



# Fertility Testing Workbook

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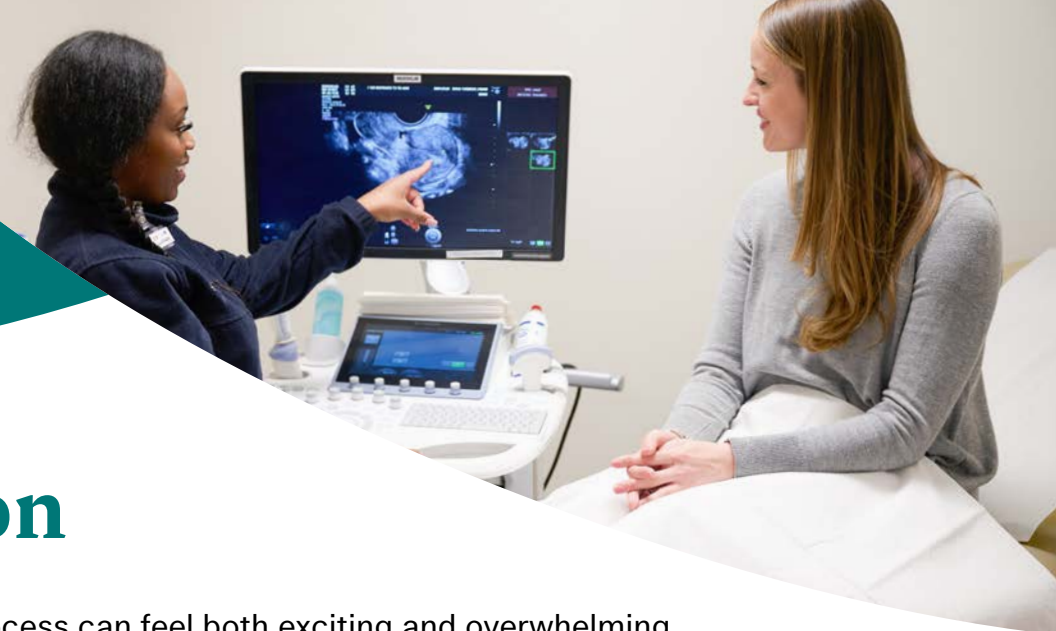
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## Introduction

Starting the fertility testing process can feel both exciting and overwhelming. You may have a lot of questions: *What tests will I need? When will I have them done? How will I keep track of it all?*

This guide was created to give you clarity, confidence, and an easy way to track your progress. Inside, you'll find:

- **A clear explanation of each test:** what it tells us, how it's performed, and what to expect before, during, and after
- **Guidance on tests**, when they are scheduled and how they fit into your cycle
- **A printable checklist and calendar** to track progress and next steps
- **Answers to common questions**, plus a glossary of fertility terms
- **Links to trusted resources** so you can dig deeper

**Remember:** Your Care Team is happy to answer any questions you have along the way.

## Practicing Self-Care on Your Fertility Journey

While some patients move through the fertility testing and treatment process with relative ease, others find it more difficult. At Illume Fertility, we provide holistic support from start to finish, and that includes addressing both physical and emotional health. If you'd like additional support at any point, we offer a variety of resources to help:

- Mental health counseling
- Fertility acupuncture
- Nutrition counseling
- Health coaching
- Support groups

# Introduction

*continued*

## A Note on Weight & Fertility

Body size can play a role in fertility, but it is only one part of your overall health picture. When a person's body mass index (BMI) is very low or high, it can sometimes affect ovulation, impact how the ovaries respond to medications, or increase certain risks during pregnancy.

Because BMI is also used to ensure safety during procedures requiring anesthesia, Illume's anesthesiologists currently require a BMI under 45 for procedures like egg retrieval, and a BMI under 50 for non-IVF procedures such as IUI. These guidelines help us keep every patient safe.

However, they do not reflect your worth, your ability to become a parent, or how committed we are to supporting you. It's also important to remember that BMI is a limited tool. It does not account for muscle mass, body composition, or individual health differences, so your Care Team will always consider your whole health, not just a number.

We understand that conversations about weight can be sensitive and that making health changes can feel overwhelming. But you don't have to do it alone. Our specially-trained nutritionists and health coaches offer supportive, non-judgmental guidance to help you make sustainable changes at a pace that feels manageable. To connect with our team, just ask your Patient Navigator.





## Why Is Fertility Testing So Important?

Fertility testing is the foundation of your personalized treatment plan. At Illume Fertility, we believe in a thorough, data-driven approach - because the more we know about your reproductive health, the better we can help you reach your goal.

Through fertility testing, we can:

- Identify underlying issues impacting fertility (for one or both partners)
- Save you time, money, and emotional energy by identifying the most effective path
- Avoid unnecessary procedures or medications
- Provide baseline measurements to track progress

Fertility challenges can arise from ovulatory disorders, diminished ovarian reserve, sperm factors, uterine or tubal issues, or other medical conditions. Comprehensive testing helps ensure nothing is overlooked.

