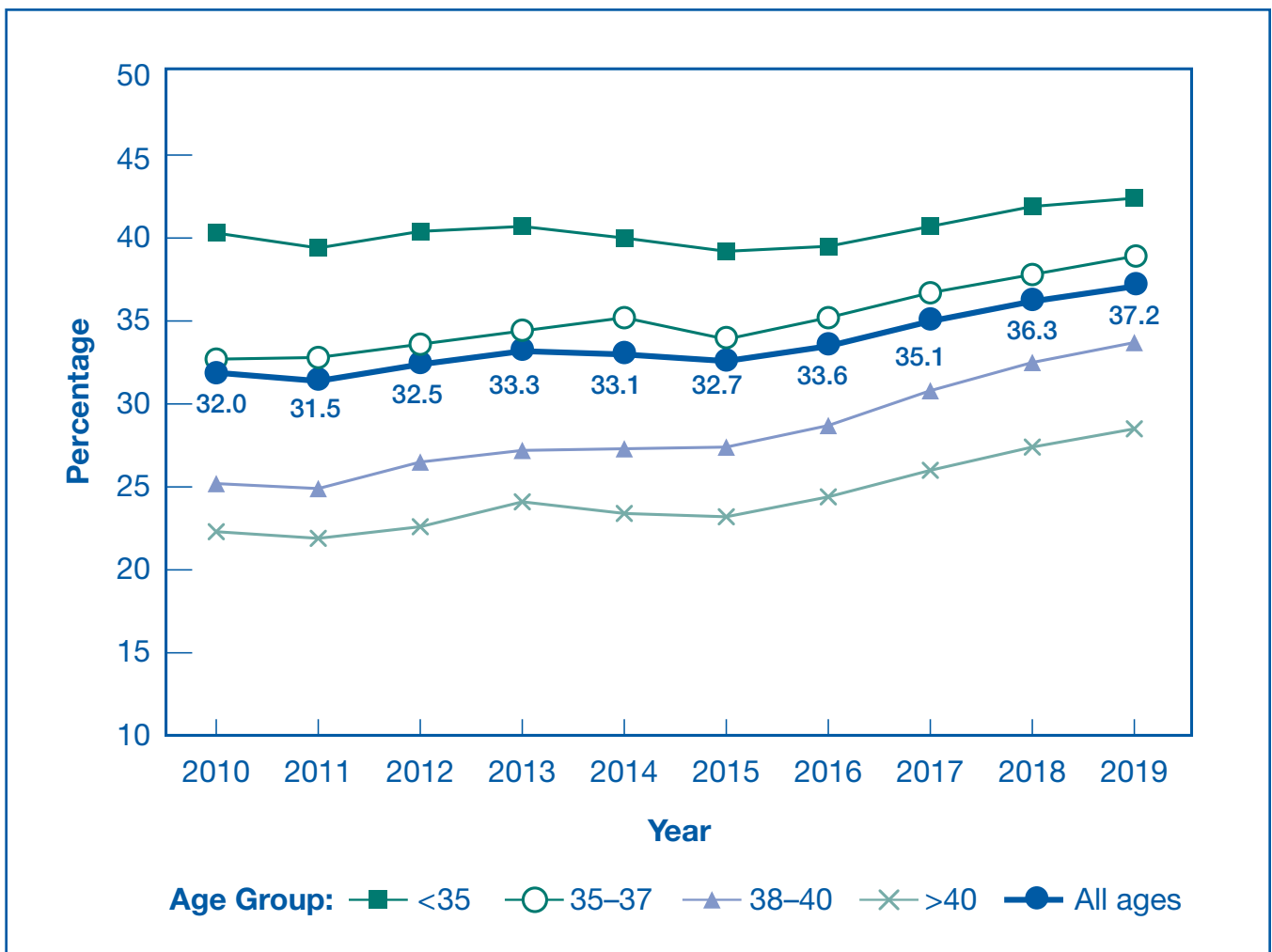


Figure 11 shows the number of infants born from 2010 through 2019 who were conceived using ART. It includes cycles using fresh or frozen embryos from patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded.

The number of infants born who were conceived using ART increased from 61,556 in 2010 to 83,946 in 2019. Because more than one infant can be born during a live-birth delivery (for example, twins), the total number of infants born is higher than the number of live-birth deliveries. From 2010 to 2019, the number of ART cycles performed and the percentage of ART cycles that resulted in live-birth delivery increased.

Figure 11

Number of Infants Born Who Were Conceived through ART—United States, 2010–2019

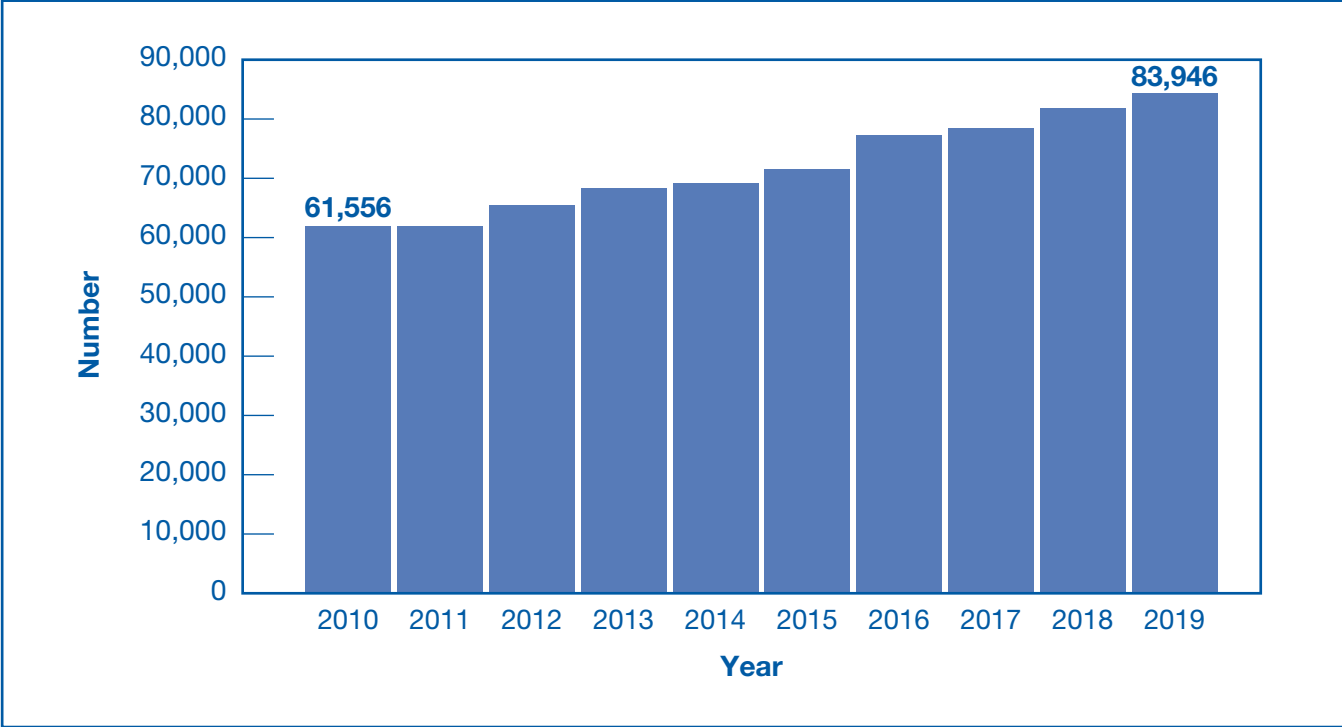


Figure 12 shows the percentage of embryo transfers that resulted in the live-birth delivery of singletons, twins, or triplets or more from 2010 through 2019. It includes cycles using fresh or frozen embryos from patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded.

Over the last decade, the percentage of embryo transfers that resulted in singleton births increased from 22.6% in 2010 to 34.4% in 2019, while the percentage that resulted in multiple births decreased. The percentage of twins decreased from 9.0% in 2010 to 2.7% in 2019, while the percentage of triplets or more decreased from 0.4% in 2010 to 0.06% in 2019.

The increased use of single embryo transfer (SET) in recent years has likely contributed to this trend. SET is used to avoid multiple-fetus pregnancies and reduce the risk of poor health outcomes, such as prematurity and low birth weight, among infants.

Figure 12

Percentage of Embryo Transfers That Resulted in the Live-Birth Delivery of Singletons, Twins, or Triplets or More—United States, 2010–2019

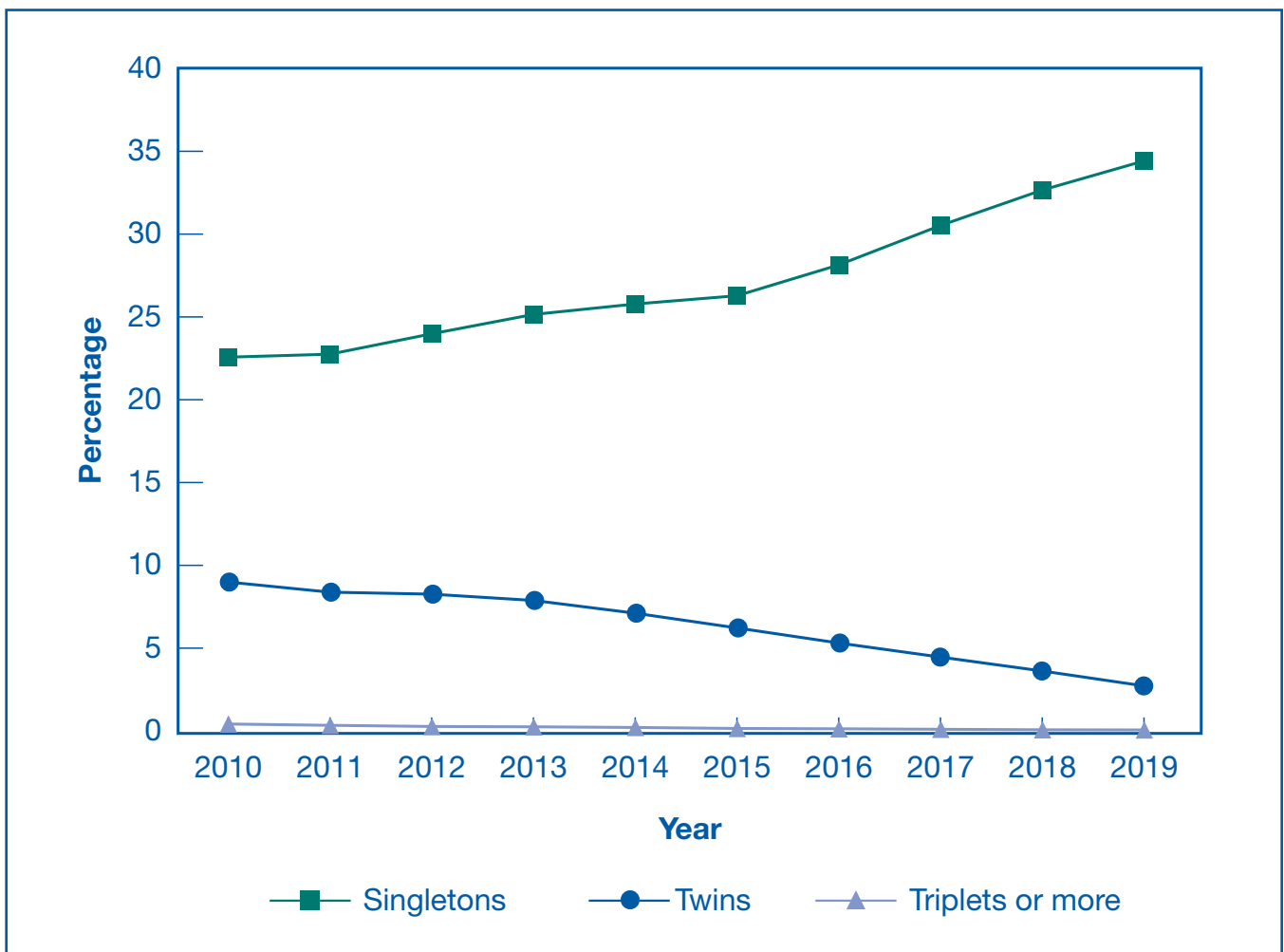
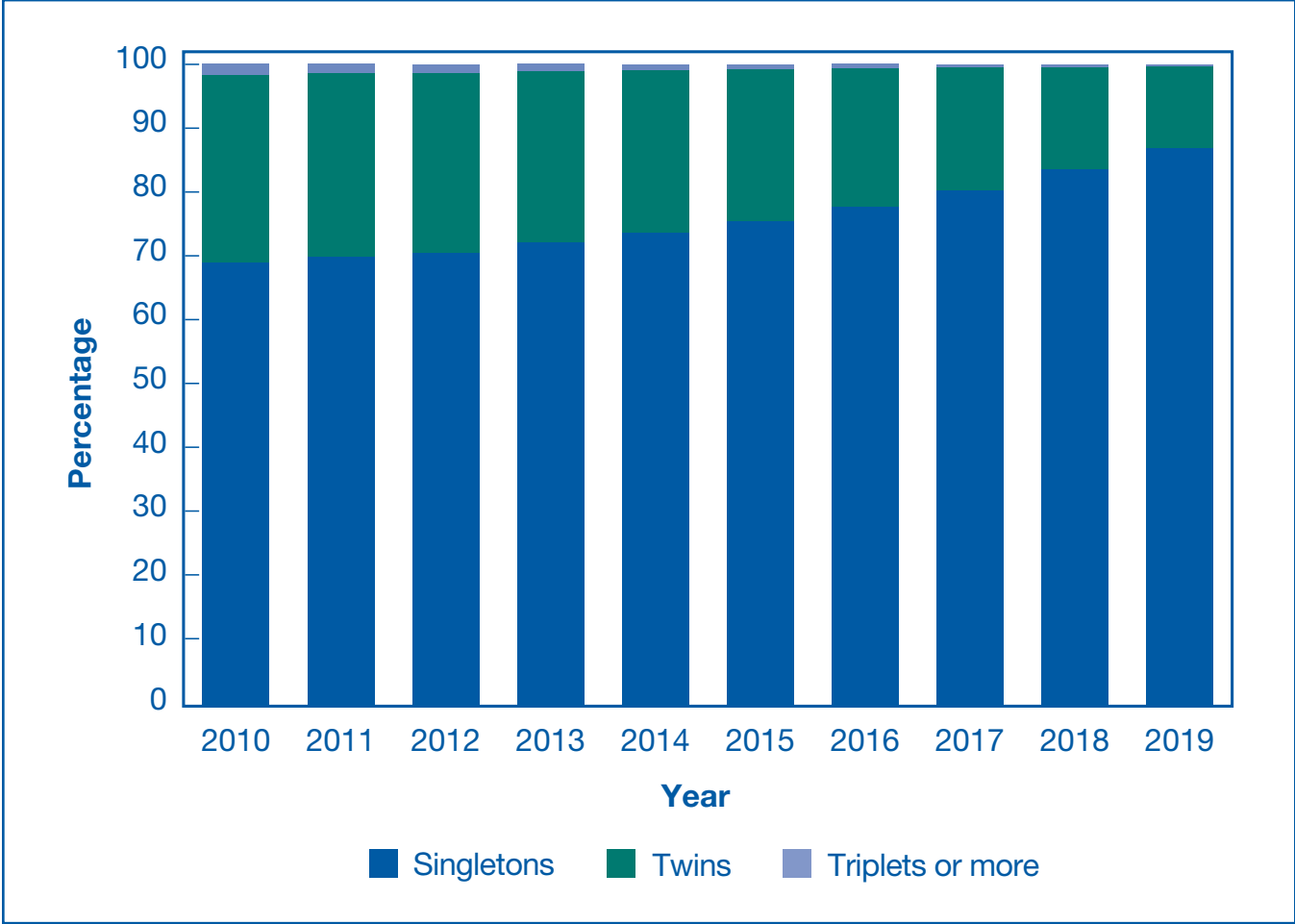


Figure 13 shows the percentage of infants who were conceived using ART cycles that resulted in the live-birth of singletons, twins, or triplets or more, from 2010 through 2019. It includes cycles using fresh or frozen embryos from patients using their own eggs or embryos or using donor eggs or embryos. Research and banking cycles are excluded.

Over the last decade, the percentage of ART-conceived live-birth deliveries that resulted in singletons increased from 70.6% in 2010 to 92.5% in 2019. The percentage that resulted in twins decreased from 28.1% to 7.3%, while the percentage that resulted in triplets or more decreased from 1.3% to 0.2%.

Infants born from multiple gestations, including twins, are at higher risk of poor outcomes—including preterm birth, low birth weight, neurological impairments, or death—than infants born as singletons.

Figure 13
Percentage of ART-Conceived Live-Birth Deliveries That Resulted in Singletons, Twins, or Triplets or More—United States, 2010–2019



2019

Appendix A: Data Validation



Appendix A: Data Validation

Data Validation

Meetings with assisted reproductive technology (ART) clinics for validation of ART data were conducted during June through August 2021. For data validation, 33 of the 448 reporting clinics were randomly selected after taking into consideration the number of ART cycles performed at each clinic, some cycle and clinic characteristics, and whether the clinic had been selected before. During each validation meeting, ART data reported by the clinic to CDC were compared with information documented in medical records.

For each clinic, the fully validated sample included up to 40 cycles resulting in pregnancy and up to 20 cycles not resulting in pregnancy. Up to 10 cycles using donor eggs or embryos were included among the fully validated sample at each clinic. In total, 1,945 ART cycles across the 33 clinics were randomly selected for full validation, along with 262 fertility preservation banking cycles selected for partial validation.

In addition, among patients whose cycles were fully validated, the number of ART cycles performed during the year was verified. For each of these patients, the total number of cycles reported was compared with the total number of cycles in the medical record. If unreported ART cycles were identified in selected medical records, up to 10 of these cycles were also selected for partial validation.

Discrepancy rates are presented on pages 44 and 45 for the validated items of interest. Overall, validation of 2019 ART cycle data indicated that most discrepancy rates were low (less than 5%).

How to Interpret Confidence Intervals for Discrepancy Rates

What is a confidence interval?

Simply speaking, confidence intervals are a useful way to consider margin of error, a statistic often used in voter polls to indicate the range within which a value is likely to be correct (for example, 30% of the voters favor a particular candidate with a margin of error of plus or minus 3.5%).

Why do we need to consider confidence intervals if we already know the exact discrepancy rates for each clinic?

No discrepancy rate or statistic is absolute. Suppose that during validation, a sample of 100 cycles was reviewed, and a discrepancy rate of 15% was determined for a particular data item with a 95% confidence interval of 10%–20%. The 15% discrepancy rate tells us that we estimate the average chance that a discrepancy occurred for the selected data field among all reported cycles to be 15% based on the results of our sample of 100 cycles. However, that estimated discrepancy rate may not match the true discrepancy rate that we would calculate if we were to validate every single cycle during a reporting year. The 95% confidence interval tells us that we are 95% confident that the true discrepancy rate is between 10% and 20%. In other words, if we were to repeat the process of selecting a sample of 100 cycles many times, calculating the discrepancy rate and 95% confidence interval for each sample, we would expect 95% of the calculated confidence intervals to capture the true discrepancy rate.

Discrepancy Rates by Data Fields Selected for Validation

An accessible version of this table is available online at www.cdc.gov/art/reports/2019/appendixes.html.

Data Field Name	Discrepancy Rate* (Confidence Interval†)	Comments
Patient date of birth	0.7% (0.3, 1.7)	
Cycle intention	0.9% (0.4, 2.4)	
Cycle start date	0.5% (0.1, 2.3)	
Date of egg retrieval	0.6% (0.2, 1.7)	
Number of eggs or embryos transferred	0.2% (0.04, 0.62)	
Outcome of ART treatment (i.e., pregnant or not pregnant)	1.5% (0.4, 4.9)	For about 50% of discrepancies, clinical intrauterine gestation was misreported when there was no information in the medical record to confirm it. For 23% of discrepancies, absence of pregnancy was misreported when confirmation of clinical intrauterine gestation was found in the medical record.
Pregnancy outcome (for example, miscarriage, live-birth delivery, or stillbirth)	1.6% (0.5, 4.6)	For 50% of discrepancies, pregnancy outcome was misreported as live birth when there was no information on pregnancy outcome in the medical record to confirm the birth.
Date of pregnancy outcome	2.5% (1.2, 5.1)	For 54% of discrepancies, pregnancy outcome data were not found in the medical record. When the medical record included the date of pregnancy outcome, 32% of discrepancies were within 7 days of the reported date.
Number of infants born	0.2% (0.1, 0.6)	

Discrepancy Rates by Data Fields Selected for Validation (continued)

Data Field Name	Discrepancy Rate* (Confidence Interval†)	Comments
Patient Diagnosis—Reason for ART		
Tubal factor	4.7% (1.5, 14.2)	For 50% of discrepancies, tubal factor was found in medical records but was not reported by the clinic. For the other 50% of discrepancies, tubal factor diagnosis was reported, but was not confirmed by the medical record.
Ovulatory dysfunction	5.7% (2.6, 12.2)	Ovulatory dysfunction was underreported. For 83% of discrepancies, ovulatory dysfunction was found in medical records, but was not reported by the clinic.
Diminished ovarian reserve	1.7% (0.8, 3.5)	Diminished ovarian reserve was underreported. For 78% of discrepancies, diminished ovarian reserve was found in medical records, but was not reported by the clinic.
Endometriosis	0.7% (0.2, 2.3)	
Uterine factor	1.9% (0.7, 4.9)	Uterine factor was slightly underreported. For 63% of discrepancies, uterine factor was found in medical records, but was not reported by the clinic.
Male factor	3.3% (2.2, 5.0)	Male factor was underreported. For 74% of discrepancies, male factor was found in medical records, but was not reported by the clinic.
Other factor	9.1% (6.1, 13.2)	Other factor was underreported. For 76% of discrepancies, other factor was found in medical records, but was not reported by the clinic.
Unknown factor	6.1% (2.2, 16.1)	Unknown factor was overreported. For 90% of discrepancies, unknown factor diagnosis was not confirmed in medical records.

