

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 Team at ofc-satellite@conceive.ca. All requests will be assessed.

**PATIENT INFORMATION** (The OFC collects, uses, discloses, and retains personal health information for the purposes of: Providing clinical care to patients of the OFC and affiliates; Planning for the development and delivery of care and services, monitoring and evaluating outcomes of care; Quality assurance, research, teaching, and statistics (e.g. national/provincial registry). Names not disclosed; Complying with federal & provincial law and regulatory requirements (e.g. PHIPA, PIPEDA and the Information Privacy Commissioner)

|  |  |                 |                    |
|--|--|-----------------|--------------------|
| Full Name  |  | Date of Birth   | ____yy____mm____dd |
| Health Card Number   |  | Primary Phone   |                    |
| Address  |  | Alternate Phone |                    |
|  |  | E-mail          |                    |
| I consent to OFC Communicating via:  |  |                 |                    |
| <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alternate Phone    If I cannot be reached directly, I consent to: <input type="checkbox"/> Messages being left in voicemail  |  |                 |                    |
| <input type="checkbox"/> Email (I understand that communication by email is not without risks. OFC staff take all reasonable precautions to protect the emails they send and receive. OFC cannot guarantee that email messages are always secure. Emails sent across the Internet could be read by someone else. This could happen due to emails sent to the wrong address or outside computers that are not secure or email interceptions.) |  |                 |                    |

## TO BE COMPLETED BY REFERRING FERTILITY CENTRE

|   |  |                 |  |
|---|--|-----------------|--|
| Name of the Referring Fertility Centre  |  |                 |  |
| Address of the Referring Fertility Centre   |  |                 |  |
| Referring Physician   | Name:  | Billing Number: |  |
| Name of person who will coordinate patient's care at your fertility centre        |  |                 |  |
| Contact Information   | Phone:   | Fax:            |  |
|   | E-mail:  |                 |  |
| Results to be sent to the referring centre by:                                    | <input type="checkbox"/> Fax <input type="checkbox"/> E-mail   |                 |  |
| Anticipated start date of monitoring  |  |                 |  |
| What treatment monitoring/testing is required at our centre?                      | <input type="checkbox"/> ONE Diagnostic baseline ultrasound only (please provide req)<br><input type="checkbox"/> In-treatment ultrasound and/or blood testing |                 |  |
| Are there any special concerns (medical or otherwise) that we should be aware of? |  |                 |  |
| Allergies:  |  |                 |  |
| Medications:  |  |                 |  |

## 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). E-mail (preferred): [ofc-satellite@conceive.ca](mailto:ofc-satellite@conceive.ca) or Fax: 613 454-5945
2. Our OFC Satellite Team 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 Team will contact the patient to collect the fees for satellite monitoring and arrange for the patient to sign the *Consent for Diagnostic Tests Canadian Satellite Monitoring* and *Consent to the Disclosure of Individually Identifying Health Information* (Appendix A & B).

## 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 request for blood work and ultrasound to [ofc-satellite@conceive.ca](mailto:ofc-satellite@conceive.ca) **before 3:00pm**. If e-mail is not possible, fax requisition attention OFC Satellite Team to 613 454-5945.
  - b. Provide key contact name from referring centre and fax number to send results to.
2. Upon receipt of request(s), the OFC Satellite Team 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. They must be prepared to pay test fees at the time of their appointment.
4. Once results for the blood work and ultrasound are complete and ready to send, the OFC Satellite Team 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 receive the faxed results at ext 610 or 200.**

## 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 injections at OFC are required.
- Provide appropriate and clear instructions on requisitions and in requests.
- 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 from the referring centre
- Report and fax/email results to referring fertility centre in a timely manner

## MEDICATIONS AND PHARMACY HOURS

Patients with treating physicians licensed in Canada may purchase medications directly from **Green Valley Pharmacy**, located on site. Patients should inquire at the pharmacy about their prescriptions and any private insurance coverage they may have prior to starting treatment. OFC will not prescribe any medications for satellite patients with referring centres in Canada.

|                              |              |  |
|------------------------------|--------------|--|
| <b>Green Valley Pharmacy</b> | <b>Phone</b> | 613 688-5069   |
|                              | <b>Fax</b>   | 613 688-5076   |
|                              | <b>Hours</b> | M-F 8:00am to 4:00pm; Weekends and Holidays 8:00am to 2:00pm |

## 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).

The satellite administration fee at OFC includes access to coordination staff, scheduling of appointments, and communicating with your referring fertility centre. This fee must be paid prior to services rendered.

Ultrasounds and blood work are billed per test at current OMA rates and are billed by reception at the time of the appointment.

All fees are also listed on our website:

|   |   |
|---|---|
| Satellite Administration                                | \$500 (per treatment cycle)                     |
| Injections by a nurse (if requested)                    | \$25  |
| Baseline (complete pelvic) Ultrasound                   | \$390   |
| Follicle Tracking or Endo Thickness Ultrasound          | \$195 per scan                                  |
| Blood Work  | \$140 per order (E2, LH, P4, and venipuncture)  |
| Obstetrical Ultrasound (ONLY for existing OFC patients) | Covered by OHIP or \$390 for uninsured patients |
| Pregnancy Test (blood)                                  | Covered by OHIP or \$76 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.<br>Results faxed to the referring Clinic by noon EST (based on patient arrival time) |
| <b>Fax or email Requisitions to:</b> | 613 454-5945 Attention 'Satellite Monitoring'   |
| <b>Address:</b>                      | 1 <sup>st</sup> Floor. 955 Green Valley Crescent, Ottawa, Ontario K2C 3V4.<br>(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.*



Partner Label

Patient Label

## Consent for Diagnostic Tests – 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). These patients are also not able to have any pregnancy ultrasounds or consultations with OFC physicians.

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. An additional fee will be charged for patient injections if administered by an OFC nurse.
- 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 patient services are not billed to OHIP.
- Monitoring blood work and ultrasounds shall be arranged through the Ottawa Fertility Centre Satellite Team.
- 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 has 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



Partner Label

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 in writing. I also understand that I can view OFC privacy statement at [www.conceive.ca](http://www.conceive.ca) and/or I can contact the OFC privacy officer at [privacy@conceive.ca](mailto:privacy@conceive.ca)

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

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

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