## What to Expect During Fertility Testing

Your fertility evaluation may involve a variety of tests to assess your reproductive health. We typically break fertility testing into these four categories:

1

**Bloodwork** to measure hormone levels

2

**Imaging** (ultrasounds, X-rays) to visualize your reproductive organs

3

**Procedures** to check for structural issues

4

**Semen analysis** for male partners to assess sperm quality

Before we dive into the world of fertility testing, let's review some reproductive health basics.

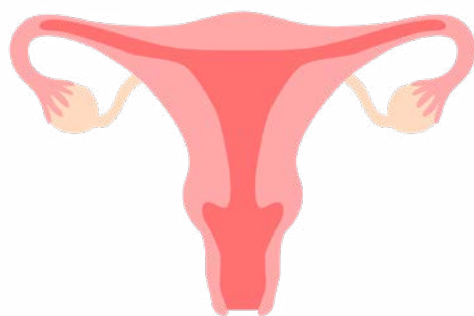


# Reproductive Health 101

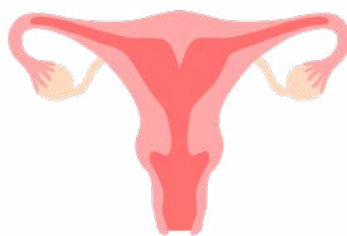
## Uterine Environment

For a pregnancy to begin, the uterine lining must respond to hormones and provide a clear, healthy space for an embryo to implant. Certain factors can interfere with this process, such as polyps, fibroids, or scar tissue.

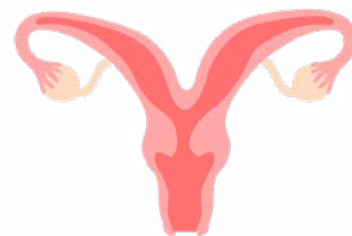
Some differences are present from birth (congenital) and may affect the size or shape of the uterine cavity, while others develop later in life. Fibroids in particular can sometimes grow in locations that disrupt implantation, making them important to identify and address during fertility testing.



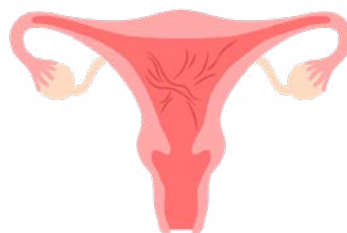
Normal uterus



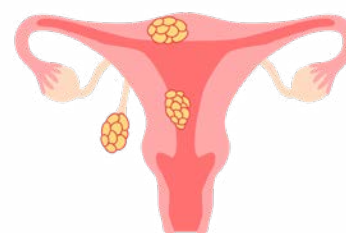
Uterus with congenital anomaly



Uterus with congenital anomaly



Uterus with scar tissue



Uterus with fibroids

# Reproductive Health 101

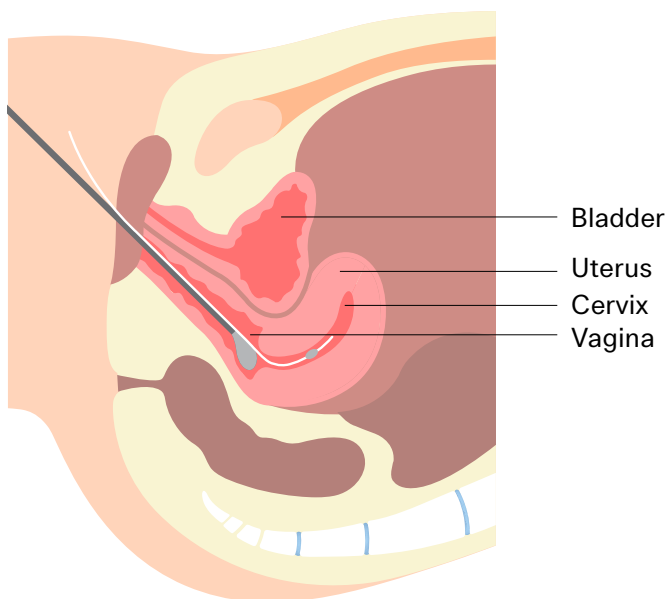
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To evaluate the uterine environment, your doctor will perform a saline sonohysterogram (SHG). This involves gently introducing a small amount of sterile saline into the uterus during an ultrasound. This temporarily separates the uterine walls so the provider can clearly view the cavity. This in-office procedure takes around 10-15 minutes.

The test is usually performed between days 5-10 of the menstrual cycle (or while on birth control pills). Some people feel mild to moderate cramping as the saline is infused. Taking an over-the-counter pain reliever (e.g., 400-800mg of ibuprofen) 45 minutes prior can help reduce any discomfort.

If you have a history of pelvic pain, sexual trauma, anxiety, or medical trauma, please tell your Care Team so we can discuss comfort options ahead of time and move at a pace that feels safe for you. You are encouraged to let us know at any point if you need a pause or repositioning.