* Discrepancy rates estimate the proportion of all assisted reproductive technology (ART) cycles with differences for a particular data item. The discrepancy rate calculations weight the data from validated cycles to reflect the overall number of cycles performed at each clinic. Thus, findings from larger clinical practices were weighted more heavily than those from smaller practices.

† This table shows a range, called the 95% confidence interval, that conveys the reliability of the discrepancy rate. For a general explanation of confidence intervals, see page 43.

2019

Appendix B: Glossary of Terms



Appendix B: Glossary of Terms

American Society for Reproductive Medicine (ASRM). Professional society whose affiliate organization, the Society for Assisted Reproductive Technology (SART), is composed of clinics and programs that provide ART.

ART (assisted reproductive technology). All treatments or procedures that include the handling of human eggs or embryos to help a woman become pregnant. ART includes but is not limited to in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), tubal embryo transfer, egg and embryo cryopreservation, egg and embryo donation, and gestational surrogacy.

ART cycle. An ART cycle starts when a woman begins taking fertility drugs or having her ovaries monitored for follicle production. If eggs are produced, the cycle progresses to egg retrieval. Retrieved eggs are combined with sperm to create embryos. If fertilization is successful, at least one embryo is selected for transfer. If implantation occurs, the cycle may progress to clinical pregnancy and possibly live-birth delivery. ART cycles include any process in which (1) an ART procedure is performed, (2) a woman has undergone ovarian stimulation or monitoring with the intent of having an ART procedure, or (3) frozen embryos have been thawed with the intent of transferring them to a woman.

Canceled cycle. An ART cycle in which ovarian stimulation was performed but the cycle was stopped before eggs were retrieved or before embryos were transferred. Cycles are canceled for many reasons: eggs may not develop, the patient may become ill, or the patient may choose to stop treatment.

Cryopreservation. The practice of freezing eggs or embryos from a patient's ART cycle for potential future use.

Diminished ovarian reserve. This diagnosis means that the ability of the ovary to produce eggs is reduced. Reasons include congenital, medical, or surgical causes.

Donor egg cycle. An ART cycle in which an embryo is formed from the egg of one woman (the donor) and then transferred to another woman (the recipient). Sperm from either the recipient's partner or a donor may be used.

Donor embryo cycle. An ART cycle in which an embryo that is donated by a patient or couple who previously underwent ART treatment and had extra embryos available is transferred to another woman (the recipient).

Ectopic pregnancy. A pregnancy in which the fertilized egg implants in a location outside of the uterus—usually in the fallopian tube, the ovary, or the abdominal cavity. Ectopic pregnancy is a dangerous condition that must receive prompt medical treatment.

Egg. A female reproductive cell, also called an oocyte or ovum.

Egg/Embryo banking cycle. An ART cycle started with the intention of freezing (cryopreserving) all resulting eggs or embryos for potential future use.

Egg retrieval (also called oocyte retrieval). A procedure to collect the eggs contained in the ovarian follicles.

Egg transfer (also called oocyte transfer). The transfer of retrieved eggs into a woman's fallopian tubes through laparoscopy. This procedure is used only in GIFT.

Embryo. An egg that has been fertilized by a sperm and has then undergone one or more cell divisions.

Embryo transfer. Placement of embryos into a woman's uterus through the cervix after IVF. In zygote intrafallopian transfer, zygotes are placed in a woman's fallopian tube.

Endometriosis. A medical condition that involves the presence of tissue similar to the uterine lining in locations outside the uterus, such as the ovaries, fallopian tubes, or abdominal cavity.

Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA). Law passed by the United States Congress in 1992 requiring all clinics performing ART in the United States to annually report their success rate data to the Centers for Disease Control and Prevention.

Fertility preservation cycle. An ART cycle started with the intent of freezing and banking all eggs or embryos for at least 12 months for future use.

Fertilization. The penetration of the egg by the sperm and the resulting combining of genetic material that develops into an embryo.

Fetus. The unborn offspring from the eighth week after conception to the moment of birth.

Follicle. A structure in the ovaries that contains a developing egg.

Fresh eggs, sperm, or embryos. Eggs, sperm, or embryos that have not been frozen.

Fresh embryo cycle. An ART cycle in which fresh (never frozen) embryos are transferred to the woman. The fresh embryos are conceived with fresh or frozen eggs and fresh or frozen sperm.

Frozen egg cycle. An ART cycle in which frozen (cryopreserved) eggs are thawed and fertilized, and then the resulting fresh embryo is transferred to the woman. Frozen and thawed eggs may be fertilized with either fresh or frozen sperm.

Frozen embryo cycle. An ART cycle in which frozen (cryopreserved) embryos are thawed and transferred to the woman. Frozen embryos may have been conceived using fresh or frozen eggs and fresh or frozen sperm.

Gamete. A reproductive cell, either a sperm or an egg.

Gestational age. The deviation of time from estimated last menstrual period (LMP) to birth. LMP is estimated using the date of retrieval or transfer.

Gestational carrier (also called a gestational surrogate). A woman who gestates, or carries, an embryo that was formed from the egg of another woman with the expectation of returning the infant to its intended parents.

Gestational sac. A fluid-filled structure that develops within the uterus early in pregnancy. In a normal pregnancy, a gestational sac contains a developing fetus.

GIFT (gamete intrafallopian transfer). An ART procedure that involves removing eggs from the woman's ovary and using a laparoscope to place the unfertilized eggs and sperm into the woman's fallopian tube through small incisions in her abdomen.

ICSI (intracytoplasmic sperm injection). A procedure in which a single sperm is injected directly into an egg; this procedure is commonly used to overcome male infertility problems.

Implantation rate. A measurement of ART success when the ART cycle results in an intrauterine clinical pregnancy, defined as the larger of either the number of maximum fetal hearts by ultrasound or maximum infants born, including live-birth deliveries and stillbirths, out of the total number of embryos transferred.

Infertility. In general, infertility refers to the inability to conceive after 12 months of unprotected intercourse. Women aged 35 or older unable to conceive after 6 months of unprotected intercourse generally are considered infertile for the purpose of initiating medical treatment.

IUI (intrauterine insemination). A medical procedure that involves placing sperm into a woman's uterus to facilitate fertilization. IUI is not considered an ART procedure because it does not involve the manipulation of eggs.

IVF (in vitro fertilization). An ART procedure that involves removing eggs from a woman's ovaries and fertilizing them outside her body. The resulting embryos are then transferred into a woman's uterus through the cervix.

Live-birth delivery. The delivery of one or more infants with at least one alive.

Male factor infertility. Any cause of infertility due to low sperm count or problems with sperm function that makes it difficult for a sperm to fertilize an egg under normal conditions.

Miscarriage (also called spontaneous abortion). A pregnancy ending in the spontaneous loss of the embryo or fetus before 20 weeks of gestation.

Multiple-fetus pregnancy. A pregnancy with two or more fetuses, determined by the number of fetal hearts observed on an ultrasound.

Multiple live-birth delivery. The delivery of more than one infant with at least one born live.

NASS (National ART Surveillance System). Web-based data collection system used by all ART clinics to report data for each ART procedure to CDC.

Oocyte. The female reproductive cell, also called an egg.

Other reason, infertility. Reason for using ART including immunological problems, chromosomal abnormalities, cancer chemotherapy, and serious illnesses.

Other reason, non-infertility. Reason for using ART not related to infertility and not unexplained or unknown.

Ovarian hyperstimulation syndrome. A possible complication of ovarian stimulation or ovulation induction that can cause enlarged ovaries, a distended abdomen, nausea, vomiting or diarrhea, fluid in the abdominal cavity or chest, breathing difficulties, changes in blood volume or viscosity, and diminished kidney perfusion and function.

Ovarian monitoring. The use of ultrasound or blood or urine tests to monitor follicle development and hormone production.

Ovarian stimulation. The use of drugs (oral or injected) to stimulate the ovaries to develop follicles and eggs.

Ovulatory dysfunction. A diagnostic category used when a woman's ovaries are not producing eggs normally. It is usually characterized by irregular menstrual cycles reflective of ovaries that are not producing one mature egg each month. It includes polycystic ovary syndrome and multiple ovarian cysts.

Patient (nondonor) cycle. An ART cycle in which an embryo is formed from the egg of the patient and either partner or donor sperm and then transferred back to the patient.

PGT (preimplantation genetic testing). Diagnostic or screening techniques performed on embryos prior to transfer for detecting specific genetic conditions to reduce the risk of passing inherited diseases to children or screening for an abnormal number of chromosomes, which is of special value for patients with advanced age, recurrent miscarriages, or prior failed IVF.

Pregnancy (clinical). A pregnancy documented by ultrasound that shows a gestational sac in the uterus. For ART data reporting purposes, pregnancy is defined as a clinical pregnancy rather than a chemical pregnancy (positive pregnancy test).

SET (single embryo transfer). Single embryo transfer is a procedure in which one embryo, regardless of how many embryos are available, is placed in the uterus or fallopian tube. The embryo selected for SET might be a frozen (cryopreserved) embryo from a previous IVF cycle or a fresh embryo yielded during the current fresh IVF cycle.

Singleton live-birth delivery. The delivery of a single infant born alive.

Society for Assisted Reproductive Technology (SART). An affiliate of ASRM composed of clinics and programs that provide ART.

Sperm. The male reproductive cell.

Spontaneous abortion. See Miscarriage.

Stillbirth. The birth of an infant that shows no sign of life after 20 or more weeks of gestation.

Stimulated cycle. An ART cycle in which a woman receives oral or injected fertility drugs to stimulate her ovaries to develop follicles that contain mature eggs.

Thawed embryo cycle. Same as frozen embryo cycle.

Tubal factor infertility. A diagnostic category used when the woman's fallopian tubes are blocked or damaged, making it difficult for the egg to be fertilized or for an embryo to travel to the uterus.

Ultrasound. A technique used in ART for visualizing the follicles in the ovaries, the gestational sac, or the fetus.

Unexplained infertility. A diagnostic category used when no cause of infertility is found in either the woman or the man.

Unstimulated cycle. An ART cycle in which the woman does not receive drugs to stimulate her ovaries to produce more follicles and eggs. Instead, follicles and eggs develop naturally.

Uterine factor infertility. A structural or functional disorder of the uterus that results in reduced fertility.

ZIFT (zygote intrafallopian transfer). An ART procedure in which eggs are collected from a woman's ovary and fertilized outside her body. A laparoscope is then used to place the resulting zygote into the woman's fallopian tube through a small incision in her abdomen.

Zygote. A fertilized egg before it begins to divide.

2019

Appendix C: ART Clinics



Appendix C: ART Clinics

2019 Reporting Clinics, by State

Clinics are listed alphabetically by their current name, city, and state location at the time of reporting 2019 data. If a clinic had a different name at the beginning of 2019, the clinic's former name on January 1, 2019, is listed in italics directly under the current name.

Clinic names preceded by the § symbol have reorganized since January 1, 2019. Reorganization is defined as a change in ownership or affiliation or a change in at least two of the three key staff positions (practice director, medical director, or laboratory director) because the staff in those positions are no longer employed at the clinic. Clinic names preceded by the † symbol have closed since January 1, 2019. Clinics or labs operating under a name different from their legal name have "Doing Business As" (dba) between their legal and current operating name. Contact the NASS Help Desk for further clinic information at 1-888-650-0822 or nass@westat.com.

The accrediting agencies referenced throughout this list are:

- College of American Pathologists (CAP), Reproductive Laboratory Accreditation Program
- The Joint Commission
- New York State Tissue Bank (NYSTB) Program

NOTE that CDC does not oversee any of these accreditation programs. Effective in 2021, the New York State Tissue Bank Program will no longer be providing accreditation for embryo laboratories.

ALABAMA

Alabama Fertility Specialists
3490 Independence Dr
Birmingham AL 35209
Telephone: (205) 874-0000; Fax: (205) 874-7021
Lab Name: Alabama Fertility
Specialists Laboratory
Accreditation: CAP

ART Fertility Program of Alabama
2006 Brookwood Medical Center Dr, Suite 508
Birmingham AL 35209
Telephone: (205) 870-9784; Fax: (205) 870-0698
Lab Name: ART Fertility Program of Alabama IVF/
Andrology Laboratory
Accreditation: CAP

University of Alabama at Birmingham
Reproductive Endocrinology and Infertility
Women and Infants Center-OB/GYN
1700 6th Ave South, Suite 9103
Birmingham AL 35233
Telephone: (205) 934-1030; Fax: (205) 975-5732
Lab Name: University of Alabama at Birmingham
Gamete Biology Laboratory
Accreditation: CAP

Fertility Institute of North Alabama
808 Turner St S.W.
Huntsville AL 35801
Telephone: (256) 217-9613; Fax: (256) 217-9618
Lab Name: Fertility Institute of North
Alabama Laboratory
Accreditation: CAP (Pend)

Center for Reproductive Medicine
3 Mobile Infirmiry Cir, Suite 401
Mobile AL 36607
Telephone: (251) 438-4200; Fax: (251) 438-4211
Lab Name: Center for Reproductive Medicine
Laboratory-Alabama
Accreditation: CAP

ARIZONA

New Direction Fertility Centers
1760 E. Pecos Rd, Suite 532
Gilbert AZ 85295
Telephone: (480) 351-8222; Fax: (480) 351-8221
Lab Name: New Direction Fertility Centers
Laboratory
Accreditation: CAP

Arizona Reproductive Medicine Specialists, LLC
1701 E. Thomas Rd, Bldg 1, Suite 101
Phoenix AZ 85016
Telephone: (602) 343-2767; Fax: (602) 343-2767
Lab Name: Arizona Reproductive Medicine
Specialists Laboratory
Accreditation: CAP

Gondra Center for Reproductive Care &
Advanced Gynecology
20940 N. Tatum Blvd, Suite B210
Phoenix AZ 85050
Telephone: (480) 621-6331; Fax: (480) 621-6203
Lab Name: Gondra Center for IVF Laboratory
Accreditation: None

Southwest Fertility Center
3125 N. 32nd St, Suite 200
Phoenix AZ 85018
Telephone: (602) 956-7481; Fax: (602) 956-7591
Lab Name: Southwest Fertility Center Laboratory
Accreditation: CAP

Advanced Fertility Care, PLLC
9819 N. 95th St, Suite 105
Scottsdale AZ 85258
Telephone: (480) 874-2229; Fax: (480) 874-2229
Lab Name: Arizona Advanced
Reproductive Laboratory
Accreditation: CAP

Arizona Associates for Reproductive Health
8573 E. Princess Dr, Suite 101
Scottsdale AZ 85255
Telephone: (480) 946-9900; Fax: (480) 946-9914
Lab Name: Arizona Associates for Reproductive
Health ART Laboratories
Accreditation: CAP

Arizona Center for Fertility Studies
(ACFS)
8426 E. Shea Blvd
Scottsdale AZ 85260
Telephone: (480) 860-4792; Fax: (480) 860-6819
Lab Name: Arizona Center for Fertility
Studies Laboratory
Accreditation: CAP

Bloom Reproductive Institute
8415 N. Pima Rd, Suite 290
Scottsdale AZ 85258
Telephone: (480) 434-6565; Fax: (480) 434-6572
Lab Name: Bloom Reproductive
Institute Laboratory
Accreditation: CAP

IVF Phoenix
9817 N. 95th St, Bldg I, Suite 107
Scottsdale AZ 85258
Telephone: (602) 765-2229; Fax: (602) 493-6641
Lab Name: IVF Phoenix Laboratory
Accreditation: CAP

Fertility Treatment Center, PC
2155 E. Conference Dr, Suite 115
Tempe AZ 85284
Telephone: (480) 831-2445; Fax: (480) 897-1283
Lab Name: Fertility Treatment Center
ART Laboratory
Accreditation: CAP

Arizona Center for Reproductive Endocrinology
and Infertility
5190 E. Farness Dr, Suite 114
Tucson AZ 85712
Telephone: (520) 326-0001; Fax: (520) 326-7451
Lab Name: Arizona Center for Reproductive
Endocrinology and Infertility Laboratory
Accreditation: CAP

§Arizona Reproductive Institute
1775 E. Skyline Dr, Suite 175
Tucson AZ 85718
Telephone: (520) 222-8400; Fax: (520) 219-2351
Lab Name: Arizona Reproductive
Institute Laboratory
Accreditation: CAP

Reproductive Health Center
4518 E. Camp Lowell Dr
Tucson AZ 85712
Telephone: (520) 733-0083; Fax: (520) 733-0771
Lab Name: Reproductive Health Center
Laboratory
Accreditation: The Joint Commission

ARKANSAS

Arkansas Fertility Center
9101 Kanis Rd, Suite 300
Little Rock AR 72205
Telephone: (501) 801-1200; Fax: (501) 801-1207
Lab Name: Arkansas Fertility and
Gynecology Laboratory
Accreditation: CAP

CALIFORNIA

LifeStart Fertility Center
29525 Canwood St, Suite 210
Agoura Hills CA 91301
Telephone: (818) 889-4532; Fax: (818) 889-4536
Lab Name: ART Reproductive Center
Accreditation: CAP

Alta Bates In Vitro Fertilization Program
2999 Regent St, Suite 700
Berkeley CA 94705
Telephone: (510) 649-0440; Fax: (510) 649-8700
Lab Name: Pacific Fertility Center IVF Laboratory
Accreditation: CAP

Center for Reproductive Health & Gynecology
(CRH&G)
99 N. La Cienega Blvd, Suite 109
Beverly Hills CA 90211
Telephone: (310) 360-7584; Fax: (310) 360-9827
Lab Name: Center for Reproductive Health &
Gynecology Laboratory
Accreditation: CAP

Southern California Reproductive Center
450 N. Roxbury Dr, Suite 500
Beverly Hills CA 90210
Telephone: (310) 277-2393; Fax: (310) 274-5112
Lab Name: ART Reproductive Center
Accreditation: CAP

Fertility Care of Orange County
203 N. Brea Blvd, Suite 100
Brea CA 92821
Telephone: (714) 256-0777; Fax: (714) 256-0105
Lab Name: Ovation Fertility-Newport Beach
Accreditation: CAP

Central California IVF Program
Women's Specialty and Fertility Center
729 N. Medical Center Dr West, Suite 205
Clovis CA 93611
Telephone: (559) 299-7700; Fax: (559) 297-9679
Lab Name: Women's Specialty & Fertility Center
Embryology Laboratory
Accreditation: CAP

California Center for Reproductive Medicine
477 N. El Camino Real, Suite C310
Encinitas CA 92024
Telephone: (760) 274-2000; Fax: (760) 274-2006
Lab Name: California Center for Reproductive
Sciences Laboratory
Accreditation: CAP

The Fertility Institutes-Los Angeles,
New York, Guadalajara
16030 Ventura Blvd, Suite 404
Encino CA 91436
Telephone: (818) 728-4600; Fax: (818) 728-4616
Lab Name: The Fertility Institutes IVF
Laboratory-Encino
Accreditation: CAP
Lab Name: The Fertility Institutes IVF Laboratory-
New York
Accreditation: NYSTB

Los Angeles Reproductive Center (LARC)
16055 Ventura Blvd, Suite 1127
Encino CA 91436
Telephone: (818) 946-8051; Fax: (818) 946-8052
Lab Name: Los Angeles IVF Laboratory
Accreditation: CAP (Pend)

Western Fertility Institute
16260 Ventura Blvd, Suite 210
Encino CA 91436
Telephone: (818) 292-2242; Fax: (818) 292-8914
Lab Name: Western Fertility Institute Laboratory
Accreditation: CAP

Zouves Fertility Center
1241 E. Hillsdale Blvd, Suite 100
Foster City CA 94404
Telephone: (650) 378-1000; Fax: (650) 577-1128
Lab Name: Zouves Fertility Center Laboratory
Accreditation: CAP

West Coast Fertility Center
11160 Warner Ave, Suite 411
Fountain Valley CA 92708
Telephone: (714) 513-1399; Fax: (714) 513-1393
Lab Name: West Coast Fertility
Center Laboratory
Accreditation: None

Kaiser Permanente Center for Reproductive
Health-Fremont
39141 Civic Center Dr, Suite 350
Fremont CA 94538
Telephone: (510) 248-6900; Fax: (510) 248-6980
Lab Name: Kaiser Permanente Center for
Reproductive Health Laboratory-Fremont
Accreditation: CAP

CARE Fertility
1500 E. Chevy Chase Dr, Suite 450
Glendale CA 91206
Telephone: (818) 230-7778; Fax: (888) 873-4727
Lab Name: CARE Fertility Laboratory
Accreditation: CAP

Kathleen Kornafel, MD, PhD
1560 E. Chevy Chase Dr, Suite 200
Glendale CA 91206
Telephone: (818) 242-9933; Fax: (818) 242-9937
Lab Name: ART Reproductive Center
Accreditation: CAP
Lab Name: CHA Fertility Center Laboratory
Accreditation: CAP

Marin Fertility Center
1100 S. Eliseo Dr, Suite 107
Greenbrae CA 94904
Telephone: (415) 925-9404; Fax: (415) 484-7045
Lab Name: MFC Lab, Inc.
Accreditation: CAP

Coastal Fertility Medical Center, Inc.
15500 Sand Canyon Ave, Suite 100
Irvine CA 92618
Telephone: (949) 726-0600; Fax: (949) 726-0601
Lab Name: Coastal Fertility Medical Center, Inc.,
Reproductive Specialty Laboratories
Accreditation: CAP

Fertility Center of Southern California
4980 Barranca Pkwy, Suite 200
Irvine CA 92604
Telephone: (949) 955-0072; Fax: (949) 955-0077
Lab Name: Ovation Fertility-Newport Beach
Accreditation: CAP

Life IVF Center
3500 Barranca Pkwy, Suite 300
Irvine CA 92606
Telephone: (949) 788-1133; Fax: (949) 788-1136
Lab Name: Life IVF Center Embryology
Laboratory
Accreditation: CAP

Reproductive Fertility Center
LinFertility Family Foundation
16300 Sand Canyon Ave, Suite 911
Irvine CA 92618
Telephone: (949) 453-8600; Fax: (949) 453-8601
Lab Name: Reproductive Fertility Center
Embryology Laboratory
Accreditation: CAP

Reproductive Partners Fertility Center-San Diego
9850 Genesee Ave, Suite 800
La Jolla CA 92037
Telephone: (858) 552-9177; Fax: (858) 552-9188
Lab Name: Reproductive Partners Fertility
Center-San Diego Laboratory
Accreditation: CAP

Loma Linda University Center for Fertility and IVF
Department of Gynecology and Obstetrics
11370 Anderson St, Suite 3950
Loma Linda CA 92354
Telephone: (440) 212-3625; Fax: (909) 558-2450
Lab Name: Loma Linda University Health Care,
Fertility Science Laboratory
Accreditation: CAP

California Fertility Partners
11818 Wilshire Blvd, Suite 300
Los Angeles CA 90025
Telephone: (310) 828-4008; Fax: (310) 828-3310
Lab Name: California Fertility Partners
Reproductive Technology Laboratories
Accreditation: CAP

Cedars Sinai Medical Center
Center for Fertility and Reproductive Medicine
444 S. San Vicente Blvd, Suite 1002
Los Angeles CA 90048
Telephone: (310) 423-9964; Fax: (310) 423-9777
Lab Name: ART Reproductive Center
Accreditation: CAP

†CHA Fertility Center
5455 Wilshire Blvd, Suite 1904
Los Angeles CA 90036
Telephone: (323) 525-3377; Fax: (323) 525-3376
Contact the NASS Help Desk for current
clinic information.

