
“ULTRASOUND GUIDED INTRA UTERINE
INSEMINATION – A RANDOMIZED CLINICAL
TRIAL”

REG NO. BJ0108004

Dissertation

Submitted to the
KLE University, Belgaum, Karnataka

In Partial Fulfillment
of the requirements for the degree of

M. S.
in
OBSTETRICS AND GYNAECOLOGY

**DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY,
JAWAHARLAL NEHRU MEDICAL COLLEGE,
BELGAUM, KARNATAKA**

MAY - 2011

**KLE UNIVERSITY, BELGAUM,
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LIST OF ABBREVIATIONS USED

%	-	Percentage
1°	-	Primary
2°	-	Secondary
AI	-	Artificial insemination
AID	-	Assisted insemination - Donor sample
AIH	-	Assisted insemination - Husband sample
ARC	-	Assisted reproduction centre
ART	-	Assisted reproductive techniques
CC	-	Clomiphene citrate
COH	-	Controlled ovarian hyperstimulation
D	-	Day of cycle
FSH	-	Follicle stimulating hormone
hCG	-	Human chorionic Gonadotropins
HEPES	-	4-(2- Hydroxyethyl)- 1 – piperazineethanesulfonic acid
HMG	-	Human menopausal Gonadotropins
hrs	-	Hours
IU	-	International Units
IUI	-	Intra uterine insemination
Kg	-	Kilogram
LH	-	Luteinizing hormone
LMP	-	Last menstrual period
ML	-	Married Life
mm	-	Millimetre
No.	-	Number

OHSS	-	Ovarian hyperstimulation
PCOS	-	Polycystic ovarian syndrome
PR	-	Pregnancy rate
rec.FSH	-	Recombinant follicle stimulating hormone
rpm	-	Revolutions per minute
Sl. No.	-	Serial Number
TAS	-	Trans abdominal sonography
TVS	-	Trans vaginal sonography
UPT	-	Urine pregnancy test
USG	-	Ultrasonography
WHO	-	World Health Organization

ABSTRACT

Background and objective

Approximately 8 to 10% of couples remain childless against the wishes of the partners showing that infertility is a common problem. The objective of the present study was to compare the efficacy of ultrasound (USG) guided IUI versus conventional IUI on pregnancy rate.

Methodology

The present randomized clinical trial was conducted at Assisted Reproduction Centre, KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum during the period of October 2008 to December 2009. A total of 897 women were included in the study fulfilling the selection criteria. Ovulation induction was done as per the protocol and after randomizing patient IUI was done with or without ultrasound guidance. Pregnancy rates in USG guided IUI and in conventional method IUI were recorded.

Results

In this study out of 897 patients, follow-up was lost in 72 patients hence a total of 825 patients were studied of which 37.82% of patients were in the age group between 25 to 29 years and 38.79% had single cycle IUI. 64.12% patients had AIH insemination and 35.88% had AID insemination. After randomization, 51.27% patients were in conventional group and 48.73% in USG guided group. The overall success rate of study was 7.88%. Age did not have any significant effect on the pregnancy outcome except for the age group between 25 to 29 years (12.84%) ($p=0.048$). The success rate using ultrasound was significantly higher

(10.44%) compared to conventional method (5.43%) ($p=0.007$). On further analysis in AID group, 14.48% conceived with USG guided IUI compared to 7.28% with conventional method of IUI ($p=0.046$).

Conclusion

IUI performed under ultrasound guidance and insemination with donor sample improves the pregnancy rate.

Key Words

Conventional intrauterine insemination; Pregnancy rates; Ultrasound guided intrauterine insemination;

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INTRODUCTION

Since the beginning of the recorded history, the human race has placed emphasis on infertility. Nothing more vividly demonstrates the importance of fertility to individual than the reaction by and to those who do not have children. Approximately 8-10% of couples remain childless against the wishes of the partners showing that infertility is a common problem.¹

In order to over come this problem many treatment options have been proposed. The term artificial insemination (AI) covers a range of techniques for insemination which can be performed intra vaginally, intra cervically, intra peritoneally and intra uterine. AI has been used for many years for a number of different indications. It is almost 200 years since John Hunter advised a man with hypospadias to inject his seminal fluid into his wife's vagina with a syringe, which resulted in a normal pregnancy. The first reported case of human donor insemination was by William Pankhurst in 1884 in Philadelphia, United States of America.