If polyps, fibroids, or scar tissue are found, they can often be removed with a simple in-house procedure called a hysteroscopy, which helps restore the best possible environment for embryo implantation and pregnancy.



# Reproductive Health 101

*continued*

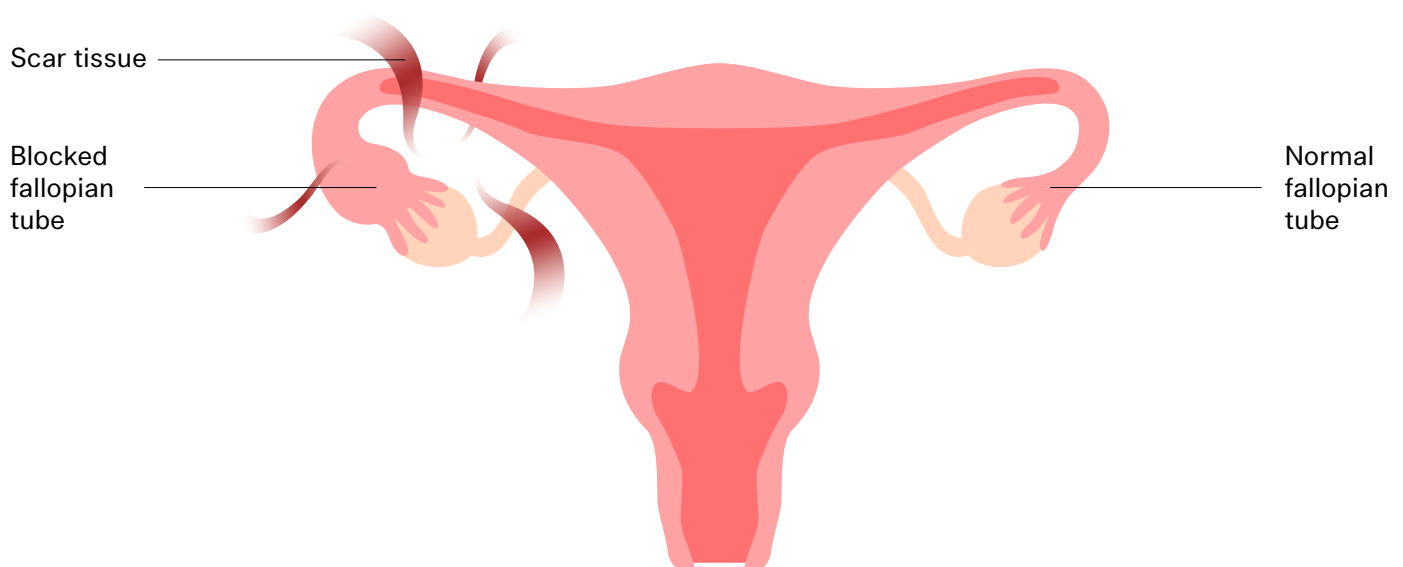
## Fallopian Tube Health

The fallopian tubes play an essential role in conception, serving as the pathway where the egg and sperm meet. If one or both tubes are blocked or damaged, fertilization can be more difficult. Common causes include prior infections, endometriosis, or scar tissue. Testing the tubes helps determine whether they are open and functioning normally so your Care Team can guide you toward the most effective next steps.

### How We Check Tube Health

A hysterosalpingogram (HSG) is an X-ray procedure that uses contrast dye to assess whether the tubes are open. A thin catheter is gently inserted through the cervix, dye is introduced, and images are taken as it moves through the uterus and tubes.

Some people experience mild to moderate cramping during the procedure. If you have a history of pelvic pain, sexual trauma, or medical anxiety, please tell us so we can walk through each step, go slowly, and help you stay comfortable. Taking 400 to 800mg of ibuprofen beforehand can also help reduce cramping.





# Reproductive Health 101

*continued*

## Understanding the Menstrual Cycle

While some tests can be performed at any time, others (like hormone panels) must be performed on specific days of your cycle. Your Care Team will walk you through exactly when to schedule each one and answer any questions you may have along the way.

### What is Cycle Day 1?

Cycle Day 1 (CD1) refers to the first day of full menstrual flow during your cycle - not just spotting or light pink/brown discharge.

- If you start bleeding in the morning or afternoon, that counts as CD1.
- If you only have light spotting, keep tracking! CD1 starts when you have steady, red bleeding that continues throughout the day.

This distinction ensures your test timing is accurate and your results are reliable.

### For Transgender & Nonbinary Patients

If you take gender-affirming hormones or do not currently menstruate, you can still complete fertility testing. Your provider will adjust the timing of certain tests or use ultrasound and lab monitoring instead of cycle-based scheduling. You do not need to be having periods to begin fertility testing.

### Phases of the Menstrual Cycle

While every body is unique, here's a general breakdown of a typical 28-day cycle (shorter or longer cycles still follow these same phases, though timing may be trickier to identify):

#### 1. Menstrual Phase (Days 1–5)

- The uterine lining is shed, causing bleeding.
- Hormone levels are low.
- Commonly when Day 3 hormone testing and baseline ultrasounds are performed.