CMD Fertility
10921 Wilshire Blvd, Suite 702
Los Angeles CA 90024
Telephone: (310) 873-1800; Fax: (310) 873-1803
Lab Name: Pacific Fertility Center-
Los Angeles Laboratory
Accreditation: CAP

§Pacific Fertility Center-Los Angeles
10921 Wilshire Blvd, Suite 700
Los Angeles CA 90024
Telephone: (310) 209-7700; Fax: (310) 209-7799
Lab Name: Pacific Fertility Center-
Los Angeles Laboratory
Accreditation: CAP

Reproductive Medicine Associates of
Southern California
11500 West Olympic Blvd, Suite 150
Los Angeles CA 90064
Telephone: (424) 293-8841; Fax: (424) 293-8138
Lab Name: Reproductive Medicine Associates of
Southern California Laboratory
Accreditation: CAP

UCLA Fertility Center
Department of Obstetrics and Gynecology
200 Medical Plaza, Suite 220
Los Angeles CA 90095
Telephone: (310) 825-9500; Fax: (310) 825-2168
Lab Name: ART Reproductive Center
Accreditation: CAP

USC Fertility
1127 Wilshire Blvd, Suite 1400
Los Angeles CA 90017
Telephone: (213) 975-9990; Fax: (213) 975-9997
Lab Name: USC Fertility Laboratory
Accreditation: CAP

CARE for the Bay Area
555 Knowles Dr, Suite 212
Los Gatos CA 95032
Telephone: (408) 628-0783; Fax: (888) 850-3405
Lab Name: CARE for the Bay Area Laboratory
Accreditation: CAP

Innovative Fertility Center
3500 N. Sepulveda Blvd
Manhattan Beach CA 90266
Telephone: (310) 648-2229; Fax: (310) 333-0666
Lab Name: HMR Life Center Laboratory
Accreditation: None

CCRM San Francisco
Bay Area Center for Reproductive
Medicine, LLC (BACRM)
1060 Marsh Rd, 1st Floor
Menlo Park CA 94025
Telephone: (650) 646-7500; Fax: (650) 646-7501
Lab Name: CCRM San Francisco Laboratory
Accreditation: CAP

The Fertility and Gynecology Center
Monterey Bay IVF
9833 Blue Larkspur Ln
Monterey CA 93940
Telephone: (831) 649-4483; Fax: (831) 649-9010
Lab Name: The Fertility and Gynecology Center,
Monterey Bay IVF Laboratory
Accreditation: None

Nova In Vitro Fertilization
2500 Hospital Dr, Bldg 7
Mountain View CA 94040
Telephone: (650) 325-6682; Fax: (650) 968-6682
Lab Name: Nova IVF Laboratory
Accreditation: CAP

Newport Fertility Center
3501 Jamboree Rd, Suite 1100
Newport Beach CA 92660
Telephone: (949) 222-1290; Fax: (949) 222-1289
Lab Name: CCRM OC Fertility Laboratory
Accreditation: CAP

OC Fertility
1401 Avocado Ave, Suite 403
Newport Beach CA 92660
Telephone: (949) 706-2229; Fax: (949) 706-8490
Lab Name: CCRM OC Fertility Laboratory
Accreditation: CAP

Southern California Center for
Reproductive Medicine
361 Hospital Rd, Suite 333
Newport Beach CA 92663
Telephone: (949) 642-8727; Fax: (949) 642-5413
Lab Name: Ovation Fertility-Newport Beach
Accreditation: CAP

Lane Fertility Institute
101 Rowland Way, Suite 305
Novato CA 94945
Telephone: (415) 893-0391; Fax: (415) 892-4455
Lab Name: Lane Fertility Institute Laboratory
Accreditation: None

American Reproductive Centers
1199 N. Indian Canyon Dr
Palm Springs CA 92262
Telephone: (760) 346-4334; Fax: (760) 346-3663
Lab Name: American Reproductive Center
Laboratory-Palm Springs
Accreditation: CAP

Bay IVF Center
1681 El Camino Real
Palo Alto CA 94306
Telephone: (650) 322-0500; Fax: (650) 322-5404
Lab Name: Bay IVF Center Laboratory
Accreditation: The Joint Commission

HRC Fertility-Pasadena
55 S. Lake Ave, 9th Floor
Pasadena CA 91101
Telephone: (626) 440-9161; Fax: (626) 440-0138
Lab Name: HRC Fertility-Encino Laboratory
Accreditation: CAP
Lab Name: HRC Fertility-Pasadena Laboratory
Accreditation: CAP

Lab Name: HRC Fertility-Orange
County Laboratory
Accreditation: CAP
Unity Fertility Center, LLC
625 S. Fair Oaks Ave, Suite 330
Pasadena CA 91105
Telephone: (626) 588-1555; Fax: (626) 457-5690
Lab Name: Unity Fertility Center, LLC Laboratory
Accreditation: CAP

Reproductive Partners-Beverly Hills, Redondo
Beach & Westminster
510 N. Prospect Ave, Suite 202
Redondo Beach CA 90277
Telephone: (310) 318-3010; Fax: (310) 798-7304
Lab Name: Reproductive Partners Medical
Group, Inc., Laboratory-Redondo Beach
Accreditation: CAP

California IVF Fertility Center
2590 Venture Oaks Way, Suite 103
Sacramento CA 95833
Telephone: (916) 979-5599; Fax: (530) 771-0135
Lab Name: California IVF Fertility
Center Laboratory
Accreditation: None

§Kaiser Permanente Center for Reproductive
Health-Sacramento
1650 Response Rd, Suite 1A
Sacramento CA 95815
Telephone: (916) 614-5089; Fax: (916) 614-5942
Lab Name: Kaiser Permanente Center for
Reproductive Health Laboratory-Sacramento
Accreditation: CAP

Northern California Fertility Medical Center
4320 Auburn Blvd
Sacramento CA 95841
Telephone: (916) 773-2229; Fax: (916) 773-8391
Lab Name: Northern California Fertility Medical
Center Laboratory
Accreditation: CAP

Fertility Specialists Medical Group
8010 Frost St, Suite P
San Diego CA 92123
Telephone: (858) 505-5500; Fax: (858) 505-5555
Lab Name: San Diego Center for Reproductive
Surgery Laboratory
Accreditation: CAP

Gen 5 Fertility Center
3420 Carmel Mountain Rd, Suite 200
San Diego CA 92121
Telephone: (858) 267-4365; Fax: (858) 225-3535
Lab Name: Gen 5 Fertility Laboratory
Accreditation: CAP

Reproductive Sciences Medical Center
3661 Valley Centre Dr, Suite 100
San Diego CA 92130
Telephone: (858) 436-7186; Fax: (858) 436-7171
Lab Name: Reproductive Sciences Medical
Center Laboratory
Accreditation: CAP

San Diego Fertility Center
11425 El Camino Real
San Diego CA 92130
Telephone: (858) 794-6363; Fax: (858) 794-6360
Lab Name: San Diego Fertility Center IVF &
Andrology Laboratories
Accreditation: CAP

Kindbody-San Francisco
88 Sutter St
San Francisco CA 94104
Telephone: (628) 777-7064; Fax: (646) 905-0987
Lab Name: Laurel Fertility Care Laboratory
Accreditation: CAP

Laurel Fertility Care
1700 California St, Suite 570
San Francisco CA 94109
Telephone: (415) 673-9199; Fax: (415) 673-8796
Lab Name: Laurel Fertility Care Laboratory
Accreditation: CAP

Pacific Fertility Center
55 Francisco St, Suite 500
San Francisco CA 94133
Telephone: (415) 834-3000; Fax: (415) 834-3099
Lab Name: Pacific Fertility Center IVF Laboratory
Accreditation: CAP

Reproductive Medicine Associates of
Northern California
150 Spear St, Suite 500
San Francisco CA 94105
Telephone: (415) 603-6999; Fax: (415) 644-0124
Lab Name: Reproductive Medicine Associates of
Northern California Laboratory
Accreditation: CAP

Spring Fertility
1 Daniel Burnham Ct, Suite 110C
San Francisco CA 94109
Telephone: (415) 964-5618; Fax: (415) 964-5619
Lab Name: Spring Fertility Laboratory
Accreditation: CAP

UCSF Center for Reproductive Health
499 Illinois St, 6th Floor
San Francisco CA 94158
Telephone: (415) 353-3040; Fax: (415) 353-7744
Lab Name: UCSF Center for Reproductive
Health Laboratory
Accreditation: CAP, The Joint Commission

Palo Alto Medical Foundation
2581 Samaritan Dr, Suite 302
San Jose CA 95124
Telephone: (800) 597-2234; Fax: (408) 356-8954
Lab Name: PAMF for Healthcare Research &
Education, IVF Laboratory
Accreditation: CAP

Alex Steinleitner, MD, Inc.
127 Casa St
San Luis Obispo CA 93405
Telephone: (805) 543-2228; Fax: (805) 980-3444
Lab Name: Central Coast IVF Laboratory
Accreditation: None

Reproductive Science Center of the
San Francisco Bay Area
100 Park Pl, Suite 200
San Ramon CA 94583
Telephone: (925) 867-1800; Fax: (925) 820-2279
Lab Name: Reproductive Science Center of the
San Francisco Bay Area Laboratory
Accreditation: CAP

Santa Barbara Fertility Center
536 E. Arrellaga St, Suite 201
Santa Barbara CA 93103
Telephone: (805) 965-3400; Fax: (805) 965-1222
Lab Name: Santa Barbara Fertility
Center Laboratory
Accreditation: CAP

Kindbody-Los Angeles
1260 15th St, Suite 1402
Santa Monica CA 90404
Telephone: (855) 563-2639; Fax: (646) 741-8785
Lab Name: ART Reproductive Center
Accreditation: CAP

Santa Monica Fertility
2825 Santa Monica Blvd, Suite 100
Santa Monica CA 90404
Telephone: (310) 566-1470; Fax: (310) 566-1485
Lab Name: Assisted Reproduction Laboratory
Accreditation: CAP

Advanced Fertility Associates Medical
Group, Inc.
1111 Sonoma Ave, Suite 214
Santa Rosa CA 95405
Telephone: (707) 575-5831; Fax: (707) 575-4379
Lab Name: Advanced Fertility Associates
Medical Group, Inc., Laboratory
Accreditation: CAP

Valley Center for Reproductive Health, Inc.
West Coast Women's Reproductive Center
4835 Van Nuys Blvd, Suite 200
Sherman Oaks CA 91403
Telephone: (818) 986-1648; Fax: (818) 986-1653
Lab Name: ART Reproductive Center
Accreditation: CAP
Lab Name: HRC Fertility-Encino Laboratory
Accreditation: CAP

Stanford Medicine Fertility & Reproductive Health
1195 W. Fremont Ave
Sunnyvale CA 94087
Telephone: (650) 498-7911; Fax: (669) 233-2884
Lab Name: Lucille Salter Packard Children's
Hospital at Stanford Laboratory
Accreditation: CAP, The Joint Commission

The Center for Fertility and Gynecology
Vermesh Center for Fertility
18370 Burbank Blvd, Suite 301
Tarzana CA 91356
Telephone: (818) 881-9800; Fax: (818) 881-1857
Lab Name: A.R.T. Medical Group, Inc.,
Laboratory
Accreditation: CAP

Tree of Life Center for Fertility
Kinderwunschzentrum Los Angeles
18370 Burbank Blvd, Suite 511
Tarzana CA 91356
Telephone: (818) 344-8522; Fax: (818) 344-8521
Lab Name: ART Reproductive Center
Accreditation: CAP
Lab Name: HRC Fertility-Encino Laboratory
Accreditation: CAP

Fertility and Surgical Associates of California
325 Rolling Oaks Dr, Suite 110
Thousand Oaks CA 91361
Telephone: (805) 778-1122; Fax: (805) 778-1199
Lab Name: Tri-County Surgery Center, Inc.,
IVF Laboratory
Accreditation: CAP

Pacific Reproductive Center
3720 Lomita Blvd, Suite 200
Torrance CA 90505
Telephone: (310) 376-7000; Fax: (310) 373-0319
Lab Name: Pacific Reproductive Center
IVF Laboratory
Accreditation: CAP

University Fertility Center
23550 Hawthorne Blvd, Suite 210
Torrance CA 90505
Telephone: (310) 378-7445; Fax: (310) 378-7427
Lab Name: University Fertility Center Laboratory
Accreditation: The Joint Commission

California Center for Reproductive Health
Reproductive Fertility Center
9201 W. Sunset Blvd, Suite 500
West Hollywood CA 90069
Telephone: (818) 907-1571; Fax: (818) 907-1574
Lab Name: In Vitrotech Labs, Inc.
Accreditation: CAP

COLORADO

CNY Fertility Colorado
HQA Fertility Centers
Magarelli Fertility
265 S. Parkside Dr, Suite 200
Colorado Springs CO 80910
Telephone: (719) 475-2229; Fax: (719) 475-2227
Lab Name: CNY Fertility Colorado
Accreditation: CAP

Advanced Reproductive Medicine
University of Colorado
3055 Roslyn St, Suite 230
Denver CO 80238
Telephone: (303) 724-8089; Fax: (303) 724-8149
Lab Name: Advanced Reproductive Medicine
University of Colorado Hospital IVF
Clinical Laboratory
Accreditation: CAP

Colorado Reproductive Endocrinology
4600 E. Hale Pkwy, Suite 350
Denver CO 80220
Telephone: (303) 321-7115; Fax: (303) 321-9519
Lab Name: Colorado Reproductive
Endocrinology Laboratory
Accreditation: CAP

Denver Fertility-Albrecht Women's Care
9780 Pyramid Ct, Suite 260
Englewood CO 80112
Telephone: (720) 420-1570; Fax: (866) 657-9471
Lab Name: Denver Fertility-Albrecht Women's
Care Laboratory
Accreditation: The Joint Commission

Rocky Mountain Fertility Center
12770 Lynnfield Dr
Englewood CO 80112
Telephone: (303) 999-3877; Fax: (303) 999-3878
Lab Name: Rocky Mountain Fertility
Center Laboratory
Accreditation: CAP

Rocky Mountain Center for
Reproductive Medicine
1080 E. Elizabeth St
Fort Collins CO 80524
Telephone: (970) 493-6353; Fax: (970) 493-6366
Lab Name: Rocky Mountain Center for
Reproductive Medicine IVF/
Embryology Laboratory
Accreditation: CAP

Conceptions Reproductive Associates
of Colorado
271 W. County Line Rd
Littleton CO 80129
Telephone: (303) 794-0045; Fax: (303) 795-2054
Lab Name: Conceptions Reproductive
Associates of Colorado Laboratory
Accreditation: CAP

Colorado Center for Reproductive Medicine
10290 RidgeGate Cir
Lone Tree CO 80124
Telephone: (303) 788-8300; Fax: (303) 788-9936
Lab Name: Fertility Laboratories of Colorado
Accreditation: CAP

CONNECTICUT

Center for Advanced Reproductive Services
2 Batterson Park Rd
Farmington CT 06032
Telephone: (844) 467-3483; Fax: (860) 838-6481
Lab Name: Center for Advanced Reproductive
Services Laboratory
Accreditation: CAP

Greenwich Fertility and IVF Center, PC
55 Holly Hill Ln, Suite 270
Greenwich CT 06830
Telephone: (203) 863-2990; Fax: (203) 863-2980
Lab Name: Greenwich Fertility and IVF Center,
PC Laboratory
Accreditation: CAP, NYSTB

Reproductive Medicine Associates
of Connecticut
761 Main Ave, Suite 200
Norwalk CT 06851
Telephone: (203) 750-7400; Fax: (203) 846-9579
Lab Name: Reproductive Medicine Associates of
Connecticut Laboratory
Accreditation: CAP (Pend)

Yale Fertility Center
200 W. Campus Dr, 2nd Floor
Orange CT 06477
Telephone: (877) 925-3483; Fax: (203) 737-4950
Lab Name: Yale Fertility Center IVF Laboratory
Accreditation: CAP

New England Fertility Institute
1275 Summer St, Suite 201
Stamford CT 06905
Telephone: (203) 325-3200; Fax: (203) 323-3100
Lab Name: New England Fertility
Institute Laboratory
Accreditation: CAP, NYSTB

Park Avenue Fertility and Reproductive Medicine
5520 Park Ave, Suite WPG-250
Trumbull CT 06611
Telephone: (203) 372-6700; Fax: (203) 372-6076
Lab Name: Park Avenue Fertility and
Reproductive Medicine Laboratory
Accreditation: CAP

DELAWARE

Delaware Institute for Reproductive Medicine, PA
Medical Arts Pavilion 1
4745 Ogletown-Stanton Rd, Suite 111
Newark DE 19713
Telephone: (302) 738-4600; Fax: (302) 738-3508
Lab Name: Delaware Institute for Reproductive
Medicine, PA Laboratory
Accreditation: CAP

RADfertility
Reproductive Associates of Delaware
Medical Arts Pavilion 2
4735 Ogletown-Stanton Rd, Suite 3217
Newark DE 19713
Telephone: (302) 602-8822; Fax: (302) 602-8832
Lab Name: RADfertility Laboratory
Accreditation: CAP, NYSTB

DISTRICT OF COLUMBIA

Columbia Fertility Associates
2440 M St N.W., Suite 401
Washington DC 20037
Telephone: (202) 293-6567; Fax: (202) 778-6190
Lab Name: Columbia Fertility Associates IVF
Center Laboratory
Accreditation: The Joint Commission

George Washington University Medical Faculty
Associates
Fertility and IVF Center
2150 Pennsylvania Ave N.W., Suite 6-300
Washington DC 20037
Telephone: (202) 741-2520; Fax: (202) 741-2519
Lab Name: Medical Faculty
Associates, Inc., Laboratory
Accreditation: CAP

FLORIDA

Boca Fertility
875 Meadows Rd, Suite 334
Boca Raton FL 33486
Telephone: (561) 368-5500; Fax: (561) 368-4793
Lab Name: Boca Fertility Laboratory
Accreditation: CAP

Palm Beach Fertility Center
7015 Beracasa Way, Suite 201
Boca Raton FL 33433
Telephone: (561) 477-7728; Fax: (561) 477-7035
Lab Name: Palm Beach Fertility
Center Laboratory
Accreditation: The Joint Commission

Polcz Fertility Center
9868 S. State Rd 7, Suite 320
Boynton Beach FL 33472
Telephone: (561) 736-6006; Fax: (561) 736-5788
Lab Name: Polcz Fertility Laboratory
Accreditation: The Joint Commission

Florida Fertility Institute
2454 N. McMullen Booth Rd, Suite 601
Clearwater FL 33759
Telephone: (727) 669-3414; Fax: (727) 726-6062
Lab Name: Florida Fertility Institute Laboratory
Accreditation: The Joint Commission