Intra uterine insemination (IUI) is the most commonly used method in infertility management before trying assisted reproductive techniques (ART) such as In Vitro Fertilization and Intra Cytoplasmic Sperm Injection.

The overall success rate of IUI varies from institution to institution. The range is from mere five percent to as high as 30% per patient; however 10 to 20% clinical pregnancy per cycle is considered an acceptable range.²

The study done in the existing setup during May 2009 showed a success rate of 11.11%.³

The purpose of ultrasound (USG) guided IUI is to facilitate placement of soft catheters, avoid touching the fundus and confirms that the catheter is beyond the internal os. This allows introduction of catheter along the contour of the endometrial cavity, thereby avoiding disruption of endometrium. Cervical and/or endometrial manipulations increase uterine contractions due to secretion of prostaglandins and/or oxytocin and expulsion of more than 40% of volume introduced into the uterine cavity.⁴ Thus it may thus increase the success rate. Therefore this study was designed to see the efficacy of USG guided IUI versus conventional IUI.

OBJECTIVE

To compare the efficacy of ultrasound guided IUI versus conventional IUI on pregnancy rate.

REVIEW OF LITERATURE

Infertility is defined as one year of unprotected coitus without conception⁵ affecting approximately 15% of couples in reproductive age.⁶

IUI is currently the primary therapeutic modality for unexplained infertility and for the infertility caused by mild to moderate female and male pathologies. The majority of studies published on IUI focus on ovarian stimulation and sperms management, whereas insemination techniques have received a scant attention. In, In-Vitro Fertilization (IVF) however, embryo transfer technique and specially ultrasound-guided transfer have received increasing attention in the recent years. The use of ultrasound-guided embryo transfer facilitates atraumatic embryo placement and it has been reported that the use of abdominal ultrasound during transfer produces higher pregnancy rate compared with transfer based purely on clinical methods. Ultrasound allows to visualize cervico-uterine angle and endometrial cavity thus preventing the catheter from impacting the uterine fundus. Cervical and or endometrial manipulations increase the uterine contractions due to the secretion of prostaglandins and or oxytocin, and expulsion of more than 40% of volume introduced into the uterine cavity.⁴ Ultrasound visualization of catheter makes it possible to deposit the prepared sperms without touching the uterine fundus and avoiding uterine contractions. The objective of study was to determine the potential benefits of using abdominal ultrasound during IUI, by comparing pregnancy rates of USG guided with conventional method of IUI.⁷

There are two techniques of insemination. With cervical insemination sperms are deposited at the external cervical os, while with intra-uterine insemination the sperms are deposited into the body of the uterus, which may increase the number of sperms reaching the site of fertilization. IUI is considered more effective than cervical insemination as the sperms bypass the cervical mucus and are deposited closer to fallopian tubes. The rate of pregnancy improves with intrauterine insemination as compared to cervical insemination.⁸

Artificial Insemination

One of the first reports on the use of artificial insemination (AI) with husbands semen (AIH) can be traced up to the 1790's; when John Hunter advised a man with hypospadias to inject his seminal fluid with syringe into his wife's vagina, which results in normal pregnancy. Four decade's later in mid 1800's: Marion Sims carried out intra cervical AIH in 6 women with negative post coital test, using husbands semen obtained from the vagina after intercourse and among them one pregnancy occurred. First reported case of human donor insemination was by William Pankhurst in 1984 in Philadelphia, United States of America.

Since that time many methods of insemination techniques to concentrate the number of sperms delivered at the proximity to egg have been developed.

Further new methods of ovulation induction, prediction and detection have improved the applicability of the procedure making this therapy first line choice among treatment modalities of infertile couples with patent tubes.

Artificial insemination can be done through following routes;

- Intra vaginal
- Intra cervical
- Intra peritoneal
- Intra uterine
- Peri cervical

IUI is the insertion of sperms, which have been washed and prepared and inserted directly into the uterine cavity. The rationale for the use of this is to reduce the effect of factors such as vaginal acidity and cervical mucus hostility, to overcome ejaculatory dysfunction and to benefit from deposition of a bolus concentrated motile morphologically normal sperms in close proximity to ovum.² Also it helps to reduce the contents of seminal plasma, which contains factors that may inhibit normal fertilization. Seminal plasma also contains prostaglandins that can cause uterine cramping and contain immunocompetent cells and antisperm antibody which are washed out during sperm preparation. Numerous studies have shown without debate that IUI is superior to other methods of AI.^{9,10} A review of 11 studies¹⁰ comparing IUI with intra cervical insemination of frozen semen showed that overall, IUI was of significant benefit in the male factor couples and in patients with unexplained infertility.