# Reproductive Health 101

*continued*

## **2. Follicular Phase (Days 1–13)**

- Overlaps with menstrual phase at the start.
- Follicle-stimulating hormone (FSH) stimulates the growth of multiple ovarian follicles.
- Estradiol (estrogen) levels rise as follicles mature.
- This is when your Care Team may monitor follicle growth via ultrasound.

## **3. Ovulation (Around Day 14)**

- Triggered by a surge in luteinizing hormone (LH).
- The mature follicle releases an egg into the fallopian tube.
- Progesterone begins to rise in preparation for a possible pregnancy.

## **4. Luteal Phase (Days 15–28)**

- Progesterone levels remain elevated to support implantation.
- If no pregnancy occurs, hormones drop and your next period begins.
- Day 21 progesterone testing often takes place 7 days after ovulation (not necessarily on the literal 21st day of your cycle if your cycle is longer or shorter than 28 days).

## **Why Timing Matters for Fertility Testing**

Many fertility tests must be performed during specific phases to ensure accuracy.

For example:

- Day 3 bloodwork must be done in the early follicular phase to reflect true baseline hormone levels.
- HSG and saline sonogram are typically done after menstrual bleeding stops but before ovulation to get the clearest view of the uterus and fallopian tubes.

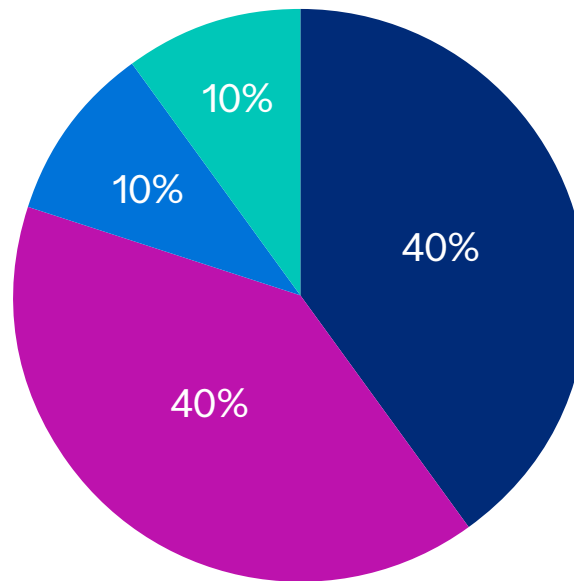
By clearly identifying CD1 and understanding each phase of the menstrual cycle, you'll be better prepared to schedule and complete your tests at the right time.

# Reproductive Health 101

*continued*

## Causes of Infertility

- Male Factor
- Female Factor
- Combined
- Unexplained



## Male Fertility Testing

Male factor infertility plays a role in about half of heterosexual couples who experience difficulty conceiving. For this reason, evaluating sperm health is an important part of the fertility workup.

Testing usually begins with a comprehensive medical history and a **semen analysis**. If the results raise concerns, a referral to a urologist for a physical exam may be recommended. Sharing a full history of medications, supplements, past procedures or surgeries, and lifestyle factors (such as smoking, alcohol, or marijuana use) helps your care team interpret results accurately.

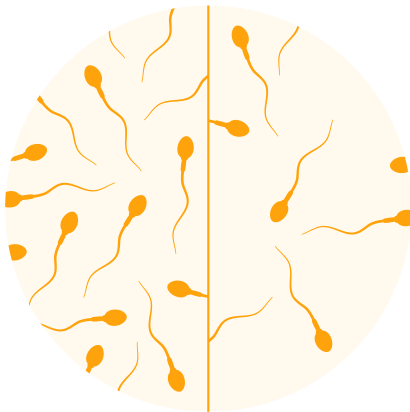
### Important Note on Inclusive Language

This section applies to anyone who produces sperm, which may include cisgender men, transgender women, transgender men who have not undergone certain surgeries, and some nonbinary people. Your Care Team will always discuss which tests are relevant for your anatomy and family-building goals so you feel seen, respected, and supported.

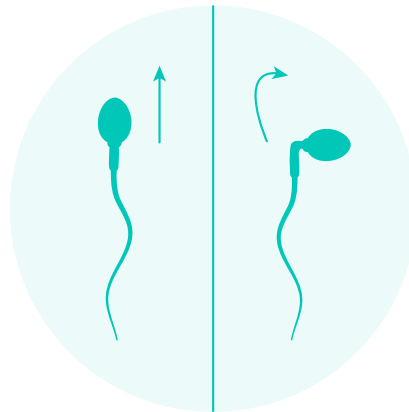
# Reproductive Health 101

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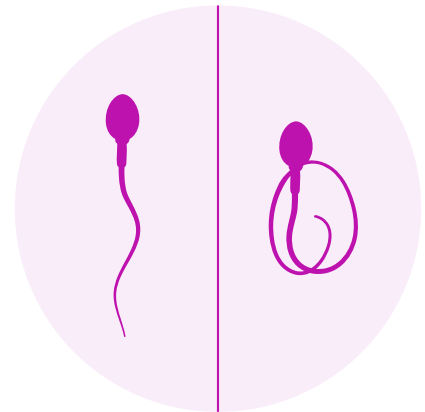
The primary test, the semen analysis, provides a snapshot of sperm health. It measures:



