

## Request for Satellite Monitoring

### To be completed by a Canadian Referring Centre

The Ottawa Fertility Centre (OFC) requires all satellite monitoring requests to be sent by the physician responsible for the patient's care and test ordering by completing this Request for Satellite Monitoring Form and emailing it to our Satellite Nurse at ofc-satellite@conceive.ca. All requests will be assessed.

#### PATIENT INFORMATION

Full Name		Date of Birth	____yy____mm____dd
Health Card Number		Phone (Home)	
Address		Phone (Cell)	
		E-mail	

#### TO BE COMPLETED BY REFERRING FERTILITY CENTRE

Name of the Referring Fertility Centre			
Address of the Referring Fertility Centre			
Name of the Referring Physician			
Contact Information of Referring Physician	Phone:	Fax:	
	E-mail:		
What treatment will be undertaken at your centre?			
Please indicate why this treatment cannot be done in Ottawa.			
Anticipated start date of monitoring			
Will this patient require injection teaching? Provide details.			
Are there any special concerns (medical or otherwise) that we should be aware of?			
What is the patient's BMI*			
Name of person who will coordinate patient's care at your fertility centre			
Contact information of patient coordinator	Phone:	Fax:	
	E-mail:		
Results to be sent to the referring centre by:	<input type="checkbox"/> Fax <input type="checkbox"/> E-mail (if selecting email, centre accepts risks associated with electronic communication)		

\* For safety reasons, the Ottawa Fertility Centre does not offer IVF treatment to women with a BMI greater than 40. In the event that we provide ultrasound and blood testing for you on your patient with a BMI > 40, the referring centre will be responsible for arranging all obstetric appointments.

#### FEES

- 1) Patients are billed a \$500 satellite coordination fee *per cycle* started to cover the administration costs at OFC for staff involved in the coordination and schedule of care.
- 2) Ultrasounds and blood work are billed per test at current OMA rates and are billed by reception at the time of the appointment.
- 3) If required, injection teaching and/or injections provided by one of our nurses will be billed to the patient. Injection teaching must be booked in advance.
- 4) If required, additional physician and nursing time will be billed to the patient at OMA rates.

## HOW TO START SATELLITE MONITORING AT THE OTTAWA FERTILITY CENTRE

1. Referring clinic faxes or e-mails the **Request for Satellite Monitoring Form** to the Ottawa Fertility Centre (OFC). Fax: 613 225-9736 or E-mail: [ofc-satellite@conceive.ca](mailto:ofc-satellite@conceive.ca)
2. An OFC nurse will assess the referral and we will contact the referring fertility centre to indicate whether or not the OFC can accommodate the patient for cycle monitoring.
3. If eligible for satellite monitoring, the OFC Satellite Coordinator will contact the patient to collect the fees for satellite monitoring and arrange for the patient to sign the Consent Form for Satellite Monitoring (Appendix A).

## THE MONITORING PROCESS - Effective communication between all parties will ensure successful monitoring.

1. Prior to each visit (with minimum 1 day notice), the **referring clinic** must:
  - a. E-mail the requisition for blood work and ultrasounds to [ofc-satellite@conceive.ca](mailto:ofc-satellite@conceive.ca) **before 3:00pm**. If e-mail is not possible, fax requisition attention Satellite Coordinator to 613 225-9736
  - b. Indicate '**Satellite Patient**' on the requisition
  - c. Provide key contact name from referring centre and fax number to send results to.
2. Upon receipt of requisition(s), the OFC Satellite Coordinator will book the patient for their ultrasound and/or blood work, notifying the patient directly of the appointment times.
3. Patients must show up on time for their appointment and respect the 'no-scented products' policy of OFC.
4. Once results for the blood work and ultrasound are ready, a secretary from the OFC will fax and/or email the results to the contact from the referring fertility centre. **The referring clinic should call the OFC before 3pm if they did not received the faxed results.**

## ROLES AND RESPONSIBILITIES:

### Referring Fertility Centre:

- Prescribe and educate the patient about their treatment and administration of any medications required during their treatment. Extra fees will apply if injection teaching is required.
- Provide appropriate and clear instructions on requisitions.
- Provide a key contact with whom the Ottawa Fertility Centre may communicate regarding the patient.

### Patient

- Pay related fees prior to start of monitoring
- Provide signed consent prior to start of monitoring
- Arrive on time for appointments
- Speak with referring fertility centre about their treatment and exam results
- Provide a reliable contact number so that OFC may contact the patient regarding upcoming appointments

### Ottawa Fertility Centre

- Perform ultrasound and blood tests as per instructions on the requisition
- Report and fax results to referring fertility centre in a timely manner

## MEDICATIONS AND PHARMACY HOURS

Patients whose treating physician is licensed in Canada may purchase medications directly from **Green Valley Pharmacy**, located on site. Patients should inquire about their own prescriptions prior to starting treatment. OFC will not prescribe any medications for satellite patients.

<b>Green Valley Pharmacy</b>	<b>Phone</b>	613 688-5069
	<b>Fax</b>	613 688-5076
	<b>Hours</b>	M-F 7:30am to 3:00pm; Weekends and Holidays 8:30am to 11:30am

## FEES

As satellite services are not insured services under OHIP or any other provincial health plan, patients will be charged per test (ultrasound and blood work) at the rates recommended by the Ontario Medical Association (OMA). See web site for complete details.