Indications for IUI

I) By husband's sperms

- 1) Male subfertility
 - a) Oligospermia
 - b) Asthenospermia
 - c) Hypospermia
 - d) Ejaculatory failure
 - Anatomical (e.g Hypospadiasis)
 - Neurological (e.g Spinal cord injury)
 - Retorgrade ejaculation
 - Psychological (e.g Impotence)
- 2) Cervical factors
 - a) Cervical mucus hostility
 - b) Poor cervical mucus
- 3) Immunological
 - a) Antisperm antibodies
- 4) Endometriosis- Mild and moderate
- 5) Anovulatory factors : PCOS
- 6) Some cases with combined infertility factors
- 7) Unexplained infertility

II) Insemination by donor sperm :

Male factors :

- a) Azoospermia
- b) Severe oligospermia
- c) Severe astheno/necrospermia
- d) Sterility due to disease or vasectomy, orchidectomy, chemical or radiation exposure
- e) Sexual / ejaculatory dysfunction
- f) Genetic consideration (e.g hemophilia, hungtigton's disease)
- g) Rh incompatibility

Contraindications to IUI

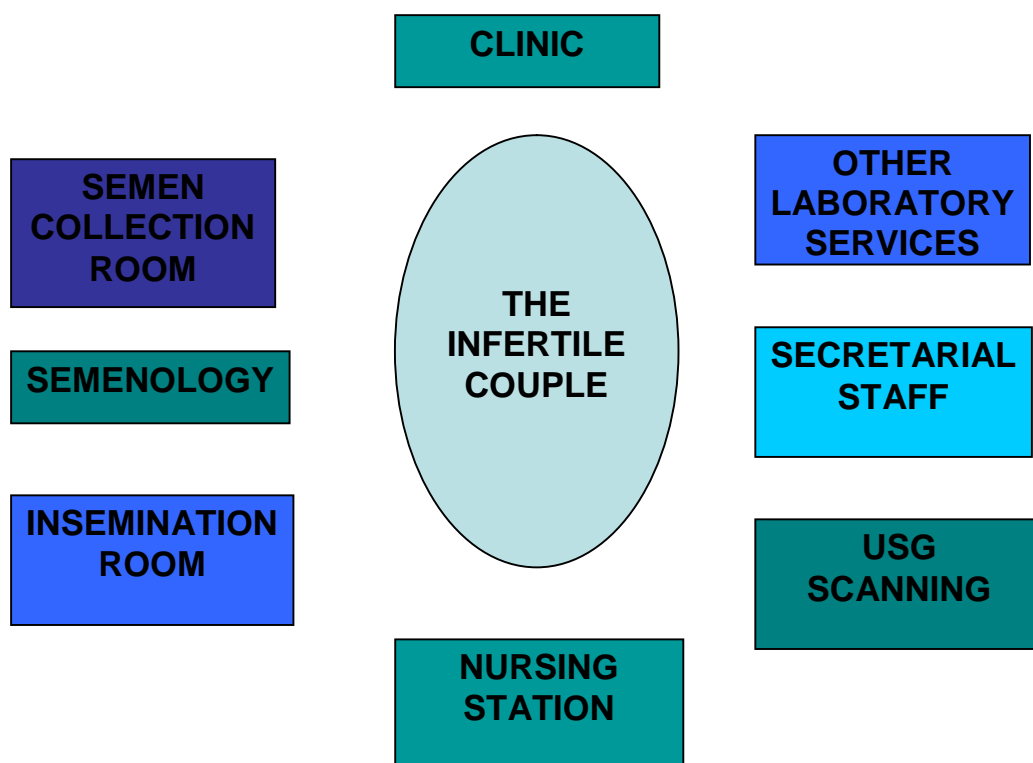
I) Absolute Contraindications

- a) Bilateral tubal block
- b) Very severe oligoasthenoteratospermia
- c) Genital tract infection
- d) Unexplained genital tract bleeding

II) Relative Contraindications

- a) Tubal pathology
- b) Multiple infertility factors
- c) Recent chemotherapy or radiotherapy

Figure 1. Components of IUI Service



Steps Involved in IUI

- Patient selection and work up
- Ovarian stimulation
- Semen wash
- Insemination
- Luteal support

The goal is to place progressively motile sperms as close to the ovulated egg as possible thereby increasing their chances of meeting.