**Concentration**  
(how many sperm are present)



**Motility**  
(how well they move)



**Morphology**  
(shape and structure)

Sperm cells are produced continuously in a roughly 2–3 month cycle. Because of this, results can fluctuate over time, and a single abnormal result does not automatically mean infertility. Instead, your provider considers all test findings together to determine next steps and create a personalized treatment plan.

## Understanding Ovarian Reserve

Women are born with all the eggs (oocytes) they will ever have. This supply gradually decreases throughout life until very few remain by the time of menopause. Testing for ovarian reserve looks at the quantity of available eggs. This is done through bloodwork (biochemical testing) and ultrasound, which together give a snapshot of where someone falls along their fertility continuum.

When it comes to egg quality, age is the strongest indicator. The process of cell division requires a lot of energy, and eggs that have aged may not function as effectively as younger eggs. As egg quality declines, the risk of aneuploidy (an abnormal number of chromosomes in the embryo) increases. This can make conception more difficult and is a common cause of pregnancy loss later in life.

### Measuring Hormone Levels

Blood work helps estimate the quantity of eggs available. Common tests include:

- **Follicle stimulating hormone (FSH)** – measured on cycle days 2–4.  
Poor-quality follicles or a lower number of follicles can result in elevated FSH. Other hormone levels are also checked to ensure the reading is valid.
- **Luteinizing hormone (LH)** – typically measured alongside FSH for context.
- **Anti-Müllerian hormone (AMH)** – can be drawn at any point in the cycle.  
Low AMH levels are associated with diminished ovarian reserve. This test is often performed at the same time as infectious disease screening.



# Understanding Ovarian Reserve

*continued*

## Ultrasound (Antral Follicle Count)

Each month, a small group of follicles (fluid-filled sacs containing eggs) are “recruited” in the hope that one will become dominant, ovulate, and potentially result in pregnancy. An ultrasound performed on cycle days 2–4 can measure the number of small (2–10 mm) antral follicles present. This is called the **Antral Follicle Count (AFC)**.

Because these follicles produce AMH, AFC and AMH levels are related: more follicles typically mean higher AMH levels, while fewer follicles mean lower AMH. While there is no universally agreed-upon “normal” AFC, results showing fewer than 3–6 follicles are generally considered concerning.



# Fertility Testing 101

Below you'll find a full breakdown of each test, including what the test reveals about your fertility, how it is performed, timing, cost, and when you can expect to receive your results.

**Note:** The following tests are often performed as part of a standard fertility evaluation.

Your Care Team will confirm your personalized testing plan before the diagnostic process begins.

## Anti-Müllerian Hormone (AMH)



### Purpose

Estimates ovarian reserve (remaining egg supply). Lower levels may indicate fewer eggs or declining fertility potential.



### Timing

Any day of the menstrual cycle.



### Results

Available within a few days.



### Costs

Often covered by insurance; self-pay \$80–\$150.



### What to Expect

Simple blood draw; no special preparation; resume normal activities immediately.

# Fertility Testing 101

continued

## Baseline Ultrasound (with Antral Follicle Count)



### Purpose

An early-cycle ultrasound that assesses the reproductive system before treatment. It typically includes the **Antral Follicle Count (AFC)** to measure small resting follicles, plus an evaluation of the uterine lining, ovarian health, and pelvic anatomy to check for cysts, abnormalities, and estimate ovarian reserve.



### Timing

Cycle Day 2–5



### Results

Immediate verbal summary from the provider, including AFC results; full written report within 1–2 days.



### Costs

Often covered by insurance; self-pay \$200–\$400.



### What to Expect

Transvaginal ultrasound performed by inserting a thin probe into the vagina; mild pressure but typically no pain; you can resume normal activities immediately afterward.

# Fertility Testing 101

continued

## Cycle Day 3 Bloodwork



### Purpose

Measures key reproductive hormones (FSH, LH, Estradiol, and sometimes AMH) to assess ovarian reserve and overall reproductive health.



### Timing

Cycle Day 3 (third day of menstrual bleeding).



### Results

Available within a few days.



### Costs

Often covered; self-pay \$150–\$300 depending on panel.



### What to Expect

Standard blood draw; no special preparation; resume normal activities immediately.

## Cycle Day 21 Progesterone Test



### Purpose

Measures progesterone to confirm ovulation and assess luteal phase function.



### Timing

Approximately 7 days after ovulation (often called “Day 21” in a 28-day cycle).



### Results

Available within a few days.



### Costs

Often covered; self-pay \$50–\$100.