Conceptions Florida: Center for Fertility
and Genetics
4425 Ponce de Leon Blvd, Suite 110
Coral Gables FL 33146
Telephone: (305) 446-4673; Fax: (786) 360-2891
Lab Name: Conceptions Fertility
Laboratories, LLC
Accreditation: CAP

Southwest Florida Fertility Center, PA
15730 New Hampshire Ct, Suite 101
Fort Myers FL 33908
Telephone: (239) 561-3430; Fax: (239) 561-6980
Lab Name: Southwest Florida Fertility Center,
PA Laboratory
Accreditation: The Joint Commission

Specialists in Reproductive Medicine &
Surgery, PA
Embryo Donation International, PL
12611 World Plaza Ln, Bldg 53
Fort Myers FL 33907
Telephone: (239) 275-8118; Fax: (239) 275-5914
Lab Name: Specialists in Reproductive Medicine
& Surgery, PA Laboratory
Accreditation: The Joint Commission

UF Health Reproductive Medicine at Springhill
4037 N.W. 86th Terrace, 1st Floor
Gainesville FL 32606
Telephone: (352) 265-2229; Fax: (352) 594-1676
Lab Name: University of Florida IVF and
Andrology Laboratory
Accreditation: CAP

Assisted Fertility Program
3627 University Blvd South, Suite 450
Jacksonville FL 32216
Telephone: (904) 398-1473; Fax: (904) 399-4596
Lab Name: Assisted Fertility Program Laboratory
Accreditation: CAP

Brown Fertility
14540 Old Saint Augustine Rd, Bldg 2, Suite 2497
Jacksonville FL 32258
Telephone: (904) 260-0352; Fax: (904) 519-8323
Lab Name: Brown Fertility Laboratory
Accreditation: None

Florida Institute for Reproductive Medicine
836 Prudential Dr, Suite 902
Jacksonville FL 32207
Telephone: (904) 399-5620; Fax: (904) 399-5645
Lab Name: Florida Institute for Reproductive
Medicine IVF Laboratory
Accreditation: CAP

Jacksonville Center for Reproductive Medicine
7051 Southpoint Pkwy, Suite 200
Jacksonville FL 32216
Telephone: (904) 493-2229; Fax: (904) 396-4546
Lab Name: Jacksonville Center for Reproductive
Medicine Laboratory
Accreditation: The Joint Commission

Reproductive Medicine Associates of
Florida, LLC
400 Colonial Center Pkwy, Suite 150
Lake Mary FL 32746
Telephone: (407) 804-9670; Fax: (407) 804-9671
Lab Name: Reproductive Medicine Associates of
Florida, LLC Laboratory
Accreditation: CAP

IVF Florida Reproductive Associates
2960 N. State Rd 7, Suite 300
Margate FL 33063
Telephone: (954) 247-6235; Fax: (954) 247-6252
Lab Name: IVF Florida Reproductive
Associates Laboratory
Accreditation: CAP

Viera Fertility Center
3160 Alzante Cir
Melbourne FL 32940
Telephone: (321) 751-4673; Fax: (321) 751-4567
Lab Name: Viera Fertility Center Laboratory
Accreditation: The Joint Commission

Fertility & IVF Center of Miami, Inc.
8950 N. Kendall Dr, Suite 103
Miami FL 33176
Telephone: (305) 596-4013; Fax: (305) 596-4557
Lab Name: Fertility & IVF Center of Miami
Assisted Reproduction Laboratory
Accreditation: CAP

University of Miami Infertility Center
1400 N.W. 12th Ave, Suite 5
Miami FL 33136
Telephone: (305) 243-1622; Fax: (305) 324-0363
Lab Name: University of Miami Infertility
Center Laboratory
Accreditation: CAP

New Leaders in Fertility & Endocrinology, LLC
4400 Bayou Blvd, Suite 36
Pensacola FL 32503
Telephone: (850) 857-3733; Fax: (850) 857-0670
Lab Name: New LIFE Laboratory
Accreditation: CAP

†Fertility & Genetics
201 N. Pine Island Rd, 2nd Floor
Plantation FL 33324
Telephone: (954) 854-8708; Fax: (954) 587-9630
Contact the NASS Help Desk for current
clinic information.

Fertility Center & Applied Genetics of Florida
5100 Station Way
Sarasota FL 34233
Telephone: (941) 342-1568; Fax: (941) 342-8296
Lab Name: Fertility Center & Applied Genetics of
Florida Laboratory
Accreditation: None

IVFMD/South Florida Institute for
Reproductive Medicine
7300 S.W. 62nd Pl, 4th Floor
South Miami FL 33143
Telephone: (305) 662-7901; Fax: (305) 662-2938
Lab Name: IVFMD/South Florida Institute for
Reproductive Medicine Laboratory-
South Miami

Accreditation: CAP
Lab Name: IVFMD/South Florida Institute
for Reproductive Medicine Laboratory-
Hollywood
Accreditation: CAP
Lab Name: IVFMD/South Florida Institute for
Reproductive Medicine Laboratory-Naples
Accreditation: None
Lab Name: IVFMD/South Florida Institute for
Reproductive Medicine Laboratory-Jupiter
Accreditation: None

The Reproductive Medicine Group
5245 E. Fletcher Ave, Suite 1
Tampa FL 33617
Telephone: (813) 676-8844; Fax: (813) 676-8815
Lab Name: RMG ART Laboratories, Inc.
Accreditation: CAP

Shady Grove Fertility Tampa Bay
5016 W. Cypress St, Suite 302
Tampa FL 33607
Telephone: (813) 906-2285; Fax: (855) 867-6703
Lab Name: Shady Grove Fertility-
Tampa Bay Laboratory
Accreditation: The Joint Commission

F.I.R.S.T.
Florida Institute for Reproductive Sciences
and Technologies
2300 N. Commerce Pkwy, Suite 319
Weston FL 33326
Telephone: (954) 217-3456; Fax: (954) 217-3470
Lab Name: F.I.R.S.T. IVF Laboratory
Accreditation: The Joint Commission

†Advanced Reproductive Specialists, LLC
2100 Aloma Ave, Suite 100
Winter Park FL 32792
Telephone: (407) 339-2229; Fax: (407) 339-2039
Contact the NASS Help Desk for current
clinic information.

Center for Reproductive Medicine, PA
1500 S. Orlando Ave, Suite 200
Winter Park FL 32789
Telephone: (407) 740-0909; Fax: (407) 740-7262
Lab Name: Center for Reproductive Medicine
IVF Laboratory
Accreditation: CAP, NYSTB

Fertility CARE
The IVF Center
5901 Brick Ct
Winter Park FL 32792
Telephone: (407) 672-1106; Fax: (407) 678-2790
Lab Name: IVF Laboratory of Central
Florida, LLC
Accreditation: CAP

GEORGIA

Atlanta Center for Reproductive Medicine
5909 Peachtree Dunwoody Rd, Suite 600
Atlanta GA 30328
Telephone: (770) 928-2276; Fax: (770) 592-2092
Lab Name: CCRM Atlanta Laboratory
Accreditation: CAP

Emory Reproductive Center
550 Peachtree St N.E., Suite 1800
Atlanta GA 30308
Telephone: (404) 778-3401; Fax: (404) 686-4956
Lab Name: Emory Reproductive
Center Laboratory
Accreditation: CAP, The Joint Commission

Reproductive Biology Associates
1100 Johnson Ferry Rd N.E., Suite 200
Atlanta GA 30342
Telephone: (404) 257-1900; Fax: (404) 256-9497
Lab Name: Reproductive Biology
Associates Laboratory
Accreditation: The Joint Commission

Shady Grove Fertility-Atlanta
5445 Meridian Mark Rd, Suite 270
Atlanta GA 30342
Telephone: (404) 843-2229; Fax: (404) 843-0812
Lab Name: Shady Grove Fertility-
Atlanta Laboratory
Accreditation: The Joint Commission

Reproductive Medicine and Infertility Associates
810 Chafee Ave
Augusta GA 30904
Telephone: (706) 722-4434; Fax: (706) 722-9647
Lab Name: MCGH/PPG Reproductive
Laboratories, LLC
Accreditation: CAP

Servy Fertility Institute
812 Chafee Ave
Augusta GA 30904
Telephone: (706) 724-0228; Fax: (706) 722-2387
Lab Name: MCGH/PPG Reproductive
Laboratories, LLC
Accreditation: CAP

Columbus Center for Reproductive
Endocrinology & Infertility, LLC
2323 Whittlesey Rd
Columbus GA 31909
Telephone: (706) 653-6344; Fax: (706) 653-8933
Lab Name: Columbus Center for Reproductive
Endocrinology & Infertility, LLC Laboratory
Accreditation: CAP

The Georgia Center for Reproductive Medicine
5354 Reynolds St, Suite 510
Savannah GA 31405
Telephone: (912) 352-8588; Fax: (912) 352-8893
Lab Name: The Georgia Center for Reproductive
Medicine Laboratory
Accreditation: CAP

HAWAII

Advanced Reproductive Center of Hawaii
1319 Punahou St, Suite 510
Honolulu HI 96826
Telephone: (808) 949-6611; Fax: (808) 949-6610
Lab Name: Pacific IVF Institute Laboratory
Accreditation: CAP, The Joint Commission

Fertility Institute of Hawaii
1401 S. Beretania St, Suite 250
Honolulu HI 96814
Telephone: (808) 545-2800; Fax: (808) 262-3744
Lab Name: Fertility Institute of Hawaii Laboratory
Accreditation: CAP, NYSTB

IVF Hawaii
1329 Lusitana St, Suite 607
Honolulu HI 96813
Telephone: (808) 538-6655; Fax: (808) 537-5500
Lab Name: IVF Hawaii Laboratory
Accreditation: CAP

Kaiser Permanente Hawaii Region, Reproductive
Medicine Division
1010 Pensacola St
Honolulu HI 96814
Telephone: (808) 432-2540; Fax: (808) 432-2510
Lab Name: Fertility Institute of Hawaii Laboratory
Accreditation: CAP, NYSTB

Pacific In Vitro Fertilization Institute
Kapi`olani Medical Center
1319 Punahou St, Suite 980
Honolulu HI 96826
Telephone: (808) 946-2226; Fax: (808) 943-1563
Lab Name: Pacific IVF Institute Laboratory
Accreditation: CAP, The Joint Commission

Tripler Army Medical Center IVF Institute
Department of Obstetrics and Gynecology
1 Jarrett White Rd
Tripler AMC HI 96859
Telephone: (808) 433-5925; Fax: (808) 433-1552
Lab Name: Fertility Institute of Hawaii Laboratory
Accreditation: CAP, NYSTB

IDAHO

Idaho Center for Reproductive Medicine
1000 E. Park Blvd, Suite 110
Boise ID 83712
Telephone: (208) 342-5900; Fax: (208) 342-2088
Lab Name: Idaho Center for Reproductive
Medicine Laboratory
Accreditation: The Joint Commission

ILLINOIS

Center for Reproductive Care
1725 W. Harrison St, Suite 408E
Chicago IL 60612
Telephone: (312) 942-3835; Fax: (312) 997-2354
Lab Name: Rush Center for Advanced
Reproductive Care
Accreditation: The Joint Commission

Fertility Centers of Illinois-River North IVF
900 N. Kingsbury St, River Walk 6
Chicago IL 60610
Telephone: (312) 222-8230; Fax: (847) 724-1649
Lab Name: Fertility Centers of Illinois-River North
IVF Laboratory
Accreditation: CAP

Institute for Human Reproduction (IHR)
409 W. Huron St, Suite 500
Chicago IL 60654
Telephone: (312) 288-6420; Fax: (312) 288-6421
Lab Name: IVF-PGD Laboratory
Accreditation: The Joint Commission

Northwestern Fertility and
Reproductive Medicine
259 E. Erie St, Suite 2400
Chicago IL 60611
Telephone: (312) 695-1364; Fax: (312) 472-0226
Lab Name: Northwestern Medical Group IVF &
Andrology Laboratories
Accreditation: CAP

University of Chicago Medicine Center for
Reproductive Medicine and Fertility
1101 S. Canal St, Suite 202A
Chicago IL 60607
Telephone: (773) 702-6642; Fax: (773) 702-5848
Lab Name: Fertility Centers of Illinois-River North
IVF Laboratory
Accreditation: CAP

University of Illinois at Chicago IVF Program
1801 W. Taylor St, Suite 4A
Chicago IL 60612
Telephone: (312) 355-2634; Fax: (312) 355-3161
Lab Name: University of Illinois at Chicago IVF
Program Laboratory
Accreditation: CAP

Vios Fertility Institute-Chicago
333 S. Desplaines St, Suite 201
Chicago IL 60661
Telephone: (773) 435-9036; Fax: (773) 572-9999
Lab Name: Vios Fertility Institute
Laboratory-Chicago
Accreditation: None

Center for Reproductive Health/Joliet IVF
2246 Weber Rd
Crest Hill IL 60403
Telephone: (815) 725-4161; Fax: (815) 721-4341
Lab Name: Center for Reproductive Health, SC/
Joliet IVF, LLC
Accreditation: CAP

Midwest Fertility Center
4333 Main St
Downers Grove IL 60515
Telephone: (630) 810-0212; Fax: (630) 810-1027
Lab Name: Illinois IVF, LLC
Accreditation: CAP

Chicago Infertility Associates, LTD
Brock Building
800 Biesterfield Rd, Suite 3005
Elk Grove Village IL 60007
Telephone: (847) 545-4733; Fax: (855) 710-6350
Lab Name: Vios Fertility Institute
Laboratory-Chicago
Accreditation: None

Davies Fertility & IVF Specialists, SC
2640 Patriot Blvd, Suite 260
Glenview IL 60026
Telephone: (847) 972-0300; Fax: (847) 972-0043
Lab Name: Davies Fertility & IVF Specialists,
SC Laboratory
Accreditation: CAP

Advanced Fertility Center of Chicago
30 Tower Ct, Suite F
Gurnee IL 60031
Telephone: (847) 662-1818; Fax: (847) 662-3001
Lab Name: Advanced Fertility Center of
Chicago Laboratory
Accreditation: CAP

Fertility Centers of Illinois-Highland Park
IVF Center
767 Park Ave West, Suite B400
Highland Park IL 60035
Telephone: (847) 433-9050; Fax: (847) 433-9126
Lab Name: aParent IVF Laboratory
Accreditation: The Joint Commission

InVia Fertility Specialists
1585 N. Barrington Rd, Bldg 2, Suite 406
Hoffman Estates IL 60169
Telephone: (847) 884-8884; Fax: (847) 884-0924
Lab Name: InVia Fertility Laboratory
Accreditation: CAP

The Advanced IVF Institute
Charles E. Miller, MD, SC & Associates
120 Osler Dr, Suite 100
Naperville IL 60540
Telephone: (630) 428-2229; Fax: (630) 428-0336
Lab Name: Charles E. Miller, MD, SC &
Associates Laboratory
Accreditation: CAP

IVF1
3 N. Washington St
Naperville IL 60540
Telephone: (630) 357-6540; Fax: (630) 357-6435
Lab Name: Naperville Fertility Center
Accreditation: CAP

Reproductive Medicine Institute
2425 W. 22nd St, Suite 102
Oak Brook IL 60523
Telephone: (630) 954-0094; Fax: (630) 954-0073
Lab Name: Reproductive Medicine
Institute Laboratory
Accreditation: CAP

Daniel Rostein, MD, SC
2208 Midwest Rd, Suite 102
Oak Brook IL 60523
Telephone: (630) 472-9100; Fax: (630) 472-9101
Lab Name: Naperville Fertility Center
Accreditation: CAP

Advanced Reproductive Center
435 N. Mulford Rd, Suite 9
Rockford IL 61107
Telephone: (815) 229-1700; Fax: (815) 229-1831
Lab Name: aParent IVF Laboratory
Accreditation: The Joint Commission

Chicago IVF
5225 Old Orchard Rd, Suite 21
Skokie IL 60077
Telephone: (847) 213-5064; Fax: (847) 966-8821
Lab Name: Illinois IVF, LLC
Accreditation: CAP

North Shore Fertility
4250 Dempster St
Skokie IL 60076
Telephone: (847) 763-8850; Fax: (847) 763-8851
Lab Name: Reproductive Genetics Innovations,
LLC Laboratory
Accreditation: CAP

Southern Illinois University School of Medicine
Fertility and IVF Center
751 N. Rutledge St, Suite 0100
Springfield IL 62702
Telephone: (217) 545-8000; Fax: (217) 545-3130
Lab Name: SIU School of Medicine Fertility and
IVF Center Laboratory
Accreditation: The Joint Commission

Vios Fertility Institute-Swansea
6 Bronze Pointe
Swansea IL 62226
Telephone: (618) 509-5523; Fax: (618) 206-5017
Lab Name: Vios Fertility Institute
Laboratory-Swansea
Accreditation: CAP

Seth Levrant, MD, PC
Partners in Reproductive Health
16345 S. Harlem Ave, Suite 100
Tinley Park IL 60477
Telephone: (708) 532-7017; Fax: (708) 845-5287
Lab Name: Seth Levrant, MD, PC,
In-Vitro Laboratory
Accreditation: CAP

INDIANA

§Midwest Fertility Specialists
12188-A N. Meridian St, Suite 250
Carmel IN 46032
Telephone: (317) 571-1637; Fax: (317) 571-9483
Lab Name: Ovation Fertility-Indianapolis
Accreditation: CAP

Advanced Fertility Group
201 Pennsylvania Pkwy, Suite 205
Indianapolis IN 46280
Telephone: (317) 817-1300; Fax: (317) 817-1306
Lab Name: Center for Reproductive Biology of
Indiana, LLC
Accreditation: The Joint Commission

Community Fertility Specialty Care
7250 Clearvista Dr, Suite 190
Indianapolis IN 46256
Telephone: (317) 621-0600; Fax: (317) 621-0610
Lab Name: Community Fertility Specialty
Care Laboratory
Accreditation: The Joint Commission

Family Beginnings, PC
8435 Clearvista Pl, Suite 104
Indianapolis IN 46256
Telephone: (317) 595-3665; Fax: (317) 595-3666
Lab Name: Family Beginnings, PC Laboratory
Accreditation: CAP

Henry Fertility dba
Reproductive Care of Indiana
201 Pennsylvania Pkwy, Suite 325
Indianapolis IN 46280
Telephone: (317) 817-1800; Fax: (317) 817-1810
Lab Name: Center for Reproductive Biology of
Indiana, LLC
Accreditation: The Joint Commission

Indiana Fertility Institute
10610 N. Pennsylvania St, Suite 101
Indianapolis IN 46280
Telephone: (317) 575-6565; Fax: (317) 581-9207
Lab Name: Indiana Fertility Laboratory, LLC
Accreditation: CAP

Indiana University Hospital
550 N. University Blvd, Suite 2403
Indianapolis IN 46202
Telephone: (317) 944-1640; Fax: (317) 944-0869
Lab Name: Center for Reproductive Biology of
Indiana, LLC
Accreditation: The Joint Commission

Boston IVF Fertility Services at The Women's Hospital, LLC
4199 Gateway Blvd, Suite 2600
Newburgh IN 47630
Telephone: (812) 842-4530; Fax: (812) 842-4595
Lab Name: Boston IVF Fertility Services at The Women's Hospital, LLC Laboratory
Accreditation: CAP

IOWA

Mid-Iowa Fertility, PC
1371 N.W. 121st St
Clive IA 50325
Telephone: (515) 222-3060; Fax: (515) 222-9563
Lab Name: Mid-Iowa Fertility, PC Laboratory
Accreditation: CAP

University of Iowa Hospitals and Clinics
Center for Advanced Reproductive Care
Department of Obstetrics and Gynecology
1360 N. Dodge St, Suite 2000
Iowa City IA 52245
Telephone: (319) 356-8483; Fax: (319) 384-8388
Lab Name: University of Iowa Hospital and Clinics IVF & Reproductive Testing Laboratory
Accreditation: CAP

KANSAS

Midwest Reproductive Center, PA
Doctors Building 1
20375 W. 151st St, Suite 403
Olathe KS 66061
Telephone: (913) 780-4300; Fax: (913) 780-4250
Lab Name: Midwest Reproductive Center Laboratory
Accreditation: CAP

Blue Sky Fertility
14253 Metcalf Ave
Overland Park KS 66223
Telephone: (913) 218-0162; Fax: (816) 214-8617
Lab Name: Blue Sky Laboratory Services
Accreditation: None

Center for Advanced Reproductive Medicine
10777 Nall Ave, Suite 200
Overland Park KS 66211
Telephone: (913) 588-2229; Fax: (913) 588-3236
Lab Name: University of Kansas Medical Center Embryology Laboratory
Accreditation: CAP

Reproductive Resource Center of Greater Kansas City
6650 W. 110th St, Suite 320
Overland Park KS 66211
Telephone: (913) 894-2323; Fax: (913) 894-0841
Lab Name: Reproductive Resource Center IVF Laboratory
Accreditation: CAP

KENTUCKY

Bluegrass Fertility Center
1760 Nicholasville Rd, Suite 501
Lexington KY 40503
Telephone: (859) 260-1515; Fax: (859) 260-1425
Lab Name: Bluegrass Fertility Center Laboratory
Accreditation: The Joint Commission

The Lexington Fertility Center
170 N. Eagle Creek Dr, Suite 101
Lexington KY 40509
Telephone: (859) 277-5736; Fax: (859) 276-2236
Lab Name: The Lexington Fertility Center Embryology Laboratory
Accreditation: None