IUI Media

Media used is FertiCult medium. It is chemically based salt solution, a ready to use formulation for washing human ova, spermatozoa and embryos, for oocyte collection and for embryo transfer.

FertiCult medium contains HEPES; no carbon dioxide incubation is required.

FertiCult medium does not contain heparin. FertiCult medium has to be pre-incubated in the incubator for 12 hours before use.

Sperm Preparation^{11, 12}

Spermatozoa must be washed free from seminal plasma before they are capable of undergoing capacitation, acrosome reaction and penetration of zona pellucida. Under normal physiological conditions seminal plasma is removed as the spermatozoa traverse the cervical mucus and capacitation occurs as they are transported across the cervix, uterus and tubes.

Several methods of sperm preparation before IUI have been used in an attempt to improve the chances of conception and to minimize complications of the procedure. One goal is optimization of the concentration of motile sperms in the specimen especially in cases of oligospermia, another is reduction in the content of seminal plasma, which contains factors that may inhibit normal fertilization. Seminal plasma also contains prostaglandins that can cause uterine cramping and may contain immunocompetent cells and antisperm antibodies. Regardless of the method used for preparation of the specimen, small amount

(0.3 to 0.5 ml)¹³ is used to avoid cramping. Few authors advocate the use of antibiotics to specimen before insemination.¹⁴ Various methods for sperm preparation for IUI have been described.

Swim up and density gradient are the common methods employed. All sperm preparation methods produce specimens with better motility and more uniform morphology.

1. Swim up Method (Sperms selection based on morphology)

The liquefied semen sample is diluted with sperm washing medium in the ratio 1:1 and centrifuged for 10 minutes at 1000rpm. Supernatant is carefully discarded and swim up medium is gently layered over the final sperm pellet. The specimen is then placed in an incubator for approximately one hour. During this time the sperms are allowed to swim up into the media, with purpose of collecting the most motile, normal sperms which are free of debris. The supernatant is again centrifuged at 1000rpm for another 5 minutes. The pellet is now mixed with 0.5ml of media and mixed thoroughly.

This sample is ready for IUI. Samples of high viscosity, with high number of round cells or with a high content of debris are not recommended for the procedure.

A study¹⁵ concluded that swim up preparation selects sperm population with better motility, ability to undergo hypo- osmotic swelling with no negative impact on acrosome reaction. Some others have shown that swim up method selects sperms which show enhanced zona free hamster penetration.

2. Density gradient centrifugation

The ejaculate is placed on top of the density medium with higher density and is then centrifuged for 10 minutes. During this procedure, all the cells reach the semen sediment. However, highly motile spermatozoa are more active in the direction of the sedimentation gradient and can therefore penetrate the boundary quicker than poorly motile or immotile cells. Thus, highly motile sperm cells are enriched in soft pellet at the bottom.

Sperm capacitation: Readyng the sperms

Freshly ejaculated sperms are unable or poorly able to fertilize. Capacitation is associated with removal of adherent seminal plasma proteins and re-organization of plasma membrane lipids and proteins. Sperms can be capacitated by incubation in certain fertilization media. Sperms that have undergone capacitation are said to become hyperactivated. Capacitation appears to destabilize the sperm's membrane to prepare it for the acrosome reaction. Sperms become "fertilization competent" after capacitation.

Ovulation Induction

There has been extensive progress in infertility management by IUI alone or in combination with controlled ovarian stimulation. Ovarian stimulation with Clomiphene Citrate (CC) alone has been used for induction of ovulation for more than three decades.

However, various combinations with CC are also in practice in recent years.