### What to Expect

Standard blood draw; no special preparation; resume normal activities immediately.

# Fertility Testing 101

continued

## Genetic Carrier Screening



### Purpose

Identifies whether a person carries genes for inherited conditions to reduce the risk of passing them on.



### Timing

Any time before conception or fertility treatment.



### Results

Typically available in 2–3 weeks.



### Costs

Insurance coverage varies; self-pay \$250–\$600.



### What to Expect

Blood or saliva sample; no special preparation; resume normal activities immediately.

## Hysterosalpingogram (HSG)



### Purpose

Evaluates fallopian tube openness and uterine cavity shape; detects blockages or abnormalities.



### Timing

Cycle Days 6–12 (after bleeding stops, before ovulation).



### Results

Immediate preliminary read; full report in 1–2 days.



### Costs

Insurance coverage varies; self-pay \$500–\$1,000.



### What to Expect

X-ray with contrast dye inserted through a thin, flexible catheter into the cervix; mild to moderate cramping possible; over-the-counter pain relief recommended; resume normal activities afterward, though spotting may occur.

See page 8 for additional details.



# Fertility Testing 101

continued

## Saline Sonohysterogram (SHG)



### Purpose

Evaluates the uterine cavity for polyps, fibroids, or scar tissue.



### Timing

Cycle Days 5–10.



### Results

Immediate preliminary findings; final report within 1–2 days.



### Costs

Insurance coverage varies; self-pay \$400–\$800.



### What to Expect

Saline introduced into the uterus during a transvaginal ultrasound; mild to moderate cramping possible; over-the-counter pain relief recommended; resume normal activities afterward.

See page 7 for additional details.

# Fertility Testing 101

continued

## Semen Analysis



### Purpose

Assesses sperm count, motility, and shape; detects male factor infertility.



### Timing

Any time; 2–5 days of abstinence recommended before collection.



### Results

Usually available in 1–3 days.



### Costs

Often covered; self-pay \$100–\$250.



### What to Expect

Sample collection via masturbation in a private room at your clinic or at home (if able to deliver quickly to the lab); no recovery time needed.

## Who This Test Applies To

A semen analysis is recommended for anyone with testicles who produces sperm, regardless of gender identity. If you are pursuing fertility care as a same-sex couple, as a single parent by choice, or as a transgender or nonbinary patient, your team will guide you through whether this test applies to you and how it fits into your overall plan.



## Specialized Diagnostic Procedures

These are not part of routine fertility testing. They're only recommended if initial, less invasive tests suggest a possible issue, or if infertility remains unexplained after standard evaluation.

### Endometrial Biopsy



#### Purpose

Removes a small sample of the uterine lining to check for inflammation (endometritis), abnormal cells, or hormone-related changes. Sometimes used to investigate recurrent implantation failure or recurrent pregnancy loss.



#### Timing

Scheduled during the luteal phase of the cycle.



#### Results

Lab analysis available within several days.



#### What to Expect

Thin catheter inserted through the cervix to collect a small tissue sample; mild cramping possible.

# Specialized Diagnostic Procedures

continued

## Endometrial Receptivity Analysis (ERA)



### Purpose

Genetic test of a uterine lining sample to identify the optimal “window of implantation” for embryo transfer.



### Timing

Performed during a mock embryo transfer cycle to replicate treatment timing.



### Results

Available in about 2–3 weeks.



### What to Expect

Endometrial biopsy;  
mild cramping possible.

## Hysteroscopy



### Purpose

Uses a thin camera to look directly inside the uterus to check for and sometimes treat problems like polyps, scar tissue, or fibroids.



### Timing

Scheduled based on cycle and findings from other tests.



### Results

Visual findings are immediate; lab results from any samples within a few days.



### What to Expect

Scope inserted through the cervix; may be done with local anesthesia or sedation; mild cramping afterward.

# Specialized Diagnostic Procedures

continued

## Laparoscopy



### Purpose

Minimally invasive surgery to examine the pelvic organs for conditions like endometriosis, pelvic adhesions, or blocked fallopian tubes.



### Timing

Scheduled if other tests don't explain infertility or suggest pelvic issues.



### Results

Surgical findings shared after the procedure.



### What to Expect

Small abdominal incisions under general anesthesia; recovery in days to weeks.

## Sperm DNA Fragmentation Test



### Purpose

Evaluates the integrity of sperm DNA, which can affect embryo quality and pregnancy outcomes.



### Timing

Performed on a semen sample.



### Results

Available within 1–2 weeks.



### What to Expect

Sample collected in a clinic or at home (delivered quickly to lab).



# Specialized Diagnostic Procedures

*continued*

## Testicular Biopsy



### Purpose

Obtains small samples of testicular tissue to look for sperm in cases where none are present in the ejaculate (azoospermia) or to evaluate sperm production. For fertility purposes, the most common approach is TESE (Testicular Sperm Extraction).



### Timing

Scheduled if semen analysis shows no sperm and other tests suggest sperm may be retrieved directly from the testes.