Fertility & Endocrine Associates
Louisville Reproductive Center
4123 Dutchmans Ln, Suite 414
Louisville KY 40207
Telephone: (502) 897-2144; Fax: (502) 897-1773
Lab Name: Louisville Reproductive Center Embryology Laboratory
Accreditation: CAP

Kentucky Fertility Institute, LLC
4612 Chamberlain Ln, Suite 200
Louisville KY 40241
Telephone: (502) 996-4480; Fax: (502) 996-4481
Lab Name: Kentucky Fertility Laboratory, LLC
Accreditation: CAP

LOUISIANA

Fertility Answers, LLC
Fertility Answers, LLC-Baton Rouge
500 Rue de La Vie, Suite 510
Baton Rouge LA 70817
Telephone: (225) 926-6886; Fax: (225) 922-3730
Lab Name: Fertility Answers, LLC-
Baton Rouge Laboratory
Accreditation: CAP

Fertility Institute of New Orleans
800 N. Causeway Blvd, Suite 2C
Mandeville LA 70448
Telephone: (985) 892-7621; Fax: (985) 892-9245
Lab Name: Fertility Institute of New Orleans-
Metairie Laboratory
Accreditation: CAP
Lab Name: Fertility Institute of New Orleans-
Baton Rouge Laboratory
Accreditation: CAP

Audubon Fertility
4321 Magnolia St
New Orleans LA 70115
Telephone: (504) 891-1390; Fax: (504) 891-1391
Lab Name: Vivere New Orleans Fertility
Laboratory, LLC
Accreditation: CAP

ArkLaTex Fertility and Reproductive Medicine
2401 Greenwood Rd, Suite A
Shreveport LA 71103
Telephone: (318) 841-5800; Fax: (318) 841-5817
Lab Name: E and A Laboratory, LLC
Accreditation: CAP

MAINE

Boston IVF, LLC The Maine Center
778 Main St, Suite 2
South Portland ME 04106
Telephone: (207) 358-7600; Fax: (207) 761-7019
Lab Name: Boston IVF, LLC The Maine
Center Laboratory
Accreditation: CAP

MARYLAND

The A.R.T. Institute of Washington, Inc.
Walter Reed National Military Medical Center
8901 Rockville Pike, Bldg 10, Rm 2104
Bethesda MD 20889
Telephone: (301) 400-2151; Fax: (301) 400-1800
Lab Name: The A.R.T Institute of
Washington, Inc., Laboratory
Accreditation: CAP

Endrika Hinton, MD
10751 Falls Rd, Suite 302
Lutherville MD 21093
Telephone: (410) 616-7777; Fax: (410) 616-7767
Lab Name: Johns Hopkins IVF ART Laboratory
Accreditation: CAP

Johns Hopkins Fertility Center
10753 Falls Rd, Suite 335
Lutherville MD 21093
Telephone: (410) 847-3650; Fax: (410) 583-2798
Lab Name: Johns Hopkins IVF ART Laboratory
Accreditation: CAP

Montgomery Fertility Center
3202 Tower Oaks Blvd, Suite 370
Rockville MD 20852
Telephone: (301) 946-6962; Fax: (301) 946-6022
Lab Name: Montgomery Fertility
Center Laboratory
Accreditation: None

Shady Grove Fertility-Rockville
9601 Blackwell Rd, 4th Floor
Rockville MD 20850
Telephone: (301) 340-1188; Fax: (301) 340-1612
Lab Name: Shady Grove Fertility-
Rockville Laboratory
Accreditation: The Joint Commission

Shady Grove Fertility-Towson
901 Dulaney Valley Rd, Suite 616
Towson MD 21204
Telephone: (410) 512-8300; Fax: (410) 512-8390
Lab Name: Shady Grove Fertility-
Towson Laboratory
Accreditation: The Joint Commission

MASSACHUSETTS

Brigham and Women's Hospital Center for
Assisted Reproductive Technology
75 Francis St
Boston MA 02115
Telephone: (617) 732-5570; Fax: (617) 975-0825
Lab Name: Brigham and Women's Hospital
Center for Assisted Reproductive
Technology Laboratory
Accreditation: CAP

Massachusetts General Hospital Fertility Center
32 Fruit St, Yawkey 10A
Boston MA 02114
Telephone: (617) 726-8868; Fax: (617) 724-8882
Lab Name: Massachusetts General Hospital
Fertility Center Laboratory
Accreditation: CAP

Fertility Solutions, PC
45 Stergis Way
Dedham MA 02026
Telephone: (781) 326-2451; Fax: (781) 329-2684
Lab Name: Fertility Solutions, PC Laboratory
Accreditation: CAP

CCRM Boston
300 Boylston St, Suite 300
Newton MA 02459
Telephone: (617) 449-9750; Fax: (617) 449-9751
Lab Name: CCRM Boston Laboratory
Accreditation: CAP

Fertility Centers of New England, Inc.
New England Clinics of Reproductive
Medicine, Inc.
20 Pond Meadow Dr, Suite 101
Reading MA 01867
Telephone: (781) 942-7000; Fax: (781) 942-9840
Lab Name: New England Clinic of Reproductive
Medicine, Inc., Laboratory
Accreditation: CAP

Baystate Reproductive Medicine
Tolosky Center
3300 Main St, Suite 4C
Springfield MA 01199
Telephone: (413) 794-1950; Fax: (413) 794-1857
Lab Name: Baystate Medical Center,
Reproductive Biology Laboratory
Accreditation: CAP

Cardone Reproductive Medicine and
Infertility, LLC
2 Main St, Suite 150
Stoneham MA 02180
Telephone: (781) 438-9600; Fax: (781) 438-9601
Lab Name: Boston IVF Laboratory
Accreditation: CAP, NYSTB

Boston IVF, LLC
130 Second Ave
Waltham MA 02451
Telephone: (781) 434-6500; Fax: (781) 466-6344
Lab Name: Boston IVF Laboratory
Accreditation: CAP, NYSTB

MICHIGAN

University of Michigan Center for
Reproductive Medicine
475 Market Pl, Bldg 1, Suite B
Ann Arbor MI 48108
Telephone: (734) 763-4323; Fax: (734) 763-7682
Lab Name: University of Michigan, Assisted
Reproductive Technologies Laboratories
Accreditation: CAP

IVF Michigan Fertility Centers
37000 Woodward Ave, Suite 350
Bloomfield Hills MI 48304
Telephone: (248) 952-9600; Fax: (248) 952-9650
Lab Name: IVF Michigan Fertility
Centers Laboratory
Accreditation: CAP

Michigan Reproductive Medicine
41000 Woodward Ave, Suite 100E
Bloomfield Hills MI 48304
Telephone: (248) 593-6990; Fax: (248) 593-5925
Lab Name: Michigan Reproductive
Medicine Laboratory
Accreditation: The Joint Commission

Gago IVF
2250 Genoa Business Park Dr, Suite 110
Brighton MI 48114
Telephone: (810) 227-3232; Fax: (810) 227-3237
Lab Name: Gago IVF Laboratory
Accreditation: CAP

Michigan Reproductive & IVF Center, PC
3230 Eagle Park Dr N.E., Suite 100
Grand Rapids MI 49525
Telephone: (616) 988-2229; Fax: (616) 988-2010
Lab Name: Michigan Reproductive & IVF Center,
PC Laboratory
Accreditation: The Joint Commission

IVF Michigan Rochester Hills & Flint, PC
3950 S. Rochester Rd, Suite 2300
Rochester Hills MI 48307
Telephone: (248) 844-8845; Fax: (248) 844-9852
Lab Name: IVF Michigan Rochester Hills & Flint,
PC Laboratory
Accreditation: CAP

Wayne Health
Wayne State Physician Group
26400 W. 12 Mile Rd, Suite 140
Southfield MI 48034
Telephone: (248) 352-8200; Fax: (248) 356-8255
Lab Name: Wayne Health
Reproductive Laboratory
Accreditation: CAP

Henry Ford Reproductive Medicine
2825 Livernois Rd, Suite A
Troy MI 48083
Telephone: (248) 637-4050; Fax: (248) 637-0115
Lab Name: IVF Michigan Fertility
Centers Laboratory
Accreditation: CAP

Reproductive Medicine Associates of Michigan
130 Town Center Dr, Suite 106
Troy MI 48084
Telephone: (248) 619-3100; Fax: (248) 619-9031
Lab Name: Reproductive Medicine Associates of
Michigan Laboratory
Accreditation: CAP

Michigan Center for Fertility and Women's
Health, PLC
4700 E. 13 Mile Rd
Warren MI 48092
Telephone: (586) 576-0431; Fax: (586) 576-0924
Lab Name: Michigan Center IVF,
PLLC Laboratory
Accreditation: CAP

MINNESOTA

CCRM Minneapolis
6565 France Ave South, Suite 400
Edina MN 55435
Telephone: (952) 225-1630; Fax: (952) 225-1609
Lab Name: CCRM Minneapolis Laboratory
Accreditation: CAP

Midwest Center for Reproductive Health, PA
Arbor Lakes Medical Building
12000 Elm Creek Blvd North, Suite 350
Maple Grove MN 55369
Telephone: (763) 494-7700; Fax: (763) 494-7706
Lab Name: Midwest Center for Reproductive
Health, Assisted Reproductive
Technology Laboratory
Accreditation: CAP

Center for Reproductive Medicine
Advanced Reproductive Technologies
2828 Chicago Ave South, Suite 400
Minneapolis MN 55407
Telephone: (612) 863-5390; Fax: (612) 863-2697
Lab Name: Center for Reproductive Medicine
Embryology Laboratory
Accreditation: CAP

Mayo Clinic Assisted Reproductive Technologies
200 First St S.W., Eisenberg 2A
Rochester MN 55905
Telephone: (507) 284-9792; Fax: (507) 284-1774
Lab Name: Mayo Clinic Fertility
Testing Laboratory
Accreditation: CAP

Reproductive Medicine & Infertility Associates
Woodbury Medical Arts Building
2101 Woodwinds Dr, Suite 100
Woodbury MN 55125
Telephone: (651) 222-6050; Fax: (651) 222-5975
Lab Name: Reproductive Medicine & Infertility
Associates, Reproductive Biology
Laboratory-Woodbury
Accreditation: CAP
Lab Name: Reproductive Medicine & Infertility
Associates, Reproductive Biology
Laboratory-Edina
Accreditation: CAP

MISSISSIPPI

Mississippi Reproductive Medicine, PLLC
2500 Lakeland Dr
Flowood MS 39232
Telephone: (601) 936-3650; Fax: (866) 491-0274
Lab Name: Mississippi Reproductive Medicine,
PLLC Laboratory
Accreditation: CAP

University of Mississippi Medical Center
2925 Layfair Dr, Room 146
Flowood MS 39232
Telephone: (601) 984-5330; Fax: (601) 984-6759
Lab Name: University of Mississippi Medical
Center IVF & Andrology Laboratory
Accreditation: CAP

Positive Steps Fertility
149 Fountains Blvd
Madison MS 39110
Telephone: (833) 767-7837; Fax: (601) 202-4685
Lab Name: Positive Steps Fertility Laboratory
Accreditation: None

MISSOURI

Infertility Center of St. Louis
224 S. Woods Mill Rd, Suite 730
Chesterfield MO 63017
Telephone: (314) 576-1400; Fax: (314) 576-1442
Lab Name: Assisted Reproductive
Technology Laboratory
Accreditation: CAP

MCRM Fertility
17300 N. Outer 40 Rd, Suite 101
Chesterfield MO 63005
Telephone: (636) 778-9899; Fax: (636) 778-9915
Lab Name: MCRM ART Laboratory
Accreditation: The Joint Commission

Missouri Fertility
1506 E. Broadway, Suite 220
Columbia MO 65201
Telephone: (573) 443-4511; Fax: (573) 443-7860
Lab Name: Missouri Fertility Laboratory
Accreditation: CAP

MU Healthcare
Reproductive Health and Fertility Center
*Missouri Center for Reproductive Medicine
and Fertility*
University of Missouri
500 N. Keene St, Suite 203
Columbia MO 65201
Telephone: (573) 817-3101; Fax: (573) 499-6065
Lab Name: MU Healthcare Reproductive Health
and Fertility Center Laboratory
Accreditation: CAP

Midwest Women's Healthcare Specialists
2340 E. Meyer Blvd, Bldg 2, Suite 598
Kansas City MO 64132
Telephone: (816) 444-6888; Fax: (816) 444-1375
Lab Name: Research Medical Center
IVF Laboratory
Accreditation: CAP

Fertility Partnership
5401 Veterans Memorial Pkwy, Suite 201
Saint Peters MO 63376
Telephone: (636) 441-7770; Fax: (636) 441-7775
Lab Name: Fertility Partnership Laboratory
Accreditation: None

Center for Reproductive Medicine &
Robotic Surgery
844 N. New Ballas Ct, Suite 300
St. Louis MO 63141
Telephone: (314) 473-1285; Fax: (314) 473-1287
Lab Name: Center for Reproductive Medicine &
Robotic Surgery Laboratory
Accreditation: CAP

Fertility and Reproductive Medicine Center at
Washington University School of Medicine
and Barnes-Jewish Hospital
4444 Forest Park Ave, Suite 3100
St. Louis MO 63108
Telephone: (314) 286-2400; Fax: (314) 286-2455
Lab Name: Fertility and Reproductive Medicine
Center at Washington University Laboratory
Accreditation: CAP

§STL Fertility
Sher Institute for Reproductive Medicine-
St. Louis
IntegraMed Missouri, LLC
555 N. New Ballas Rd, Suite 150
St. Louis MO 63141
Telephone: (314) 983-9000; Fax: (314) 983-9023
Lab Name: STL Fertility Laboratory
Accreditation: CAP

MONTANA

Billings Clinic
Reproductive Medicine and Fertility Care
1045 N. 30th St
Billings MT 59101
Telephone: (406) 238-2500; Fax: (406) 238-2806
Lab Name: Billings Clinic IVF Laboratory
Accreditation: CAP

NEBRASKA

Reproductive Health Specialists
717 N. 190th Plaza, Suite 2500
Elkhorn NE 68022
Telephone: (402) 815-1915; Fax: (402) 815-1065
Lab Name: Methodist Women's Hospital
Andrology/Embryology Laboratory
Accreditation: CAP

Heartland Center for Reproductive Medicine, PC
7308 S. 142nd St
Omaha NE 68138
Telephone: (402) 717-4200; Fax: (402) 717-4230
Lab Name: Heartland Center for Reproductive
Medicine, PC Laboratory
Accreditation: CAP

NEVADA

Green Valley Fertility Partners
2510 Wigwam Pkwy, Suite 201
Henderson NV 89074
Telephone: (702) 722-2229; Fax: (702) 778-7672
Lab Name: Green Valley Fertility
Partners Laboratory
Accreditation: CAP

Fertility Center of Las Vegas
8851 W. Sahara Ave, Suite 100
Las Vegas NV 89117
Telephone: (702) 254-1777; Fax: (702) 254-1213
Lab Name: Ovation Fertility-Las Vegas
Accreditation: CAP, NYSTB

§Nevada Fertility Center
Sher Institute for Reproductive Medicine-
Las Vegas
5320 S. Rainbow Blvd, Suite 300
Las Vegas NV 89118
Telephone: (702) 892-9696; Fax: (702) 892-9666
Lab Name: Nevada Fertility Center Laboratory
Accreditation: CAP

Nevada Fertility Institute
8530 W. Sunset Rd, Suite 310
Las Vegas NV 89113
Telephone: (702) 936-8710; Fax: (702) 936-8711
Lab Name: Nevada Fertility Institute Laboratory
Accreditation: CAP, NYSTB

Red Rock Fertility Center
9120 W. Russell Rd, Suite 200
Las Vegas NV 89148
Telephone: (702) 262-0079; Fax: (702) 685-6910
Lab Name: Red Rock Fertility Center Laboratory
Accreditation: CAP

The Nevada Center for Reproductive Medicine
645 Sierra Rose Dr, Suite 205
Reno NV 89511
Telephone: (775) 828-1200; Fax: (775) 828-1785
Lab Name: The Nevada Center for Reproductive
Medicine Laboratory
Accreditation: The Joint Commission

NEW JERSEY

Reproductive Medicine Associates of
New Jersey
140 Allen Rd
Basking Ridge NJ 07920
Telephone: (973) 971-4600; Fax: (973) 290-8370
Lab Name: Reproductive Medicine Associates of
New Jersey Embryology Laboratory
Accreditation: CAP

Clifton Low Cost IVF
1033 Route 46 East, Suite 102
Clifton NJ 07013
Telephone: (973) 779-7979; Fax: (973) 246-7299
Lab Name: Diamond Institute for
Infertility Laboratory
Accreditation: CAP

NJ Best OB/GYN
716 Broad St, Suite 2A
Clifton NJ 07013
Telephone: (973) 221-3122; Fax: (973) 710-0620
Lab Name: Diamond Institute for
Infertility Laboratory
Accreditation: CAP

Reproductive Science Center of New Jersey
234 Industrial Way West, Suite A104
Eatontown NJ 07724
Telephone: (732) 918-2500; Fax: (732) 918-2504
Lab Name: Reproductive Science Center of
New Jersey Laboratory
Accreditation: CAP

Center for Advanced Reproductive
Medicine & Fertility
4 Ethel Rd, Suite 405A
Edison NJ 08817
Telephone: (732) 339-9300; Fax: (732) 339-9400
Lab Name: Center for Advanced Reproductive
Medicine & Fertility Laboratory
Accreditation: The Joint Commission

Women's Fertility Center
106 Grand Ave, Suite 400
Englewood NJ 07631
Telephone: (201) 569-6979; Fax: (201) 569-0269
Lab Name: Fertility Institute of New Jersey and
New York Laboratory
Accreditation: CAP

North Hudson IVF
Center for Fertility and Gynecology
385 Sylvan Ave
Englewood Cliffs NJ 07632
Telephone: (201) 871-1999; Fax: (201) 871-1031
Lab Name: North Hudson IVF Laboratory
Accreditation: None

University Reproductive Associates, PC
214 Terrace Ave
Hasbrouck Heights NJ 07604
Telephone: (201) 288-6330; Fax: (201) 288-6331
Lab Name: University Reproductive Associates,
PC Laboratories
Accreditation: CAP

Shore Institute for Reproductive Medicine dba
Morgan Fertility and Reproductive Medicine
475 Route 70 West, Suite 201
Lakewood NJ 08701
Telephone: (732) 363-4777; Fax: (732) 363-2004
Lab Name: Shore Area IVF Laboratories, PC
Accreditation: CAP

Institute for Reproductive Medicine and Science
Saint Barnabas Medical Center
94 Old Short Hills Rd, East Wing, Suite 403
Livingston NJ 07039
Telephone: (973) 322-8286; Fax: (973) 322-8890
Lab Name: Institute for Reproductive Medicine
and Science at Saint Barnabas Medical
Center Laboratory
Accreditation: CAP

Delaware Valley Institute of Fertility and Genetics
6000 Sagemore Dr, Suite 6102
Marlton NJ 08053
Telephone: (856) 988-0072; Fax: (856) 988-0056
Lab Name: Delaware Valley Institute of Fertility &
Genetics Reproductive Laboratories
Accreditation: CAP

§South Jersey Fertility Center
400 Lippincott Dr, Suite 130
Marlton NJ 08053
Telephone: (856) 596-2233; Fax: (856) 596-4081
Lab Name: South Jersey Fertility
Center Laboratory
Accreditation: The Joint Commission

Diamond Institute for Infertility & Menopause
89 Millburn Ave
Millburn NJ 07041
Telephone: (973) 761-5600; Fax: (973) 761-5100
Lab Name: Diamond Institute for
Infertility Laboratory
Accreditation: CAP

Cooper Institute for Reproductive Hormonal
Disorders, PC
17000 Commerce Pkwy, Suite C
Mount Laurel NJ 08054
Telephone: (856) 751-5575; Fax: (856) 751-7289
Lab Name: Cooper Institute for Reproductive
Hormonal Disorders, PC Laboratory
Accreditation: CAP

Fertility Institute of New Jersey and New York
680 Kinderkamack Rd, Suite 200
Oradell NJ 07649
Telephone: (201) 666-4200; Fax: (201) 666-2262
Lab Name: Fertility Institute of New Jersey and
New York Laboratory
Accreditation: CAP

Valley Hospital Fertility Center
140 E. Ridgewood Ave, 5th Floor, Suite 590S
Paramus NJ 07652
Telephone: (201) 634-5534; Fax: (201) 634-5503
Lab Name: Valley Hospital Fertility
Center Laboratory
Accreditation: CAP

Damien Fertility Partners
655 Shrewsbury Ave, Suite 300
Shrewsbury NJ 07702
Telephone: (732) 758-6511; Fax: (732) 758-1048
Lab Name: Damien Fertility Partners Laboratory
Accreditation: CAP

Center for Reproductive Medicine and Fertility
Louis R. Manara, DO
200 Route 73, Suite A
Voorhees NJ 08043
Telephone: (856) 767-0009; Fax: (856) 767-0990
Lab Name: Center for Reproductive Medicine
and Fertility Laboratory
Accreditation: CAP

NEW MEXICO

Caperton Fertility Institute, LLC
6500 Jefferson St N.E., Suite 250
Albuquerque NM 87109
Telephone: (505) 702-8020; Fax: (505) 796-8022
Lab Name: Caperton Fertility
Institute, LLC Laboratory
Accreditation: CAP

The Fertility Center of New Mexico, LLC
201 Cedar St S.E., Suite S1-20
Albuquerque NM 87106
Telephone: (505) 248-0000; Fax: (505) 842-0000
Lab Name: The Fertility Center of
New Mexico, LLC Laboratory
Accreditation: CAP