- a. CC (50/100/150mg) daily from D5 to D9 and injection hCG (5000 IU) at the time of follicular maturation.
- b. CC (50/100/150 mg) daily from D5 to D9 + inj. HMG (75 IU) from D8 to D10 followed by inj. hCG at the time of follicular maturation.
- c. HMG / highly purified FSH / rec. FSH + inj. hCG
- d. Letrozole 2.5mg once or twice a day for 5 days + inj. hCG

The rationale behind using CC is that it has a desirable central action of stimulating a transient increase in gonadotrophin secretion. Superovulation increases the number of oocytes available for insemination, thereby increasing the chances of fertilization. Superovulation thus increases the number of female gametes in the fallopian tube and IUI reduces obstacles to sperms migration by shortening the distance of male gametes to reach the site of fertilization. In addition to this, subtle ovulatory defects, disorders in endometrial development of borderline aberrations in corpus luteum function can be corrected by gonadotrophin therapy. Occult seminal defects are treated by various methods of sperm washing which also may be a major instrumental process to enhance fertility.

In spite of the high ovulation rate with CC, the pregnancy rate is much lower. It is believed that due to the anti-estrogenic effect of CC at the level of cervical mucus and endometrium, fertilization and embryo development, pregnancy rates are low. Among anovulatory infertile women who ovulate in

response to CC treatment and with no other infertility factors, cycle fecundability can reach as high as 22%, comparable to that observed in normal couples after discontinuation of barrier contraception and those with male factor infertility receiving therapeutic donor inseminations.¹⁶ With gonadotrophins, the risk of multiple pregnancies as well as hyperstimulation increases. Hence, recently aromatase inhibitors have been introduced in the induction of ovulation such as Letrozole. If there is no pregnancy in six cycles, alternate therapy should be chosen.

IUI with Gonadotrophin Treatment

Gonadotrophins are a family of drugs which contain naturally occurring pituitary hormones (FSH and LH). Treatment involves injection of a gonadotrophin medication.

This creates higher than normal levels of FSH, stimulating the ovaries to produce multiple follicles and oocytes. Women should have regular vaginal ultrasound to check the growing follicles. CC may also be used with gonadotrophin medication during IUI treatment cycle. Many women take gonadotrophin medications themselves by subcutaneous self injection into the thigh or abdomen.

Step Up Protocols

Ovulation in polycystic ovaries patients remains a challenge. Ovarian hyperstimulation syndrome (OHSS), multiple pregnancy and luteinised unruptured follicles are the problems. Step up allows right amount of FSH to

correct the hormonal imbalance within the pituitary and the ovary. It produces fewer follicles per cycle. It achieves safer and successful ovulation induction. Thereby incidence of OHSS is reduced.

Step Down Protocols

Principle: Activating pre ovulatory follicles and limiting the number of growing follicles by hormonal therapy.

Advantage: Reduced risk of OHSS and multiple pregnancy.

Disadvantage:

- Needs tight monitoring.
- Increased cancellation of cycles.

Prediction of ovulation

The measurements of number, growth, rupture of Graffian follicle, the measurement of endometrial pattern and thickness is usually done while monitoring the cycle. Several guidelines have been suggested such as estradiol concentration of 200 µg/ml per mature follicle and the mean follicular diameter of at least 16 to 18 mm as determined by ultrasonography may predict the time of ovulation.

Sperm parameters for the outcome in IUI

It is almost impossible to predict the fertilizing potential of a semen sample in individual cases. Even though, normal values of semen variables are given by WHO, numerous prospective studies have shown that routine semen

analysis is only a weak predictor of male fertility. Men with relatively low count in the semen sample (oligospermia)¹⁷ can show normal fertility potential and vice versa, when subjected to sperm function tests. Hence, sperm function tests (SFT) have come to stay for the diagnosis of male factor in normal as well as subnormal semen samples.

Many workers have evidenced in their studies that the best results are achieved when the total number of motile sperms are greater than approximately 10 millions^{18,19,20} and 14% or more sperms have normal morphology.²¹

Timing of Insemination

Spermatozoa placed into the uterine cavity have a limited time of 12 to 16 hrs for fertilization. Therefore to maximize the chances of success, IUI needs to be closely timed with ovulation, a “critical key” to success. Several methods of ovulation prediction and scheduling IUI have been proposed. Methods such as basal body temperature records, cervical mucus score and other clinical markers of the preovulatory phase are susceptible to wide variation and do not allow accurate prediction of time of ovulation. Serum LH and estradiol levels which show preovulatory peak and vaginal cytological examinations have been used by many authors to monitor the cycles without much success.

