CONSENT WITH PRICES CONNECTED WITH IVF PROCESS

1. IVF PROCESS	Price in EUR / CZ
Consultation with an IVF specialist	**100 / 2 500**
IVF – procedure (consultations during IVF process, treatment plan, basic semen analysis – spermiogram, ovarian stimulation except IVF stimulation drugs, oocyte pick-up under general anaesthesia, embryo transfer)	**1 660 / 39 800**
Ovarian stimulation cancelled before oocyte pick-up	**250 / 6 000**
IVF procedure without embryo transfer (completed stimulation cycle with oocyte pick-up, embryo culture until day 3, without embryo transfer due to not obtaining any embryos suitable for embryo transfer or cryopreservation)	**1 500 / 36 000**
STD testing (1 person)	**85 / 2 000**
Choice of IVF specialist on request (OPU, KET) – weekend, bank holiday	**170 / 4 000**
Choice of IVF specialist on request (OPU, KET) – weekday	**65 / 1 500**
Choice of coordinator on request (OPU, KET) – weekend, bank holiday	**45 / 1 000**
ICSI (intracytoplasmic sperm injection), **price for 1 – 8 oocytes**	**400 / 10 000**
PICSI (ICSI of a preselected sperm), **price for 1 – 8 oocytes**	**600 / 15 000**
Additional charge for ICSI, PICSI – 1 oocyte (in case of more than 8 oocytes)	**45 / 1 000**
MACS (magnetic-activated sperm sorting)	**300 / 7 500**
MFSS (microfluidic sperm sorting)	**300 / 7 500**
Activation of sperm motility (medium for stimulation of immobile but living spermatozoa)	**130 / 3 000**
Sanakin® - application in uterus	**340 / 8 500**
- application in ovaries (including general anaesthesia)	**570 / 14 000**
Extended culture (mandatory, until 5th, 6th day of embryo development, fully refunded if not performed)	**300 / 7 500**
Embryo culture in Geri incubator with integrated embryo monitoring system (mandatory, 50% off if no mature oocyte found)	**400 / 10 000**
Assisted hatching (disruption of the zona pellucida by a laser)	**220 / 5 500**
TESE (testicular sperm extraction under general anaesthesia)	**760 / 18 000**
1 dose of sperm of an anonymous donor from the SH cryobank (the donor has undergone genetic testing, STD testing according to Czech legislative requirements, semen analysis, function tests of sperm including DNA fragmentation)	**360 / 9 000**
Natural cycle (even without gaining oocytes) (consultation with an IVF specialist, oocyte pick-up, embryo transfer. *We do not recommend this method*.)	**760 / 18 000**
Surrogacy (additional charge to IVF cycle)	**635 / 15 000**
Blood hCG examination after ET, KET, IUI, AIUI	**10 / 250**
2. ANDROLOGICAL PROCEDURES	**Price in EUR / CZ**
IUI (intrauterine insemination)	**180 / 4 205**
Basic semen analysis including sperm morphology according to WHO 2010	**free of charge**
Trial wash test (TW) – functional test for processing the sperm	**45 / 1 000**
Test of sperm DNA integrity (DNA fragmentation test)	**160 / 4 000**
Antisperm antibody test	**55 / 1 200**
Sperm functional tests (TW + DNA fragmentation test + antisperm antibody test)	**190 / 4 500**
PCT (postcoital test)	**50 / 1 250**
Microbiological examination of semen	**85 / 2 000**

3. CRYOPRESERVATION	Price in EUR / CZ
Cryopreservation (freezing) of the first embryo (one embryo per carrier)	**170 / 4 000**
Cryopreservation (freezing) of each additional embryo (one embryo per carrier)	**85 / 2 000**
Frozen embryo transfer (ultrasound scan before FET, planning, embryo defrosting, FET**)**	**520 / 13 000**
Cryopreservation of sperm	**170 / 4 000**
Storage of frozen embryos / oocytes / sperm – 1 month	**15 / 350**
Storage of frozen embryos / oocytes / sperm in quarantine – 1 month	**85 / 2 000**
Defrosting of 1 carrier of oocytes / embryos	**130 / 3 000**

4. PREIMPLANTATION GENETIC TESTING OF EMBRYOS (PGT)	Price in EUR / CZ
Preparation for biopsy of embryos Additional charge only if covered by health insurance, regardless of the number of embryos, if not performed it will not be returned	**200 / 5 000**
Biopsy of 1, 2, 3 (and more) embryos for PGT testing Additional charge only if covered by health insurance	**200, 300, 410 / 5 000, 7 000, 9 500**
Biopsy and PGT-A, PGT-SR of 1 embryo (aneuploidy and structural changes, NGS method) *If PGT cannot be done, 200 € will be deducted from the refund as the cost for the preparation of the material.* (covered by health insurance in case of indication)	**1 055 / 25 000**
Biopsy and PGT-A, PGT-SR of each additional embryo	**340 / 8 000**
PGT-A, PGT-SR of a frozen embryo – first embryo (defrosting, biopsy, genetic testing, recryopreservation)	**1 355 / 32 000**
PGT-A, PGT-SR of a frozen embryo – each additional embryo (defrosting, biopsy, genetic testing, recryopreservation	**550 / 13 000**
PGT-M karyomapping, examination of reference samples (monogenic disease, is not performed again in the future with another PGT-M) (covered by health insurance in case of indication)	**1 600 / 40 000**
PGT-M examination of 1 embryo (covered by health insurance in case of indication)	**500 / 12 500**
Additional charge for PGT-M of partner if not covered by his health insurance	
PGT-M karyomapping examination of reference samples	**800 / 20 000**
PGT-M karyomapping, examination of 1 embryo	**250 / 6 250**
Sanger sequencing (direct mutation detection if there is no reference to carrying out PGT-M through PGT-M karyomapping, additional payment)	**600 / 15 000**

If a medical procedure is not connected with the treatment, VAT is added to the price.

By signing, I confirm that I agree with the prices of services, all questions have been explained to me and I undertake to pay in time according to the agreement. I agree that the witness for the verification of the validity of the signature is an authorized employee of SANATORIUM Helios, Ltd.

Employee providing information: _____ _____
name, surname (in capital letters) signature

Patient: _____ _____
name, surname (in capital letters), date of birth signature

Witness: _____ _____
name, surname (in capital letters) signature

In Brno: _____