### Results

Lab analysis available in several days.



### What to Expect

Performed under local or general anesthesia; mild discomfort afterward.



# Fertility Testing FAQ

## How long does fertility testing usually take?

Most initial fertility testing can be completed within one menstrual cycle. Some blood tests can be done any day, while others must be done on specific cycle days. Imaging tests are often scheduled in the first half of the cycle.

## Will I need to undergo all of these tests?

No. Your provider will recommend the tests that best fit your medical history, symptoms, and family-building goals. Some patients only need a few core tests, while others may require more specialized procedures.

## Do these tests hurt?

Most fertility tests involve minimal discomfort, such as a standard blood draw or ultrasound. Some procedures, like an HSG or SHG, may cause mild to moderate cramping, which can be eased with over-the-counter pain relief (e.g., ibuprofen).

## Can I do fertility testing if I'm not ready to start treatment yet?

Yes. Many people choose to have testing done in advance to understand their fertility health and plan ahead, even if they aren't ready to start treatment right away. Most test results are valid for six months. Your provider will let you know if anything needs to be updated before you begin treatment.

## Do I need to be on my period for testing?

Some tests, like Cycle Day 3 bloodwork or baseline ultrasound, are scheduled early in the menstrual cycle (usually days 2–5). Others can be done at any time. Your Care Team will give you specific instructions.

# Fertility Testing FAQ

*continued*

## **Will I need to repeat these tests if I don't start treatment right away?**

Most fertility testing results are valid for about six months, but this can vary depending on the specific test. Your doctor will advise if any tests need to be repeated.

## **Will my insurance cover fertility testing?**

Coverage varies widely depending on your insurance plan and state mandates. Your Financial Coordinator can check your benefits and provide self-pay estimates if needed.

## **Can fertility testing be done if I don't have regular cycles?**

Yes. If your cycles are irregular, your provider can help time certain tests based on your symptoms or use medications to help schedule them.

## **I have a male partner, will they need testing too?**

In most cases, yes. A semen analysis is a simple, important part of fertility evaluation, since male factor infertility accounts for about 40–50% of cases.

## **Can I bring my partner to these appointments?**

Yes, partners are welcome to attend any appointments unless otherwise noted.

## **What happens if my results are abnormal?**

Your provider will review all results with you, explain what they mean, and recommend next steps - whether that's continuing to try on your own, make lifestyle adjustments, or start treatment.

## **Do both partners in a same-sex couple need fertility testing?**

In many cases, yes. Even if only one partner plans to carry a pregnancy or provide sperm, fertility testing offers important information about each person's reproductive health and can help identify any factors that might affect treatment choices or timelines.

For same-sex female couples, both partners may choose to complete testing to explore options like reciprocal IVF or future family-building. For same-sex male couples, semen analysis for both partners helps assess sperm health and guide decisions around embryo creation and genetic testing.

Your Care Team will help you decide which tests are relevant based on your goals, anatomy, and long-term plans.

# Fertility Testing FAQ

*continued*

## **Why don't you list exact pricing?**

Fees vary based on lab partners, insurance contracts, coverage status, and periodic updates to medical guidelines. Price ranges give a general idea of what to expect. Your Illume Financial Coordinator will review exact pricing with you after confirming the above details.



## Meet Your Care Team

At Illume Fertility, you'll be supported by a team of experienced, compassionate professionals, each with a unique role in guiding you through your fertility journey.

### **Fertility Doctor (Reproductive Endocrinologist)**

Leads your medical care, orders and interprets tests, diagnoses issues, and creates a personalized treatment plan. You'll meet with your primary doctor for your initial consultation (and follow-up consultation after completing testing), key milestones, and major decisions.

### **Advanced Practice Providers (Nurse Practitioners & Physician Assistant)**

Performs certain procedures (ultrasounds, SHG, HSG) and some monitoring visits, working closely with your doctor to keep your care seamless.

### **Fertility Nurse**

Your point person for cycle updates, medication instructions, and clinical questions. Coordinates your testing, treatments, and medications while keeping you informed and supported.

### **Medical Assistant**

Takes vitals, prepares you for procedures, collects lab samples, and assists with procedures—often the first friendly faces you see at appointments.

### **Patient Navigator**

Your day-to-day contact who guides you through each stage, coordinates appointments, connects you to resources, and answers logistical questions so you always know what's next.



# Meet Your Care Team

*continued*

## **Financial Coordinator**

Reviews insurance coverage, outlines costs, and explains payment options so you can plan ahead and avoid surprises.

## **Third-Party Reproduction Team**

Supports patients using donor sperm, donor egg, donor embryo, or a gestational carrier (surrogate), coordinating with outside agencies and legal professionals to simplify the process.

## **Additional Support**

Our Integrated Fertility & Wellness (IFW) Program offers in-house acupuncture, nutrition counseling, mental health resources, and community events to help reduce stress, improve well-being, and support your journey.