NEW YORK

Genesis Fertility & Reproductive Medicine
6010 Bay Pkwy
Brooklyn NY 11204
Telephone: (718) 283-8600; Fax: (713) 283-6580
Lab Name: Brooklyn IVF
Accreditation: CAP, NYSTB

Infertility & IVF Medical Associates of Western
New York, PLLC dba
Buffalo IVF
4510 Main St
Buffalo NY 14226
Telephone: (716) 839-3057; Fax: (716) 839-1477
Lab Name: Infertility & IVF Medical Associates of
Western New York, PLLC Laboratory
Accreditation: NYSTB

Island Fertility
Stony Brook Community Medical, PC
500 Commack Rd, Suite 202
Commack NY 11725
Telephone: (631) 638-4600; Fax: (631) 638-4601
Lab Name: Island Fertility Laboratory
Stony Brook Community Medical, PC
Accreditation: CAP, NYSTB

Hudson Valley Fertility, PLLC
400 Westage Business Center Dr, Suite 109
Fishkill NY 12524
Telephone: (845) 765-0125; Fax: (845) 765-0128
Lab Name: Hudson Valley
Fertility, PLLC Laboratory
Accreditation: NYSTB

The New York Fertility Center
42-31 Colden St, Suite 202
Flushing NY 11355
Telephone: (718) 261-9068; Fax: (718) 261-9067
Lab Name: The New York Fertility
Center Laboratory
Accreditation: NYSTB

Montefiore's Institute for Reproductive Medicine
and Health
141 S. Central Ave, Suite 201
Hartsdale NY 10530
Telephone: (914) 997-1060; Fax: (914) 997-1099
Lab Name: Montefiore's Institute for
Reproductive Medicine and
Health Laboratory
Accreditation: CAP, NYSTB

Boston IVF, The Albany Center
399 Albany Shaker Rd
Loudonville NY 12211
Telephone: (518) 434-9759; Fax: (518) 436-9822
Lab Name: Boston IVF, The Albany
Center Laboratory
Accreditation: CAP, NYSTB

§Northwell Health Fertility
300 Community Dr
Manhasset NY 11030
Telephone: (516) 562-2229; Fax: (516) 562-1710
Lab Name: Northwell Health Fertility Laboratory
Accreditation: CAP

§RMA Long Island IVF
Long Island IVF
8 Corporate Center Dr, Suite 101
Melville NY 11747
Telephone: (631) 752-0606; Fax: (631) 752-0623
Lab Name: RMA Long Island IVF Laboratory
Accreditation: CAP, NYSTB

§NYU Langone Reproductive Specialists of
New York
Reproductive Specialists of New York
200 Old Country Rd, Suite 350
Mineola NY 11501
Telephone: (516) 739-2100; Fax: (516) 873-8068
Lab Name: NYU Langone Reproductive
Specialists of New York Laboratory
Accreditation: CAP (Pend), NYSTB

Advanced Fertility Services, PC
1625 Third Ave
New York NY 10128
Telephone: (212) 369-8700; Fax: (212) 289-8461
Lab Name: Manhattan Fertility
Services Laboratory
Accreditation: CAP (Pend), NYSTB

CCRM New York
810 Seventh Ave, 21st Floor
New York NY 10019
Telephone: (212) 290-8100; Fax: (212) 293-6500
Lab Name: CCRM New York IVF Laboratory
Accreditation: CAP, NYSTB

Center for Human Reproduction (CHR)
21 E. 69th St
New York NY 10021
Telephone: (212) 994-4400; Fax: (212) 994-4499
Lab Name: American Infertility of NY Laboratory
Accreditation: CAP, NYSTB

Chelsea Fertility NYC
105 E. 37th St, Suite 1
New York NY 10016
Telephone: (212) 685-2229; Fax: (646) 726-4449
Lab Name: Chelsea Fertility NYC Laboratory
Accreditation: CAP, NYSTB

Columbia University Fertility Center
5 Columbus Cir, PH Floor
New York NY 10019
Telephone: (212) 314-8809; Fax: (212) 314-8801
Lab Name: Columbia University Fertility
Center Laboratory
Accreditation: NYSTB

Extend Fertility
Extend Fertility-Expect Fertility
200 W. 57th St, Suite 1101
New York NY 10019
Telephone: (212) 810-2828; Fax: (646) 862-3328
Lab Name: Extend Fertility, LLC
Accreditation: NYSTB

Fertility New York
240 Central Park South, Suite 1P
New York NY 10019
Telephone: (212) 535-5350; Fax: (212) 535-5080
Lab Name: Ferny Fertility New York Laboratory
Accreditation: NYSTB

Generation Next Fertility, PLLC
115 E. 57th St, 11th Floor
New York NY 10022
Telephone: (212) 641-0906; Fax: (212) 641-0522
Lab Name: Generation Next
Fertility, PLLC Laboratory
Accreditation: NYSTB

Global Fertility & Genetics, NY
115 E. 57th St, Suite 420-430
New York NY 10022
Telephone: (646) 739-4956; Fax: (212) 381-9557
Lab Name: Global Fertility & Genetics,
NY Laboratory
Accreditation: CAP

§Kindbody-New York
102 Fifth Ave
New York NY 10011
Telephone: (855) 563-2639; Fax: (646) 905-0987
Lab Name: NYC In Vitro Fertilization,
PC Laboratory
Accreditation: NYSTB

Kofinas Fertility Group
65 Broadway, 14th Floor
New York NY 10006
Telephone: (212) 348-4000; Fax: (212) 348-4001
Lab Name: Kofinas Fertility Group Laboratory
Accreditation: NYSTB

Legacy IVF, LLC
1625 Third Ave
New York NY 10128
Telephone: (212) 230-5711; Fax: (917) 258-0105
Lab Name: Manhattan Fertility
Services Laboratory
Accreditation: CAP (Pend), NYSTB

Manhattan Reproductive Medicine
159 E. 74th St, Suite C
New York NY 10021
Telephone: (212) 794-0080; Fax: (212) 794-0066
Lab Name: Manhattan Reproductive
Medicine Laboratory
Accreditation: NYSTB

Metropolitan Reproductive Medicine, PC
422 West End Ave
New York NY 10024
Telephone: (212) 580-2252; Fax: (212) 580-2258
Lab Name: Manhattan Fertility
Services Laboratory
Accreditation: CAP (Pend), NYSTB

New Hope Fertility Center
4 Columbus Cir, 4th Floor
New York NY 10019
Telephone: (212) 517-7676; Fax: (212) 489-6294
Lab Name: New Hope Fertility Center Laboratory
Accreditation: CAP, NYSTB

New York Fertility Institute
1016 Fifth Ave
New York NY 10028
Telephone: (212) 734-5555; Fax: (212) 734-6059
Lab Name: New York Fertility Institute Laboratory
Accreditation: CAP, NYSTB

Neway Medical
123 W. 79th St
New York NY 10024
Telephone: (212) 750-3330; Fax: (646) 462-3353
Lab Name: American Fertility Services, PC,
dba Neway Medical Laboratory
Accreditation: NYSTB

Noble Fertility Center
137 E. 36th St
New York NY 10016
Telephone: (212) 804-6666; Fax: (212) 502-3386
Lab Name: Rockefeller Fertility Center
Accreditation: NYSTB

Northwell Health Fertility-NYC
210 E. 64th St, 1st Floor
New York NY 10065
Telephone: (212) 324-2229; Fax: (212) 327-2229
Lab Name: Northwell Health Fertility
Laboratory-NYC
Accreditation: NYSTB

NYC In Vitro Fertilization, PC
693 Fifth Ave, 7th Floor
New York NY 10022
Telephone: (800) 853-7595; Fax: (800) 780-6167
Lab Name: NYC In Vitro Fertilization,
PC Laboratory
Accreditation: NYSTB

NYU Langone Fertility Center
660 First Ave, 5th Floor
New York NY 10016
Telephone: (212) 263-8990; Fax: (212) 263-8827
Lab Name: NYU Langone Fertility
Center Laboratory
Accreditation: CAP, NYSTB

Reproductive Medicine Associates of
New York, LLP
635 Madison Ave, 10th Floor
New York NY 10022
Telephone: (212) 756-5777; Fax: (212) 756-5770
Lab Name: Reproductive Medicine Associates of
New York, LLP Laboratory
Accreditation: NYSTB

Sher Fertility Solutions-New York
Sher Institute for Reproductive Medicine-
New York
425 Fifth Ave, 3rd Floor
New York NY 10016
Telephone: (646) 792-7476; Fax: (646) 274-0600
Lab Name: Sher Institute for Reproductive
Medicine-New York Laboratory
Accreditation: CAP, NYSTB

Weill Cornell Medicine
Center for Reproductive Medicine
1305 York Ave, 6th Floor
New York NY 10021
Telephone: (646) 962-2764; Fax: (646) 962-0359
Lab Name: Weill Cornell Medicine, Center for
Reproductive Medicine Laboratory
Accreditation: NYSTB

Westmed Reproductive Services
3030 Westchester Ave
Purchase NY 10577
Telephone: (914) 607-6213; Fax: (914) 848-8624
Lab Name: Greenwich Fertility and IVF Center,
PC Laboratory
Accreditation: CAP, NYSTB

§Rochester Regional Health Fertility Care
Rochester Fertility Care, PC
1561 Long Pond Rd, Suite 410
Rochester NY 14626
Telephone: (585) 453-7760; Fax: (585) 453-7771
Lab Name: Rochester Regional Health Fertility
Care Laboratory
Accreditation: NYSTB

Strong Fertility Center
500 Red Creek Dr, Suite 220
Rochester NY 14623
Telephone: (585) 487-3378; Fax: (585) 334-8998
Lab Name: Strong Fertility Center Laboratory
Accreditation: CAP, NYSTB

Island Reproductive Services, PC
237 Richmond Valley Rd
Staten Island NY 10309
Telephone: (718) 948-6100; Fax: (718) 948-6114
Lab Name: Reproductive Center of Central
New Jersey
Accreditation: The Joint Commission
Lab Name: Island Reproductive Services,
PC Laboratory
Accreditation: The Joint Commission, NYSTB

New York Reproductive Wellness
300 S. Oyster Bay Rd
Syosset NY 11791
Telephone: (516) 605-2626; Fax: (516) 605-2624
Lab Name: New York Reproductive Wellness
ART Laboratory
Accreditation: NYSTB

Boston IVF-The Syracuse Center
5792 Widewaters Pkwy
Syracuse NY 13214
Telephone: (315) 703-3050; Fax: (315) 802-4996
Lab Name: Boston IVF-The Syracuse
Center Laboratory
Accreditation: NYSTB

CNY Fertility Center
195 Intrepid Ln
Syracuse NY 13205
Telephone: (315) 469-8700; Fax: (315) 469-6789
Lab Name: CNY Fertility Center-Albany
Accreditation: CAP, NYSTB
Lab Name: CNY Fertility Center-Syracuse
Accreditation: CAP, NYSTB

Westchester Fertility &
Reproductive Endocrinology
136 S. Broadway
White Plains NY 10605
Telephone: (914) 949-6677; Fax: (914) 949-5758
Lab Name: Westchester IVF
Accreditation: NYSTB

Gold Coast IVF
Reproductive Medicine and Surgery Center
246 Crossways Park Dr West
Woodbury NY 11797
Telephone: (516) 682-8900; Fax: (516) 682-8901
Lab Name: Gold Coast IVF Laboratory
Accreditation: CAP, NYSTB

NORTH CAROLINA

North Carolina Center for Reproductive Medicine
The Talbert Fertility Institute
400 Ashville Ave, Suite 200
Cary NC 27518
Telephone: (919) 233-1680; Fax: (919) 233-1685
Lab Name: North Carolina Center for
Reproductive Medicine, North Carolina
Reproductive Laboratories
Accreditation: The Joint Commission

Program for Assisted Reproduction at Atrium
Health's Carolinas Medical Center
CMC Women's Institute
*Program for Assisted Reproduction at Carolinas
Medical Center*
CMC Women's Institute
1025 Morehead Medical Dr, Suite 500
Charlotte NC 28204
Telephone: (704) 355-3149; Fax: (704) 355-1564
Lab Name: Carolinas Medical Center Andrology
and ART Laboratories
Accreditation: CAP

Reproductive Endocrinology Associates
of Charlotte
1524 E. Morehead St
Charlotte NC 28207
Telephone: (704) 343-3400; Fax: (704) 343-0744
Lab Name: Reproductive Endocrinology
Associates of Charlotte Laboratory
Accreditation: CAP

Duke Fertility Center
Duke University Medical Center
5704 Fayetteville Rd
Durham NC 27713
Telephone: (919) 572-4673; Fax: (919) 484-0461
Lab Name: Duke Fertility Center, Assisted
Reproductive Technologies Laboratory
Accreditation: CAP

§Womack Army Medical Center
WAMC MCXC-OB, 2817 Reilly Rd, Mailstop A
Fort Bragg NC 28310
Telephone: (910) 907-9270; Fax: (910) 907-7825
Lab Name: North Carolina IVF Labs
Accreditation: CAP

Atlantic Reproductive Medicine Specialists, PA
10208 Cerny St, Suite 306
Raleigh NC 27617
Telephone: (919) 248-8777; Fax: (919) 248-8776
Lab Name: Atlantic Fertility Center Partners, LLC
Accreditation: CAP

Carolina Conceptions, PA
2601 Lake Dr, Suite 301
Raleigh NC 27607
Telephone: (919) 782-5911; Fax: (919) 861-6400
Lab Name: Carolina Conceptions Embryology/
Andrology Laboratory
Accreditation: CAP

UNC Fertility
7920 ACC Blvd, Suite 300
Raleigh NC 27617
Telephone: (919) 908-0000; Fax: (919) 596-6147
Lab Name: UNC Fertility Laboratory
Accreditation: CAP

Carolinas Fertility Institute
3821 Forrestgate Dr
Winston-Salem NC 27103
Telephone: (336) 448-9100; Fax: (336) 778-7995
Lab Name: Carolinas Fertility Institute Laboratory
Accreditation: CAP

Wake Forest University Center for
Reproductive Medicine
111 Hanestown Ct, Suite 351
Winston-Salem NC 27103
Telephone: (336) 716-6476; Fax: (336) 716-0194
Lab Name: Wake Forest University Center for
Reproductive Medicine Laboratory
Accreditation: CAP

NORTH DAKOTA

Sanford Health Reproductive Medicine Institute
1111 Harwood Dr South
Fargo ND 58104
Telephone: (701) 234-2700; Fax: (701) 234-2702
Lab Name: Sanford Health Reproductive
Medicine Laboratory
Accreditation: CAP

OHIO

Fertility Unlimited, Inc.
Northeastern Ohio Fertility Center
468 E. Market St
Akron OH 44304
Telephone: (330) 376-2300; Fax: (330) 376-4807
Lab Name: Fertility Unlimited, Inc., Laboratory
Accreditation: The Joint Commission

Reproductive Gynecology & Infertility-Akron
95 Arch St, Suite 250
Akron OH 44304
Telephone: (330) 375-7722; Fax: (330) 375-3986
Lab Name: Reproductive Gynecology
Laboratory-Akron
Accreditation: CAP

Cleveland Clinic Fertility Center
26900 Cedar Rd, Suite 220S
Beachwood OH 44122
Telephone: (216) 839-3150; Fax: (216) 839-3181
Lab Name: Cleveland Clinic Fertility
Center Laboratory
Accreditation: CAP

University Hospitals Fertility Center
Kathy Risman Pavilion
1000 Auburn Dr, Suite 310
Beachwood OH 44122
Telephone: (216) 285-5028; Fax: (216) 201-5390
Lab Name: University Hospitals Fertility
Center Laboratory
Accreditation: CAP

Bethesda Fertility Center
10506 Montgomery Rd, Suite 303
Cincinnati OH 45242
Telephone: (513) 865-1675; Fax: (513) 865-1676
Lab Name: Reproductive Studies Laboratory
Accreditation: The Joint Commission

Institute for Reproductive Health
3805 Edwards Rd, Suite 450
Cincinnati OH 45209
Telephone: (513) 924-5546; Fax: (513) 924-5549
Lab Name: Ovation Fertility-Cincinnati
Accreditation: CAP

Ohio Reproductive Medicine
4830 Knightsbridge Blvd, Suite E
Columbus OH 43214
Telephone: (614) 451-2280; Fax: (614) 451-4352
Lab Name: Reproductive Diagnostics, Inc.
Accreditation: CAP

SpringCreek Fertility
7095 Clys Rd
Dayton OH 45459
Telephone: (937) 458-5084; Fax: (937) 458-5089
Lab Name: SpringCreek Fertility Laboratory
Accreditation: CAP

The Fertility Wellness Institute of Ohio
7671 Tylers Place Blvd
West Chester OH 45069
Telephone: (513) 326-4300; Fax: (513) 326-4306
Lab Name: The Fertility Wellness Institute of
Ohio Laboratory
Accreditation: CAP

UC Center for Reproductive Health
7675 Wellness Way, Suite 315
West Chester OH 45069
Telephone: (513) 475-7600; Fax: (513) 475-7601
Lab Name: UC Center for Reproductive
Health Laboratory
Accreditation: CAP

Reproductive Gynecology & Infertility-Westerville
540 N. Cleveland Ave, Suite 100
Westerville OH 43082
Telephone: (614) 895-3333; Fax: (614) 895-3338
Lab Name: Reproductive Gynecology
Laboratory-Westerville
Accreditation: CAP

OKLAHOMA

Bennett Fertility Institute
3433 N.W. 56th St, Bldg B, Suite 200
Oklahoma City OK 73112
Telephone: (405) 949-6060; Fax: (405) 949-6872
Lab Name: Integris Canadian Valley
Hospital Lab, Bennett Fertility Institute
Reproductive Services
Accreditation: CAP

OU Physicians Reproductive Medicine
840 Research Pkwy, Suite 200
Oklahoma City OK 73104
Telephone: (405) 271-1616; Fax: (405) 271-9222
Lab Name: OU Reproductive Medicine
Department of OB/GYN ART Laboratory
Accreditation: CAP

Tulsa Fertility Center
115 E. 15th St
Tulsa OK 74119
Telephone: (918) 584-2870; Fax: (918) 587-3602
Lab Name: Tulsa Fertility Center Laboratory
Accreditation: CAP

OREGON

The Fertility Center of Oregon
590 Country Club Pkwy, Suite A
Eugene OR 97401
Telephone: (541) 683-1559; Fax: (541) 683-1709
Lab Name: The Fertility Center of Oregon
Embryology Laboratory
Accreditation: None

Oregon Fertility Institute
9370 S.W. Greenburg Rd, Suite 412
Portland OR 97223
Telephone: (503) 292-7734; Fax: (503) 292-7735
Lab Name: Oregon Health & Science University
Andrology/Embryology Laboratory
Accreditation: CAP

ORM Fertility-Portland
808 S.W. 15th Ave
Portland OR 97205
Telephone: (503) 243-4914; Fax: (503) 274-4946
Lab Name: ORM Fertility-Portland Laboratory
Accreditation: CAP

University Fertility Consultants
Oregon Health & Science University
OHSU Center for Health & Healing
3303 S.W. Bond Ave, 10th Floor
Portland OR 97239
Telephone: (503) 418-3700; Fax: (503) 428-3708
Lab Name: Oregon Health & Science University
Andrology/Embryology Laboratory
Accreditation: CAP

PENNSYLVANIA

Family Fertility Center
95 Highland Ave, Suite 100
Bethlehem PA 18017
Telephone: (610) 868-8600; Fax: (610) 868-8700
Lab Name: Family Fertility Center Laboratory
Accreditation: CAP

Main Line Fertility & Reproductive Medicine
825 Old Lancaster Rd, Suite 170
Bryn Mawr PA 19010
Telephone: (484) 380-4879; Fax: (484) 380-4866
Lab Name: Main Line Fertility Center Laboratory
Accreditation: CAP

Geisinger Medical Center Fertility Program
100 N. Academy Ave
Danville PA 17822
Telephone: (570) 271-5620; Fax: (570) 271-5629
Lab Name: Geisinger Medical Center ART/
Andrology Laboratory
Accreditation: CAP

Sincera Reproductive Medicine
*Abington Reproductive Medicine, Abington IVF
and Genetics*
Toll Center for Reproductive Sciences
467 Pennsylvania Ave, Suite 202B
Fort Washington PA 19034
Telephone: (215) 887-2010; Fax: (215) 887-3291
Lab Name: Sincera Reproductive Medicine
IVF Laboratory
Accreditation: CAP

Penn State Milton S. Hershey Medical Center
35 Hope Dr, Suite 202
Hershey PA 17033
Telephone: (717) 531-6731; Fax: (717) 531-6286
Lab Name: Penn State Milton S. Hershey Medical
Center Laboratory
Accreditation: The Joint Commission

Reproductive Medicine Associates
of Philadelphia
625 Clark Ave, Suite 17B
King of Prussia PA 19406
Telephone: (215) 654-1544; Fax: (215) 654-1543
Lab Name: Reproductive Medicine Associates of
Philadelphia Laboratory
Accreditation: The Joint Commission

Society Hill Reproductive Medicine
822 Pine St, Suite 4B
Philadelphia PA 19107
Telephone: (215) 829-8110; Fax: (215) 829-8119
Lab Name: Main Line Fertility Center Laboratory
Accreditation: CAP

University of Pennsylvania
Penn Fertility Care
3701 Market St, Suite 800
Philadelphia PA 19104
Telephone: (215) 662-6100; Fax: (215) 349-5512
Lab Name: University of Pennsylvania, Penn
Fertility Care Laboratory
Accreditation: CAP, The Joint Commission

AHN Center for Reproductive Medicine
9335 McKnight Rd, Suite 240
Pittsburgh PA 15237
Telephone: (412) 847-1166; Fax: (412) 847-1168
Lab Name: AHN Center for Reproductive
Medicine Laboratory
Accreditation: CAP

§University of Pittsburgh Physicians
Center for Fertility and
Reproductive Endocrinology
Magee Womens Hospital
300 Halket St, Suite 5150
Pittsburgh PA 15213
Telephone: (412) 641-1600; Fax: (412) 641-7454
Lab Name: Center for Fertility and Reproductive
Endocrinology IVF Laboratory
Accreditation: CAP

†UPMC Center for Fertility and
Reproductive Endocrinology
419 Rodi Rd
Pittsburgh PA 15235
Telephone: (412) 731-8000; Fax: (412) 731-8399
Contact the NASS Help Desk for current
clinic information.