Satellite Coordination	\$500 (per cycle)
Injection Teaching	\$100 (if required)
Injections by a nurse (if requested)	\$25
Ultrasound	\$173 per scan
Blood Work	\$116 per order (E2, LH, P4, and venipuncture)
Obstetrical Ultrasound	May be covered by OHIP or \$346 for uninsured patients
Pregnancy Test (blood)	May be covered by OHIP or \$70 for uninsured patients

## ADDRESS, HOURS OF OPERATION AND CONTACT INFORMATION:

<b>Hours for Monitoring:</b>	8 am to 9:30am.
<b>Monitoring Contact:</b>	<a href="mailto:ofc-satellite@conceive.ca">ofc-satellite@conceive.ca</a> from 7:30 am to 3p.m. Results faxed to the referring Clinic by noon EST (based on patient arrival time)
<b>Fax Requisitions to:</b>	613 225-9736 Attention 'Satellite Monitoring'
<b>Address:</b>	1 <sup>st</sup> Floor. 955 Green Valley Crescent, Ottawa, Ontario K2C 3V4. (North of Baseline and Prince of Wales)

*Like you, we celebrate the joy of children. However out of respect for the sensitivity of those attending our centre as well as for safety reasons, we kindly ask that you make childcare arrangements when attending appointments at the Centre. Children are not permitted in clinical areas and exam rooms.*



[Empty box for Partner Label and Patient Label]

### Consent for Diagnostic Test – Canadian Satellite Monitoring

Patients seeking monitoring only services from the Ottawa Fertility Centre (OFC) are referred to as “Satellite Patients”. Satellite patients are under the primary care of a physician from a referring fertility centre whose physician is responsible for managing and directing the care of a Satellite Patient.

Patients who were not under the care of a physician of the OFC prior to cycle monitoring, will not have access to the OFC physicians and must consult with their most responsible fertility specialist at the clinic where they received their fertility treatment(s).

As a Satellite Patient undergoing monitoring services at the OFC, I further understand and agree to the following:

- Satellite Patients are required to obtain confirmation from the OFC prior to starting their fertility treatment cycle through another fertility centre in order to ensure the OFC can accommodate their monitoring.
- The Ottawa Fertility Centre will provide on-site monitoring for blood and ultrasound only.
- Patient teaching is the responsibility of the referring fertility centre, unless teaching is specifically requested in advance by the referring centre. An additional fee will be charged for patient teaching or any other additional service provided by the Ottawa Fertility Centre.
- Satellite patients are responsible for payment of a satellite coordination fee prior to the start of monitoring. All other fees are paid on the day the service is provided (e.g.: ultrasound and blood work). Satellite patients are not billed to OHIP.
- Monitoring blood work and ultrasounds shall be arranged through the Ottawa Fertility Centre Satellite Coordinator.
- Results of the blood work and ultrasounds will either (1) be given directly to the patient to forward to their physician; or (2) be faxed directly to the attending physician on behalf of the patient. It will be the patient’s responsibility to provide the Ottawa Fertility Centre staff with the name and fax number required.
- Post-treatment serum progesterone and serum beta hCG levels are billed to OHIP, if a patient is eligible.
- Obstetric ultrasounds to confirm pregnancy are billed to OHIP, if a patient is eligible. OFC will not arrange obstetric ultrasounds for any patient who have not been under the care of an OFC physicians prior to satellite monitoring. These patients must be referred to their family physicians or OBGYN by the referring fertility centre.
- Physicians and other health professionals at the Ottawa Fertility Centre cannot be held responsible for medical issues arising from care originating at the referring fertility centre.
- All medications prescribed by a physician at another centre must be organized through the referring fertility centre and organized well in advance of starting treatment.
- All follow-up care is the responsibility of the referring fertility specialist and it is the responsibility of the Satellite Patient to coordinate such care.

I am satisfied with these explanations and I understand them.

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Patient or substitute decision maker	Signature	Date
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Name of OFC Representative	Signature	Date
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Partner Label

Patient Label

Empty box for Partner Label and Patient Label

Consent to the Disclosure of Individually Identifying Health Information
(Authorized by Section 34 of the Health Information Act)

I, \_\_\_\_\_ authorize the following self-identifying information:
(Name of Patient)

Bloodtests, ultrasound reports, medical consultations, and treatment monitoring records

To be disclosed by: \_\_\_\_\_ The Ottawa Fertility Centre

In accordance with Section 34 of the Health Information Act, to:

\_\_\_\_\_
(Name of Satellite Centre)

For the following purpose: \_\_\_\_\_ satellite monitoring

I understand why I have been asked to disclose my individually identifying information, and I am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my individually identifying information. I understand that I may revoke this consent at any time.

Dated this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_
Day Month Year

\_\_\_\_\_  
Patient or Authorized Representative's Name

\_\_\_\_\_  
Patient or Authorized Representative's Signature

\_\_\_\_\_  
OFC Representative Signature