

Is the EuMAR registry already in place?

Currently, the EuMAR registry is being tested in a **pilot study**, which is running from 1 July to 31 December 2024. Based on the feedback during the study, it may be revised and improved before being implemented in the long term.

Share your views!

Please complete a **brief survey on our website** to help us ensure that the EuMAR registry meets patients' needs. Scan the QR code to access the survey:



We are looking forward to hearing from you!



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The European monitoring of Medically Assisted Reproduction (EuMAR)

WHAT PATIENTS NEED TO KNOW



What is EuMAR?

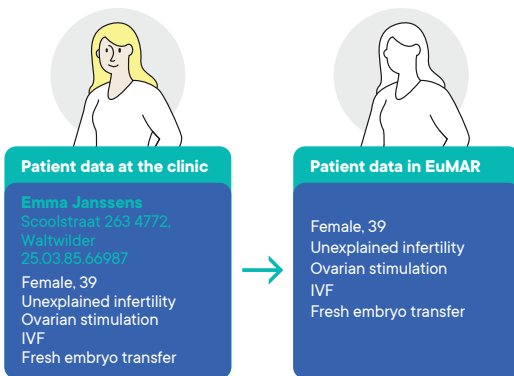
EuMAR is a project aiming to create a **registry of medically assisted reproduction treatments** within the European Union (EU).

Why do we need the EuMAR registry?

Registries of medically assisted reproduction treatments are crucial to better understand treatment outcomes and gather continuous information about the efficacy and safety of treatments. EuMAR aims to provide patients and clinicians with data on the **real chances of achieving a live birth** over an entire course of treatment. It will also provide fertility clinics with statistics that can help them maintain and improve their **quality standards for patient care**. In the end, the goal is to contribute to better treatments for patients.

Which data is collected by EuMAR?

Only clinically relevant data for research purposes, monitoring, and quality management is collected. Data on your identity like **your name, address or your personal ID will not be collected** by EuMAR.



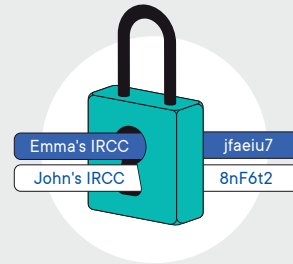
To ensure that the data on your treatments is as accurate and comprehensive as possible, it is important that you request a ClinicSwitch Code in case you move to a different clinic.

How EuMAR collects non-identifiable data on patient trajectories across clinics.

In the example below, Emma and John are a couple seeking the services of two subsequent fertility clinics. EuMAR aims to collect non-identifiable data of the whole treatment course ultimately leading to the birth of their healthy son.

1.

Emma and John are scheduled to undergo an intrauterine insemination (IUI). Their doctor requests **Individual Reproductive Care Codes (IRCCs)** for both of them, which he uses to send data on the insemination to the EuMAR registry.



2.

When sending the data to the EuMAR registry, the **IRCCs are securely encrypted** into a different code. EuMAR receives non-identifiable data on Emma's and John's treatment.

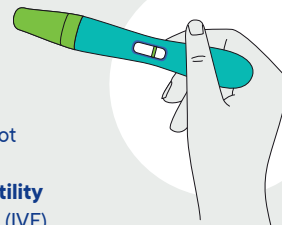
Main patient	Partner	Treatment
jfaei7	8nF6t2	IUI
jfaei7	8nF6t2	IVF
...

7.

EuMAR receives data about Emma's and John's IVF treatment. In the EuMAR registry, they appear as the same couple who has already tried IUI, but **Emma and John cannot be identified**.

3.

Unfortunately, Emma does not get pregnant. She and John decide to **go to another fertility clinic** for in-vitro fertilisation (IVF).



4.

Emma and John tell their new doctor about the previous treatment. The doctor explains that the **previous clinic should give each of them a ClinicSwitch Code**, so that the EuMAR registry can continue receiving data on their treatments.

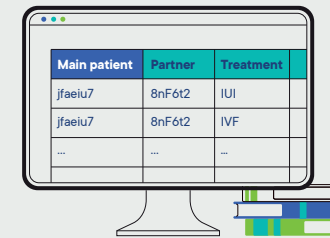


5.

Emma contacts her previous clinic. The **staff requests the ClinicSwitch Codes** and sends them to Emma and John via email.

6.

The new doctor scans the ClinicSwitch Codes and receives new IRCCs for Emma and John, which she uses to send data about their treatment to the EuMAR registry. **She cannot see the data that was sent by the previous doctor.**



8.

Emma gets pregnant and ultimately delivers a healthy son. Her doctor **sends this information to the EuMAR registry**.



9.

Together with the data of many other patients, Emma's and John's **data are used to estimate the overall chances of having a baby** after several treatment attempts.