Shady Grove Fertility-Pennsylvania
945 Chesterbrook Blvd
Wayne PA 19087
Telephone: (610) 981-6000; Fax: (855) 437-5785
Lab Name: Shady Grove Fertility-
Pennsylvania Laboratory
Accreditation: The Joint Commission, NYSTB

The Fertility Center, LLC
130 Leader Heights Rd
York PA 17403
Telephone: (717) 747-3099; Fax: (717) 747-3214
Lab Name: The Fertility Center, LLC Laboratory
Accreditation: None

PUERTO RICO

Pedro J. Beauchamp, MD IVF Program dba
Puerto Rico Fertility Center
Dr. Arturo Cadilla Building
100 Paseo San Pablo, Suite 503
Bayamón PR 00961
Telephone: (787) 798-0100; Fax: (787) 740-7250
Lab Name: PR Fertility and Reproductive Center
Accreditation: The Joint Commission

Clinica de Fertilidad HIMA-San Pablo Caguas
Ave Muñoz Rivera, A-1, Suite 303
Caguas PR 00726
Telephone: (787) 653-3775; Fax: (787) 961-4546
Lab Name: Clinica de Fertilidad HIMA-San Pablo
Caguas Laboratory
Accreditation: None

GREFI
Gynecology, Reproductive Endocrinology &
Fertility Institute
First Bank Building
1519 Ponce de León Ave, Suite 705
San Juan PR 00909
Telephone: (787) 984-3008; Fax: (787) 848-0979
Lab Name: GREFI Laboratory-Coto Laurel
Accreditation: None
Lab Name: GREFI Laboratory-San Juan
Accreditation: None

RHODE ISLAND

§Women & Infants Fertility Center
90 Plain St, 5th Floor
Providence RI 02903
Telephone: (401) 453-7500; Fax: (401) 277-3638
Lab Name: Women & Infants Fertility
Center Laboratory
Accreditation: CAP

SOUTH CAROLINA

Piedmont Reproductive Endocrinology
Group, PA
17 Caledon Ct, Suite C
Greenville SC 29615
Telephone: (864) 232-7734; Fax: (864) 232-7099
Lab Name: Piedmont Reproductive
Endocrinology Group, PA
Laboratory-Greenville
Accreditation: CAP
Lab Name: Piedmont Reproductive
Endocrinology Group, PA Laboratory-
West Columbia
Accreditation: CAP

§Prisma Health Fertility Center of the Carolinas
Fertility Center of the Carolinas
University Medical Group, Department of
Obstetrics and Gynecology
890 W. Faris Rd, Suite 470
Greenville SC 29605
Telephone: (864) 455-1600; Fax: (864) 455-8492
Lab Name: Prisma Health Fertility Center of the
Carolinas Laboratory
Accreditation: CAP

Coastal Fertility Specialists
1375 Hospital Dr
Mount Pleasant SC 29464
Telephone: (843) 883-5800; Fax: (843) 881-0362
Lab Name: Coastal Fertility
Specialists Laboratory
Accreditation: CAP

SOUTH DAKOTA

Sanford Women's Health
1500 W. 22nd St, MB3, Suite 102
Sioux Falls SD 57105
Telephone: (605) 328-8800; Fax: (605) 328-8801
Lab Name: Sanford Women's Health Advanced
Reproductive Laboratory
Accreditation: CAP

TENNESSEE

Fertility Center, LLC
7407 Ziegler Rd
Chattanooga TN 37421
Telephone: (423) 899-0500; Fax: (423) 899-2411
Lab Name: Fertility Center, LLC Laboratory
Accreditation: The Joint Commission

Tennessee Reproductive Medicine
6031 Shallowford Rd, Suite 101
Chattanooga TN 37421
Telephone: (423) 876-2229; Fax: (423) 643-0699
Lab Name: Tennessee Reproductive
Medicine Laboratory
Accreditation: CAP

Tennessee Fertility Institute
9160 Carothers Pkwy, Suite 201
Franklin TN 37067
Telephone: (615) 721-6250; Fax: (615) 721-6251
Lab Name: Tennessee Fertility
Institute Laboratory
Accreditation: CAP

Vanderbilt Fertility Clinic
2009 Mallory Ln, Suite 250
Franklin TN 37067
Telephone: (615) 343-5700; Fax: (615) 771-3588
Lab Name: IVF Labs of Nashville
Accreditation: CAP

Quillen Fertility & Women's Services
1319 Sunset Dr, Suite 103
Johnson City TN 37604
Telephone: (423) 439-7246; Fax: (423) 282-4698
Lab Name: ETSU Physicians and
Associates, Quillen Fertility & Women's
Services Laboratory
Accreditation: CAP

Southeastern Center for Fertility and
Reproductive Surgery, PLLC
Jeffrey A. Keenan, MD dba
Southeastern Center for Fertility and
Reproductive Surgery
11126 Kingston Pike
Knoxville TN 37934
Telephone: (865) 777-0088; Fax: (865) 777-2015
Lab Name: Southeastern Center for Fertility and
Reproductive Surgery, PLLC Laboratory
Accreditation: None

Kutteh Ke Fertility Associates of Memphis, PLLC
80 Humphreys Center, Suite 307
Memphis TN 38120
Telephone: (901) 747-2229; Fax: (901) 747-4446
Lab Name: Memphis Fertility Laboratory, Inc.
Accreditation: CAP

The Center for Reproductive Health
2410 Patterson St, Suite 401
Nashville TN 37203
Telephone: (615) 321-8899; Fax: (615) 321-8877
Lab Name: Fertility Laboratories of Nashville, Inc.
Accreditation: CAP

Nashville Fertility Center
345 23rd Ave North, Suite 401
Nashville TN 37203
Telephone: (615) 321-4740; Fax: (615) 277-2455
Lab Name: IVF Labs of Nashville
Accreditation: CAP

TEXAS

Aspire Fertility-Dallas
16415 Addison Rd, Suite 900
Addison TX 75001
Telephone: (214) 414-3806; Fax: (214) 414-0376
Lab Name: Aspire Fertility-Dallas Laboratory
Accreditation: CAP

DFW Center for Fertility & IVF
980 Raintree Cir
Allen TX 75013
Telephone: (214) 383-2600; Fax: (214) 383-2601
Lab Name: DFW Center for Fertility &
IVF Laboratory
Accreditation: CAP

IVFMD-Arlington
600 W. Mayfield Rd
Arlington TX 76014
Telephone: (817) 701-1290; Fax: (817) 701-1297
Lab Name: IVFMD, Advanced
Reproductive Laboratory
Accreditation: CAP

§Aspire Fertility-Austin
911 W. 38th St, Suite 402
Austin TX 78705
Telephone: (512) 479-7979; Fax: (512) 479-7978
Lab Name: Aspire Fertility-Austin Laboratory
Accreditation: CAP

Austin Fertility and Reproductive Medicine-
Westlake IVF
300 Beardsley Ln, Bldg B, Suite 200
Austin TX 78746
Telephone: (512) 444-1414; Fax: (512) 579-2720
Lab Name: Westlake IVF Laboratory
Accreditation: CAP

Austin Fertility Institute, PA
2200 Park Bend Dr, Bldg 1, Suite 402
Austin TX 78758
Telephone: (512) 339-4234; Fax: (512) 339-4237
Lab Name: New Austin Health, LLC Laboratory
Accreditation: CAP

Texas Fertility Center
Vaughn, Silverberg & Associates
6500 N. Mopac Expressway, Bldg 1, Suite 1200
Austin TX 78731
Telephone: (512) 451-0149; Fax: (512) 451-0977
Lab Name: Ovation Fertility-Austin
Accreditation: CAP
Lab Name: Ovation Fertility-San Antonio
Accreditation: CAP

Center for Assisted Reproduction
1701 Park Place Ave
Bedford TX 76022
Telephone: (817) 540-1157; Fax: (817) 267-0522
Lab Name: Center for Assisted
Reproduction Laboratory
Accreditation: CAP

The Center for Reproductive Endocrinology
Sher Institute for Reproductive Medicine-Dallas
7777 Forest Ln, Suite C638
Dallas TX 75230
Telephone: (972) 566-6686; Fax: (972) 566-6670
Lab Name: CRE-ART Laboratory
Accreditation: CAP

Dallas-Fort Worth Fertility Associates
5477 Glen Lakes Dr, Suite 200
Dallas TX 75231
Telephone: (214) 363-5965; Fax: (214) 363-0639
Lab Name: Dallas Fertility Center Laboratory
Accreditation: CAP

Fertility and Advanced Reproductive Medicine
Outpatient Building
1801 Inwood Rd, Suite 616
Dallas TX 75390
Telephone: (214) 645-3858; Fax: (214) 645-7930
Lab Name: Fertility and Advanced Reproductive
Medicine Laboratory
Accreditation: CAP

Fertility Center of Dallas
Baylor Medical Pavilion
3900 Junius St, Suite 610
Dallas TX 75246
Telephone: (972) 884-5700; Fax: (972) 884-5709
Lab Name: Texas Health Presbyterian Hospital
ARTS Laboratory
Accreditation: CAP
Lab Name: Fertility Center of Dallas Laboratory
Accreditation: CAP

ReproMed Fertility Center
3800 San Jacinto St
Dallas TX 75204
Telephone: (214) 827-8777; Fax: (214) 827-8622
Lab Name: Allen Reproductive Center Laboratory
Accreditation: CAP

Texas Center for Reproductive Health
Barnett Tower
3600 Gaston Ave, Suite 504
Dallas TX 75246
Telephone: (214) 821-2274; Fax: (214) 821-2373
Lab Name: Texas Center for Reproductive
Health Laboratory
Accreditation: CAP

Southwest Center for Reproductive Health, PA
700 S. Mesa Hills Dr
El Paso TX 79912
Telephone: (915) 842-9998; Fax: (915) 842-9972
Lab Name: Southwest Center for Reproductive
Health, PA Laboratory
Accreditation: None

§Brooke Army Medical Center
Department of Obstetrics & Gynecology
3551 Roger Brooke Dr
Fort Sam Houston TX 78234
Telephone: (210) 916-6305; Fax: (210) 916-6350
Lab Name: BAMC IVF Laboratory
Accreditation: CAP

Fort Worth Fertility, PA
1800 Mistletoe Blvd
Fort Worth TX 76104
Telephone: (817) 348-8145; Fax: (817) 348-8264
Lab Name: Texas Reproductive
Center Laboratory
Accreditation: CAP

CCRM Dallas-Fort Worth
8380 Warren Pkwy, Suite 201
Frisco TX 75034
Telephone: (972) 377-2625; Fax: (972) 377-2667
Lab Name: CCRM Dallas-Fort Worth Laboratory
Accreditation: CAP, NYSTB (Pend)

Dallas IVF
2840 Legacy Dr, Bldg 1, Suite 100
Frisco TX 75034
Telephone: (214) 297-0027; Fax: (214) 297-0034
Lab Name: Dallas IVF Laboratory
Accreditation: CAP

Fertility Specialists of Texas, PLLC
5757 Warren Pkwy, Suite 300
Frisco TX 75034
Telephone: (214) 618-2044; Fax: (214) 618-7838
Lab Name: Fertility Specialists of
Texas Laboratory
Accreditation: CAP

Advanced Fertility Center of Texas
10901 Katy Freeway
Houston TX 77079
Telephone: (713) 467-4488; Fax: (713) 467-9499
Lab Name: Center for Women's Medicine
IVF Laboratory
Accreditation: CAP

Aspire Fertility-Houston
7515 S. Main St, Suite 500
Houston TX 77030
Telephone: (713) 512-7900; Fax: (713) 396-3854
Lab Name: Aspire Fertility-Houston Laboratory
Accreditation: CAP

Cooper Institute for Advanced
Reproductive Medicine
7500 Beechnut St, Suite 308
Houston TX 77074
Telephone: (713) 771-9771; Fax: (713) 771-9773
Lab Name: Cooper Institute
Reproductive Laboratory
Accreditation: None

Family Fertility Center
Texas Children's Pavilion for Women
6651 Main St, Suite E350
Houston TX 77030
Telephone: (832) 826-7463; Fax: (832) 825-9413
Lab Name: Family Fertility Center IVF Laboratory
Accreditation: CAP

Houston Fertility Institute
2500 Fondren Rd, Suite 300
Houston TX 77063
Telephone: (832) 237-1434; Fax: (832) 237-1436
Lab Name: New Houston Health IVF Laboratory
Accreditation: CAP

Houston Infertility Clinic
Sonja Kristiansen, MD
9055 Katy Freeway, Suite 450
Houston TX 77024
Telephone: (713) 862-6181; Fax: (713) 827-0994
Lab Name: Houston Infertility Clinic Laboratory
Accreditation: CAP

Houston IVF dba
CCRM Houston
929 Gessner Rd, Suite 2300
Houston TX 77024
Telephone: (713) 465-1211; Fax: (713) 550-1475
Lab Name: Houston IVF dba CCRM
Houston Laboratory
Accreditation: CAP

Conceive Fertility Center
6750 N. MacArthur Blvd, Suite 100
Irving TX 75039
Telephone: (214) 224-0778; Fax: (214) 224-0779
Lab Name: Allen Reproductive Center Laboratory
Accreditation: CAP

IVFMD-Irving
7501 Las Colinas Blvd, Suite 200A
Irving TX 75063
Telephone: (972) 506-9986; Fax: (972) 506-0044
Lab Name: IVFMD, Advanced
Reproductive Laboratory
Accreditation: CAP

The Centre for Reproductive Medicine
3405 22nd St, Suite 300
Lubbock TX 79410
Telephone: (806) 788-1212; Fax: (806) 788-1253
Lab Name: The Centre for Reproductive
Medicine Laboratory
Accreditation: CAP

Texas Tech University Health Sciences Center
Center for Fertility and Reproductive Surgery
808 Joliet Ave, Suite 230
Lubbock TX 79415
Telephone: (806) 743-4256; Fax: (806) 743-4462
Lab Name: Texas Tech University Health
Sciences Center IVF Laboratory
Accreditation: CAP

Reproductive Institute of South Texas
110 E. Savannah Ave, Bldg B, Suite 103
McAllen TX 78503
Telephone: (956) 687-2693; Fax: (956) 687-2829
Lab Name: Reproductive Institute of
South Texas Laboratory
Accreditation: CAP

Advanced Fertility Centers, PLLC
420 E. 6th St, Suite 101
Odessa TX 79761
Telephone: (432) 614-6376; Fax: (432) 614-6377
Lab Name: Odessa Fertility Laboratory
Accreditation: CAP

IVF Plano
6300 W. Parker Rd, MOB 2, Suite G28
Plano TX 75093
Telephone: (972) 612-2500; Fax: (972) 612-9601
Lab Name: Texas Health Presbyterian Hospital
ARTS Laboratory
Accreditation: CAP

Texas IVF
Presbyterian Hospital ARTS
6130 W. Parker Rd, Suite 215
Plano TX 75093
Telephone: (972) 981-7800; Fax: (972) 981-7814
Lab Name: Texas Health Presbyterian Hospital
ARTS Laboratory
Accreditation: CAP

§Aspire Fertility-San Antonio
150 E. Sonterra Blvd, Suite 220
San Antonio TX 78258
Telephone: (210) 337-8453; Fax: (210) 337-8452
Lab Name: Aspire Fertility-
San Antonio Laboratory
Accreditation: CAP

Fertility Center of San Antonio
4499 Medical Dr, Suite 200
San Antonio TX 78229
Telephone: (210) 692-0577; Fax: (210) 615-6788
Lab Name: Fertility Center of
San Antonio Laboratory
Accreditation: CAP

UT Health San Antonio Reproductive Health and
Fertility Center
Medical Arts & Research Center
8300 Floyd Curl Dr, 5th Floor
San Antonio TX 78229
Telephone: (210) 450-9500; Fax: (210) 450-6027
Lab Name: UT Health San Antonio Reproductive
Health and Fertility Center Laboratory
Accreditation: CAP

The Heard Institute
2647 Cordes Dr
Sugar Land TX 77479
Telephone: (713) 878-0878; Fax: (713) 654-8795
Lab Name: Cooper Institute
Reproductive Laboratory
Accreditation: None

§Scott & White Clinic-Temple
Department of Obstetrics and Gynecology
2401 S. 31st St
Temple TX 76508
Telephone: (254) 724-3389; Fax: (254) 724-1046
Lab Name: Scott & White Clinic-
Temple Laboratory
Accreditation: None

HART Fertility Clinic
*North Houston Center for Reproductive
Medicine, PA*
111 Vision Park, Suite 110
The Woodlands TX 77384
Telephone: (281) 444-4784; Fax: (281) 444-0429
Lab Name: HART Fertility Clinic Laboratory
Accreditation: CAP

Center of Reproductive Medicine (CORM)
1015 Medical Center Blvd, Suite 2100
Webster TX 77598
Telephone: (281) 332-0073; Fax: (281) 557-5837
Lab Name: Center of Reproductive
Medicine Laboratory
Accreditation: CAP

UTAH

Utah Fertility Center
1446 W. Pleasant Grove Blvd
Pleasant Grove UT 84062
Telephone: (801) 785-5100; Fax: (801) 785-4597
Lab Name: Utah Fertility Center Laboratory
Accreditation: The Joint Commission, NYSTB

Conceptions Fertility Center
1900 N. State St, Suite 105
Provo UT 84604
Telephone: (801) 655-5245; Fax: (801) 704-1260
Lab Name: Conceptions Fertility
Center Laboratory
Accreditation: CAP

Utah Center for Reproductive Medicine
675 Arapeen Dr, Suite 205
Salt Lake City UT 84108
Telephone: (801) 581-3834; Fax: (801) 585-2231
Lab Name: University of Utah School of Medicine
Andrology/Embryology Laboratory
Accreditation: CAP

Reproductive Care Center
10150 Petunia Way
Sandy UT 84092
Telephone: (801) 878-8888; Fax: (801) 878-8890
Lab Name: Reproductive Care Center Andrology
and Embryology Laboratory
Accreditation: CAP

VERMONT

University of Vermont Medical Center
Vermont Center for Reproductive Medicine
111 Colchester Ave, Main Campus, Main Pavilion,
Level 4
Burlington VT 05401
Telephone: (802) 847-1249; Fax: (802) 847-0111
Lab Name: University of Vermont Medical Center,
Vermont Center for Reproductive
Medicine Laboratory
Accreditation: CAP

Northeastern Reproductive Medicine
105 W. View Rd, Suite 302
Colchester VT 05446
Telephone: (802) 655-8888; Fax: (802) 497-3371
Lab Name: Northeastern Reproductive
Medicine Laboratory
Accreditation: CAP

VIRGINIA

Washington Fertility Center
4316 Evergreen Ln
Annandale VA 22003
Telephone: (703) 658-3100; Fax: (703) 658-3103
Lab Name: Washington Fertility Center
Reproductive Laboratories
Accreditation: CAP

Dominion Fertility and Endocrinology
4040 N. Fairfax Dr, Suite 600
Arlington VA 22203
Telephone: (703) 920-3890; Fax: (703) 892-6037
Lab Name: Dominion Fertility and
Endocrinology Laboratory
Accreditation: CAP

Virginia Fertility & IVF
*Reproductive Medicine and Surgery Center of
Virginia, PLC*

595 Martha Jefferson Dr, Suite 390
Charlottesville VA 22911
Telephone: (434) 654-8520; Fax: (434) 654-8521
Lab Name: Virginia Fertility & IVF Laboratory
Accreditation: CAP

Genetics & IVF Institute
3015 Williams Dr
Fairfax VA 22031
Telephone: (703) 698-3912; Fax: (703) 207-9183
Lab Name: Genetics & IVF Institute Laboratory
Accreditation: CAP, NYSTB

Jones Institute for Reproductive Medicine
601 Colley Ave
Norfolk VA 23507
Telephone: (757) 446-7100; Fax: (757) 446-7455
Lab Name: Jones Institute for Reproductive
Medicine Embryology Laboratory
Accreditation: CAP

Virginia Center for Reproductive Medicine
11150 Sunset Hills Rd, Suite 100
Reston VA 20190
Telephone: (703) 437-7722; Fax: (703) 437-0066
Lab Name: Virginia Reproductive Labs
Accreditation: CAP

Shady Grove Fertility-Richmond
9030 Stony Point Pkwy, Suite 450
Richmond VA 23235
Telephone: (804) 379-9000; Fax: (804) 323-0236
Lab Name: Virginia IVF and Andrology
Center Laboratory
Accreditation: None