# Glossary of Fertility Testing Terms

Navigating the world of fertility can be overwhelming at times - particularly when it comes to learning new terminology. Here are some commonly used terms you may encounter during this process:

**Andrology:** The medical specialty focused on male reproductive health, including the diagnosis and treatment of conditions that affect male fertility and sexual function.

**Anovulation:** When no egg is released during the menstrual cycle, preventing natural conception.

**Azoospermia:** A condition where no sperm are present in the ejaculate.

**Corpus Luteum:** Temporary gland that forms in the ovary after ovulation, producing progesterone to support early pregnancy.

**Endometrium:** The lining of the uterus that thickens each cycle to prepare for possible embryo implantation.

**Estrogen:** A group of hormones that regulate the menstrual cycle and prepare the uterus for pregnancy.

**Fallopian Tube:** The tube that carries an egg from the ovary to the uterus; site of fertilization.

**Fibroid/Myoma:** Noncancerous growth in the uterus that can affect fertility or cause symptoms.

**Follicle:** A fluid-filled sac in the ovary that contains an immature egg.

**Luteinizing Hormone (LH):** A hormone that triggers ovulation and supports early luteal function.

**Luteal Phase:** The second half of the menstrual cycle, after ovulation, when progesterone prepares the uterus for implantation.

**Morphology (Sperm):** The shape and structure of sperm.

**Motility (Sperm):** The ability of sperm to move effectively.

**Myomectomy:** Surgical removal of uterine fibroids.

**Premature Ovarian Failure (POF) / Primary Ovarian Insufficiency (POI):** When the ovaries stop functioning normally before age 40.

**Varicocele:** An enlargement of the veins in the scrotum that can affect sperm production and quality.



## Moving Forward

Fertility testing is the first step in understanding your unique path to parenthood. While the process can feel overwhelming at times, these tests provide valuable answers that help guide you and your Care Team toward the best treatment options for your individual needs.

No two journeys are alike, and having clear information about your reproductive health can help you feel more confident and supported as you take your next steps. At Illume Fertility, we're here to walk beside you with expertise, compassion, and care - helping you move from uncertainty to clarity, and from hope to possibility.

### Explore More Resources

Scan the QR codes below to access helpful tools, support services, and next steps as you move through your fertility journey.



Fertility Testing



Costs & Coverage



Men's Fertility Hub



Learning Center



# Fertility Testing Calendar

Many fertility tests need to be performed on specific days of your menstrual cycle. Tracking your Cycle Day 1 (CD1) and knowing your typical cycle length helps your Care Team schedule each test at the right time and avoid unnecessary delays.

The printable calendar on the next page is designed to help you stay organized as you move through the diagnostic process. Use it to record when CD1 begins, which tests are scheduled for each cycle day, and any results or notes you want to remember. Bringing this with you to appointments can also help your team answer questions and keep everything on track.

Staying aware of your cycle timing can make the entire process feel more manageable, giving you a clear view of what's coming next and helping you feel confident and prepared every step of the way.

# Fertility Testing Calendar

## How to Use It

1. When your full menstrual flow starts, mark it as CD1.
2. Use this calendar to record which tests are scheduled for each cycle day.
3. Note the date the test is performed and your results (if you have them) so you can refer back later.

## Tips for Staying on Track

- **Call us on Cycle Day 1 (CD1):**  
If your testing needs to be scheduled early in the cycle, contact your Care Team as soon as your period begins.
- **Avoid rescheduling:** Missing your window can mean waiting until the next cycle.
- **Use reminders:** Set phone alerts or mark your paper calendar for important testing days.

Timing	Test or Event	Purpose	Date Scheduled	Date Completed	Results/Notes
CD1	Start of period	Establishes baseline for cycle tracking			
CD2–4	Day 3 Hormone Testing & Baseline Ultrasound	Evaluates ovarian reserve, hormone levels, and uterine/ovarian health			
CD5–12	Saline Sonohysterogram (SHG) and Hysterosalpingogram (HSG)	Checks uterus and fallopian tubes for blockages or abnormalities			
CD5–12	Antral Follicle Count (AFC) Ultrasound	Counts small resting follicles to assess ovarian reserve			
CD7–14	Mid-Cycle Monitoring (if applicable)	Tracks follicle growth and lining thickness			
~CD14	Ovulation	Key reference point for luteal phase testing			
CD19–23	Luteal Phase Progesterone Test	Confirms ovulation and progesterone levels			
Any Day	Infectious Disease Screening	Required before treatment			
Any Day	Genetic Carrier Screening	Checks for inherited conditions			
Any Day	Semen Analysis (if applicable)	Evaluates sperm health			





# Your Path to Parenthood Starts Here

## Already a patient?

Keep this guide handy as you move forward in your journey, and reach out to your Care Team directly for any specific questions.

## New to Illume Fertility?

Contact our New Patient Liaison Team at (203) 750-7400 or visit [illumefertility.com](http://illumefertility.com) to learn more and schedule your consultation.

**Get Started**

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