VCU Reproductive Medicine
9109 Stony Point Dr
Richmond VA 23235
Telephone: (804) 327-8820; Fax: (804) 237-6637
Lab Name: Virginia IVF and Andrology
Center Laboratory
Accreditation: None
Lab Name: VCU Reproductive
Medicine Laboratory
Accreditation: CAP

Carilion Clinic Reproductive Medicine
and Fertility
1231 S. Jefferson St
Roanoke VA 24016
Telephone: (540) 985-8078; Fax: (540) 344-1825
Lab Name: UNC Fertility Laboratory
Accreditation: CAP

CCRM Northern Virginia
8010 Towers Crescent Dr, 5th Floor
Vienna VA 22182
Telephone: (571) 789-2100; Fax: (571) 789-2101
Lab Name: CCRM Northern Virginia Laboratory
Accreditation: CAP, NYSTB

The New Hope Center for Reproductive Medicine
448 Viking Dr, Suite 100
Virginia Beach VA 23452
Telephone: (757) 496-5370; Fax: (757) 481-3354
Lab Name: The New Hope Center for
Reproductive Medicine Laboratory
Accreditation: CAP

WASHINGTON

ORM Fertility Bellevue
1370 116th Ave N.E., Suite 100
Bellevue WA 98004
Telephone: (425) 458-2622; Fax: (503) 274-4946
Lab Name: ORM Fertility-Bellevue Laboratory
Accreditation: CAP (Pend)

Overlake Reproductive Health, Inc., PS
11232 N.E. 15th St, Suite 201
Bellevue WA 98004
Telephone: (425) 646-4700; Fax: (425) 646-1076
Lab Name: Overlake Reproductive Health
Laboratory, LLC
Accreditation: The Joint Commission

Poma Fertility
12039 N.E. 128th St, Suite 110
Kirkland WA 98034
Telephone: (425) 822-7662; Fax: (425) 822-0172
Lab Name: Poma Fertility Laboratory
Accreditation: The Joint Commission

Olympia Women's Health
403 Black Hills Ln S.W., Suite E
Olympia WA 98502
Telephone: (360) 786-1515; Fax: (360) 754-7476
Lab Name: Olympia Fertility Laboratory
Accreditation: The Joint Commission

Pacific Northwest Fertility and IVF Specialists
1101 Madison St, Suite 1050
Seattle WA 98104
Telephone: (206) 515-0000; Fax: (206) 515-0001
Lab Name: Pacific Northwest Fertility and IVF
Specialists Laboratory
Accreditation: CAP

Seattle Reproductive Medicine
1505 Westlake Ave North, Suite 400
Seattle WA 98109
Telephone: (206) 301-5000; Fax: (206) 285-1119
Lab Name: Seattle Reproductive Medicine
Laboratory
Accreditation: CAP, NYSTB

Sound Fertility Care, PLLC
509 Olive Way, Suite 501
Seattle WA 98101
Telephone: (206) 651-4432; Fax: (206) 793-7999
Lab Name: Poma Fertility Laboratory
Accreditation: The Joint Commission

University Reproductive Care
University of Washington
4245 Roosevelt Way N.E., 3rd Floor
Seattle WA 98105
Telephone: (206) 598-4225; Fax: (206) 598-7080
Lab Name: University Reproductive
Care Laboratory
Accreditation: CAP

Center for Reproductive Health
201 W. North River Dr, Suite 100
Spokane WA 99201
Telephone: (509) 462-7070; Fax: (509) 462-7071
Lab Name: Center for Reproductive
Health Laboratory
Accreditation: The Joint Commission

SRM Spokane
15920 E. Indiana Ave, Suite 200
Spokane Valley WA 99216
Telephone: (206) 301-5000; Fax: (206) 301-5679
Lab Name: SRM Spokane Laboratory
Accreditation: CAP

§Madigan Army Medical Center
Department of Obstetrics and Gynecology
9040A Jackson Ave
Tacoma WA 98431
Telephone: (253) 968-3783; Fax: (253) 968-5295
Lab Name: Seattle Reproductive
Medicine Laboratory
Accreditation: CAP, NYSTB

WEST VIRGINIA

Cabell Huntington Hospital
Center for Advanced Reproductive Medicine
1600 Medical Center Dr, Suite 4500
Huntington WV 25701
Telephone: (304) 526-2602; Fax: (304) 781-4244
Lab Name: Cabell Huntington Hospital,
Center for Advanced Reproductive
Medicine Laboratory
Accreditation: The Joint Commission

§West Virginia University Center for
Reproductive Medicine
1322 Pineview Dr, Suite 2
Morgantown WV 26505
Telephone: (304) 598-3100; Fax: (304) 598-8301
Lab Name: West Virginia University Center for
Reproductive Medicine Laboratory
Accreditation: CAP

WISCONSIN

Aurora Health Care-Aurora Fertility Services
The Women's Center at Aurora BayCare
Medical Center
2845 Greenbrier Rd, Suite 350
Green Bay WI 54311
Telephone: (920) 288-8500; Fax: (920) 288-8570
Lab Name: Aurora Health Care-Aurora Fertility
Services, Green Bay Laboratory
Accreditation: CAP

Froedtert & Medical College of Wisconsin
Reproductive Medicine Center
North Hills Health Center
W129 N7055 Northfield Dr, Bldg B, Suite 500
Menomonee Falls WI 53051
Telephone: (262) 253-9220; Fax: (262) 253-9221
Lab Name: Froedtert Hospital Reproductive
Medicine Center Laboratory
Accreditation: CAP

University of Wisconsin-Generations
Fertility Care
2365 Deming Way
Middleton WI 53562
Telephone: (608) 824-6160; Fax: (608) 827-3040
Lab Name: Generations Fertility Care, Inc.,
Andrology and Embryology Laboratory
Accreditation: CAP

Wisconsin Fertility Institute
3146 Deming Way
Middleton WI 53562
Telephone: (608) 824-0075; Fax: (608) 829-0748
Lab Name: Wisconsin Fertility
Institute Laboratory
Accreditation: CAP

Reproductive Specialty Center
2350 N. Lake Dr, Suite 504
Milwaukee WI 53211
Telephone: (414) 289-9668; Fax: (414) 289-0974
Lab Name: Reproductive Specialty
Center Laboratory
Accreditation: CAP

Aurora Health Care-Aurora Fertility Services,
West Allis
West Allis Memorial Hospital
8901 W. Lincoln Ave, 2nd Floor
West Allis WI 53227
Telephone: (414) 329-4300; Fax: (414) 329-4399
Lab Name: Aurora Health Care-Aurora Fertility
Services, West Allis Laboratory
Accreditation: CAP

2019 Nonreporting Clinics, by State

The clinics listed below provided ART services and were in operation as of January 1, 2019, and accordingly were required to submit ART cycle data under the provisions of the Fertility Clinic Success Rate and Certification Act passed by the US Congress. These clinics either failed to submit data or the clinic's medical director did not approve the clinic's 2019 ART data for inclusion in this report.

Consumers who are aware of a clinic that was in operation in 2019 but is not included in this report's lists of either reporting or nonreporting clinics are encouraged to contact us with the complete name, mailing address, and telephone number of the clinic, by e-mail at artinfo@cdc.gov. Providing this information will help ensure that clinics that should be in the report will be included in upcoming years.

Clinic names preceded by the † symbol have closed since January 1, 2019.

America Institute of Reproductive
Medicine-Alabama
2006 Brookwood Medical Center, Suite 302
Birmingham AL 35209
Telephone: (205) 307-0484; Fax: (866) 829-2082

Huntsville Reproductive Medicine, PC
20 Hughes Rd, Suite 203
Madison AL 35758
Telephone: (256) 213-2229; Fax: (256) 213-9978

†University of South Alabama IVF and
ART Program
1601 Center St, Suite 3F
Mobile AL 36604
Telephone: (251) 415-1491; Fax: (251) 415-1552

†Troché Fertility Centers
17612 N. 59th Ave
Glendale AZ 85308
Telephone: (602) 993-8636; Fax: (602) 993-2528

†Boston IVF, The Arizona Center, LLC
8901 E. Mountain View Rd, Suite 201
Scottsdale AZ 85258

Telephone: (480) 559-0252; Fax: (480) 661-4141
Fertility Centers of Orange County
2500 Alton Pkwy, Suite 201
Irvine CA 92606
Telephone: (949) 387-3888; Fax: (949) 387-3907

La Jolla IVF
9850 Genesee Ave, Suite 610
La Jolla CA 92037
Telephone: (858) 558-2221; Fax: (858) 558-2263

Acacio Fertility Center
27882 Forbes Rd, Suite 200
Laguna Niguel CA 92677
Telephone: (949) 249-9200; Fax: (949) 249-9203

LA IVF Clinic
2080 Century Park East, Suite 400
Los Angeles CA 90067
Telephone: (310) 286-2800; Fax: (310) 691-1116

Hanabusa IVF
4910 Directors Pl, Suite 150
San Diego CA 92121
Telephone: (855) 360-6730; Fax: (858) 630-5552

Naval Medical Center San Diego Infertility Clinic
34800 Bob Wilson Dr
San Diego CA 92134
Telephone: (619) 532-5363; Fax: (619) 532-6382

Williams OB/GYN & Associates
1334 W. Covina Blvd, Suite 102
San Dimas CA 91773
Telephone: (909) 599-8677; Fax: (909) 592-0999

Dr. Aimee Eyvazzadeh
5401 Norris Canyon Rd, Suite 106
San Ramon CA 94583
Telephone: (925) 277-0600; Fax: (925) 277-0801

Fertility Center of Orlando
1000 N. Maitland Ave
Maitland FL 32751
Telephone: (407) 345-9006; Fax: (407) 345-9007

†University of South Florida IVF
2 Tampa General Cir, 6th Floor
Tampa FL 33606
Telephone: (813) 259-0692; Fax: (813) 259-0882

Aspire Fertility-Atlanta
6 Concourse Pkwy, Suite 250
Atlanta GA 30328
Telephone: (678) 274-6760; Fax: (678) 274-6761

Pathways Fertility
3193 Howell Mill Rd N.W., Suite 214
Atlanta GA 30327
Telephone: (404) 228-7199; Fax: (404) 963-7670

†Rush-Copley Center for Reproductive Health
2040 Ogden Ave, Suite 107
Aurora IL 60504
Telephone: (630) 978-6254; Fax: (630) 499-2487

†Hinsdale Center for Reproduction
121 N. Elm St
Hinsdale IL 60521
Telephone: (630) 856-3535; Fax: (630) 856-3545

Reproductive Health Specialists, Ltd.
1515 Essington Rd
Joliet IL 60435
Telephone: (815) 730-1100; Fax: (815) 730-1066

†Fertility First
Reproductive Endocrine Services
6420 Dutchmans Pkwy, Suite 395
Louisville KY 40205
Telephone: (502) 749-6420; Fax: (502) 749-6426

Siu Ng-Wagner, MD
14955 Shady Grove Rd, Suite 125
Rockville MD 20850
Telephone: (301) 340-1495; Fax: (301) 838-9712

†Fertility Center of Maryland
110 West Rd, Suite 102
Towson MD 21204
Telephone: (410) 296-6400; Fax: (410) 296-6405

Brenda L. Moskovitz, MD, PC
415 E. Maple Rd, Suite 101
Troy MI 48083
Telephone: (248) 524-1001; Fax: (248) 528-2533

†Delaware Valley OBGYN & Infertility Group, PC
Princeton IVF
2 Princess Rd, Suite C
Lawrenceville NJ 08648
Telephone: (609) 896-0777; Fax: (609) 896-3266

Westchester Reproductive Medicine
344 E. Main St, Suite 403
Mount Kisco NY 10549
Telephone: (914) 218-8955; Fax: (914) 218-8956

†Andrew Loucopoulos, MD, PhD
1001 Fifth Ave
New York NY 10028
Telephone: (212) 472-7186; Fax: (212) 472-8608

†New York Fertility Services, PC
16 E. 40th St, 2nd Floor
New York NY 10016
Telephone: (212) 679-2289; Fax: (212) 679-2288

New York Reproductive Medical Services, PC
133 E. 58th St, Suite 1002
New York NY 10022
Telephone: (212) 317-8700; Fax: (877) 396-8029

†Offices for Fertility and Reproductive
Medicine, PC
New York NY

Braverman Reproductive Immunology, PC
800 Woodbury Rd, Suite G
Woodbury NY 11797
Telephone: (516) 584-8710; Fax: (516) 584-8711

Northwest Fertility Center
1750 S.W. Harbor Way, Suite 200
Portland OR 97201
Telephone: (503) 227-7799; Fax: (503) 227-5452

GENES Fertility Institute
Doral Bank Center
576 César González Ave, Suite 505
San Juan PR 00918
Telephone: (787) 767-2220; Fax: (787) 767-7781

†The Fertility Center of Charleston
1280 Hospital Dr, Suite 300
Mount Pleasant SC 29464
Telephone: (843) 881-7400; Fax: (843) 881-7444

†Regional One Health Reproductive Medicine
6555 Quince Rd, Suite 501
Memphis TN 38119
Telephone: (901) 515-3100; Fax: (901) 515-3199

IVF Institute, PA
7777 Forest Ln, Suite C-108
Dallas TX 75230
Telephone: (972) 566-6868; Fax: (972) 566-6860

The Women's Place
950 Scotland Dr
DeSoto TX 75115
Telephone: (972) 709-9777; Fax: (972) 709-8300

Office of Frank DeLeon, MD
1300 W. Terrell Ave, Suite 320
Fort Worth TX 76104
Telephone: (817) 735-2300; Fax: (817) 882-8653

†Institute for Women's Health
Advanced Fertility Center
18707 Hardy Oak Blvd, Suite 500
San Antonio TX 78258
Telephone: (210) 616-0680; Fax: (210) 616-0684

East Bay Fertility Center
746 E. 1910 South, Suite 1
Provo UT 84606
Telephone: (801) 377-0580; Fax: (801) 375-5582

†Bellingham IVF & Infertility Care
2980 Squalicum Pkwy, Suite 103
Bellingham WA 98225
Telephone: (360) 715-8124; Fax: (360) 715-8126

2019

Appendix D: Accessible Explanations of Figures



Appendix D: Accessible Explanations of Figures

Figure 1. This pie chart shows the distribution of ART use in 2019 by 5 patient age groups. Percentages for each age group were as follows: 36.7% were younger than age 35, 23.0% were aged 35 to 37, 19.9% were aged 38 to 40, 9.5% were aged 41 to 42, and 10.9% were older than age 42.

Figure 2. This pie chart shows the outcomes of clinical pregnancies from ART cycles performed in 2019. Of these pregnancies, 75.9% resulted in the birth of a single infant, 6.1% resulted in the birth of multiple infants, 15.8% resulted in miscarriage, 0.5% resulted in stillbirth, and 1.6% was reported as other or unknown.

Figure 3. This horizontal line graph shows the percentage of embryo transfers that resulted in live-birth delivery in 2019 by patient age and egg or embryo source. The vertical Y-axis presents percentages from 0% to 60% in increments of 10. The horizontal X-axis presents patient age, from younger than age 30 to older than age 45. The first line shows that the percentage of embryo transfers that used donor eggs or embryos decreased with patient age, from 49.3% to 39.2%. The second line shows that the percentage of embryo transfers that used patient eggs or embryos decreased with age, from 43.2% to 9.7%.

Figure 4. This horizontal bar graph shows the reported reasons for using ART in 2019. The vertical Y-axis presents 13 reasons for using ART. The horizontal X-axis presents percentages from 0% to 40% in increments of 5. Percentages for each reason were as follows: 36.8% egg or embryo banking, 28.6% diminished ovarian reserve, 27.5% male factor infertility, 26.8% other reasons related to infertility, 15.1% preimplantation genetic testing, 13.9% ovulatory dysfunction, 10.8% unexplained factor, 10.5% tubal factor, 6.6% endometriosis, 6.3% uterine factor, 5.5% recurrent pregnancy loss, 4.8% other reasons not related to infertility, and 1.9% gestational carrier.

Figure 5. This vertical bar graph shows the percentage of infants conceived using ART procedures started in 2019 who were born preterm or with low birth weight. The vertical Y-axis presents percentages from 0% to 100% in increments of 10. The horizontal X-axis presents the type of live-birth delivery. Among single infants born from single-fetus pregnancies, 11.8% were preterm and 11.8% were low birth weight. Among single infants born from multiple-fetus pregnancies, 23.7% were preterm and 24.5% were low birth weight. Among twin infants, 59.8% were preterm and 56.5% were low birth weight. Among triplet or more infants, 95.0% were preterm and 97.2% were low birth weight.

Figure 6. This horizontal line graph shows the number of ART cycles, embryo transfers, and banking cycles performed and the number of live-birth deliveries that resulted from 2010 through 2019. The vertical Y-axis presents numbers from 0 to 350,000 in increments of 50,000. The horizontal X-axis presents the data

reporting year, from 2010 through 2019. The number of ART cycles started increased from 154,427 in 2010 to 330,773 in 2019. Embryo transfers increased from 125,399 in 2010 to 171,206 in 2019. Banking cycles increased from 7,163 in 2010 to 121,086 in 2019. Live-birth deliveries increased from 47,104 in 2010 to 77,998 in 2019.

Figure 7. This horizontal line graph shows the number of ART cycles performed from 2010 through 2019 by egg or embryo source. The vertical Y-axis presents numbers from 0 to 140,000 in increments of 20,000. The horizontal X-axis presents the data reporting year, from 2010 through 2019. The number of cycles performed using embryos from fresh patient eggs decreased from 100,824 in 2010 to 56,369 in 2019. Cycles performed using embryos from frozen patient eggs or embryos increased from 28,425 in 2010 to 126,187 in 2019. Cycles performed using embryos from fresh donor eggs decreased from 10,849 in 2010 to 2,138 in 2019. Cycles performed using embryos from frozen donor eggs or embryos increased from 7,162 in 2010 to 24,993 in 2019.

Figure 8. This combined vertical bar graph and horizontal line graph shows the number and percentage of embryo transfers that used a gestational carrier from 2010 through 2019. The left vertical Y-axis presents numbers from 0 to 10,000 in increments of 1,000. The right vertical Y-axis presents percentages from 0% to 6.0% in increments of 0.5%. The horizontal X-axis presents the data reporting year, from 2010 through 2019. The number of cycles that used a gestational carrier increased from 2,649 in 2010 to 9,195 in 2019. The percentage of cycles that used a gestational carrier also increased, from 2.1% in 2010 to 5.4% in 2019.

Figure 9. This horizontal line graph shows the percentage of embryo transfers in which a single embryo was transferred from 2010 through 2019. The vertical Y-axis presents percentages from 0% to 90% in increments of 10. The horizontal X-axis presents the data reporting year, from 2010 through 2019. The percentage of embryo transfers that used a single embryo increased from 18.2% in 2010 to 77.3% in 2019.

Figure 10. This horizontal line graph shows the percentage of ART cycles that resulted in live-birth deliveries from 2010 through 2019 by patient age group. The vertical Y-axis presents percentages from 10% to 50% in increments of 5. The horizontal X-axis presents the data reporting year, from 2010 through 2019. The percentage of ART cycles that resulted in live-birth deliveries increased from 32.0% in 2010 to 37.2% in 2019 for all age groups combined. The percentage increased from 40.3% in 2010 to 42.4% in 2019 for patients younger than age 35, from 32.7% in 2010 to 38.9% in 2019 for patients aged 35 to 37, from 25.2% in 2010 to 33.7% in 2019 for patients aged 38 to 40, and from 22.3% in 2010 to 28.5% in 2019 for patients older than age 40.

Figure 11. This vertical bar graph shows the number of infants born from 2010 through 2019 who were conceived using ART. The vertical Y-axis presents numbers from 0 to 90,000 in increments of 10,000. The horizontal X-axis presents the data reporting year, from 2010 through 2019. The number of infants born was 61,556 in 2010, 61,599 in 2011, 65,151 in 2012, 67,996 in 2013, 68,782 in 2014, 71,152 in 2015, 76,914 in 2016, 78,052 in 2017, 81,478 in 2018, and 83,946 in 2019.

Figure 12. This horizontal line graph shows the percentage of embryo transfers that resulted in the live-birth delivery of singletons, twins, or triplets or more from 2010 through 2019. The vertical Y-axis presents percentages from 0% to 40% in increments of 5. The horizontal X-axis presents the data reporting year, from 2010 through 2019. The first line shows that the percentage of embryo transfers that resulted in singletons increased from 22.6% in 2010 to 34.4% in 2019. The second line shows that the percentage of embryo transfers that resulted in twins decreased from 9.0% in 2010 to 2.7% in 2019. The third line shows that the percentage of embryo transfers that resulted in triplets or more decreased from 0.4% in 2010 to 0.06% in 2019.

Figure 13. This vertical stacked bar graph shows the percentage of infants conceived using ART cycles that resulted in the live-birth delivery of singletons, twins, or triplets or more from 2010 through 2019. The vertical Y-axis presents 0% to 100% in increments of 20. The horizontal X-axis presents the data reporting year, from 2010 through 2019. The first stack shows that the percentage of infants who were part of a singleton live-birth delivery increased from 70.6% in 2010 to 92.5% in 2019. The second stack shows that the percentage of infants who were part of a twin live-birth delivery decreased from 28.1% in 2010 to 7.3% in 2019. The third stack shows that the percentage of infants who were part of a triplet or more live-birth delivery decreased from 1.3% in 2010 to 0.2% in 2019.



**US Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health**