Ultrasound has been used to monitor follicular development. When on ultrasound if the average diameter of follicle is 20 mm, rupture is expected to occur 35 to 40 hrs after giving hCG. However, many USG studies have indicated a wide range in the diameter of pre-ovulatory follicle, disqualifying the use of this parameter as a single index of oocyte maturation. Other way to predict the

time of ovulation is offered by the availability of rapid tests for urinary LH Surge detection which need to be repeated frequently.

Frequency of Insemination

It is recommended that only one or two insemination should be performed per cycle depending on clinical, USG monitoring and day/time of hCG administration.

A study²² compared a single periovulatory IUI with a regimen employing two IUI's, one before ovulation and one after ovulation in patients undergoing controlled ovarian hyperstimulation with HMG-hCG. They found a significant difference in cycle fecundity between patients receiving single and double IUI's (0.087 and 0.552 respectively). The authors concluded that two IUI's performed 18 and 42 hrs after hCG were superior to a single IUI performed 34 hrs after hCG administration. However, another study²³ found that increasing the frequency of insemination does not provide a statistical significant increase in cycle pregnancy rate 11% vs 14% in single and double IUI's respectively in COH cycle.

Number of attempts

Since cumulative pregnancy rates after four to six cycles have been good, depending on the indication and other factors most clinicians would suggest continuing IUI cycles several times before proceeding to more advanced ART procedures.

Similar study²⁴ of COH plus IUI showed a cumulative pregnancy rate of 35.2% with CC cycles and 44% with HMG cycles.

The patient after four to six cycles need to be appropriately counselled that pregnancies may be achieved with further attempts at IUI but at a significantly lower rate.

Ultrasound Scanning

Follicular development is monitored with serial ultrasound scans performed with a transvaginal probe at a frequency of 7.5MHz. Developing follicles are first detected by transvaginal ultrasonography. In the natural cycle usually only one follicle continues to grow while others stop growing and this selection of the dominant follicles takes place before day five of ovarian cycle.

Subsequent growth of this dominant follicle is approximately linear (2-3mm/day) and ovulation occurs after the follicle reaches 18-24mm in diameter. The use of ovarian stimulants prevents selection of a dominant follicle; rather the hormonal milieu is changed to favour the development of more follicles. Growth of follicles following ovarian stimulation depends on the type of stimulant used and the dose but this is significantly modified by other factors such as the age of the patient and pre-existing conditions such as polycystic ovaries. Ultrasound scanning provides more of a direct assessment of follicular development. Both number and size of follicles can be determined and their growth rate is followed more accurately, thereby helping to determine the optimum time to trigger the ovulation.

IUI Technique

The patient was placed in lithotomy position so that the cervix is visualized with the help of speculum. Cervix was cleaned with normal saline. Antiseptics are avoided. The catheter containing prepared serum is manipulated through the cervix into the uterine cavity just above the internal os and then the sperms are released slowly. After the procedure, the patient is advised to rest for 10-15 minutes^{25,26} and at discharge advised to keep progesterone pessaries vaginally for luteal support.

Luteal Phase Defect

Luteal phase defect is the failure of the uterine lining to be in right phase at right time. It may be due to inadequate progesterone production by corpus luteum or inadequate response of endometrium to the normal circulating level of progesterone.

Luteal Phase Support

Progesterone containing suppositories or injection is used to give luteal phase support.

Complications of IUI

- Due to ovarian stimulation :
 1. Ovarian hyperstimulation syndrome
 2. Multiple pregnancy
 3. Risk of ovarian cancer

- Due to insemination procedure
 1. Infection²⁷
 2. Trauma and bleeding
 3. Pain
 4. Allergic reaction
 5. Vasomotor symptoms

Results and Limitations of IUI

Factors affecting success rate of IUI

- Female factors
 1. Age – Pregnancy rate inversely related to age.
 2. Cause of infertility – Best results are expected in cases of cervical factor
 3. Ovarian stimulation – Stimulated cycles are superior to natural cycles
 4. Endometrium – Thickness, pattern and volume are important
 5. Insemination – Better pregnancy rates are observed if insemination procedure is easy

- Male factors
 1. Semen parameters – Quality of motility and percentage of morphologically normal spermatozoa are most important, however most actively motile and morphologically normal forms are taken while doing an IUI.

- Common factors
 1. Duration of infertility
 2. Number of IUI cycles – Best results of IUI are observed in initial cycles.

There is steady decline in success rate after four to six unsuccessful IUI cycles.

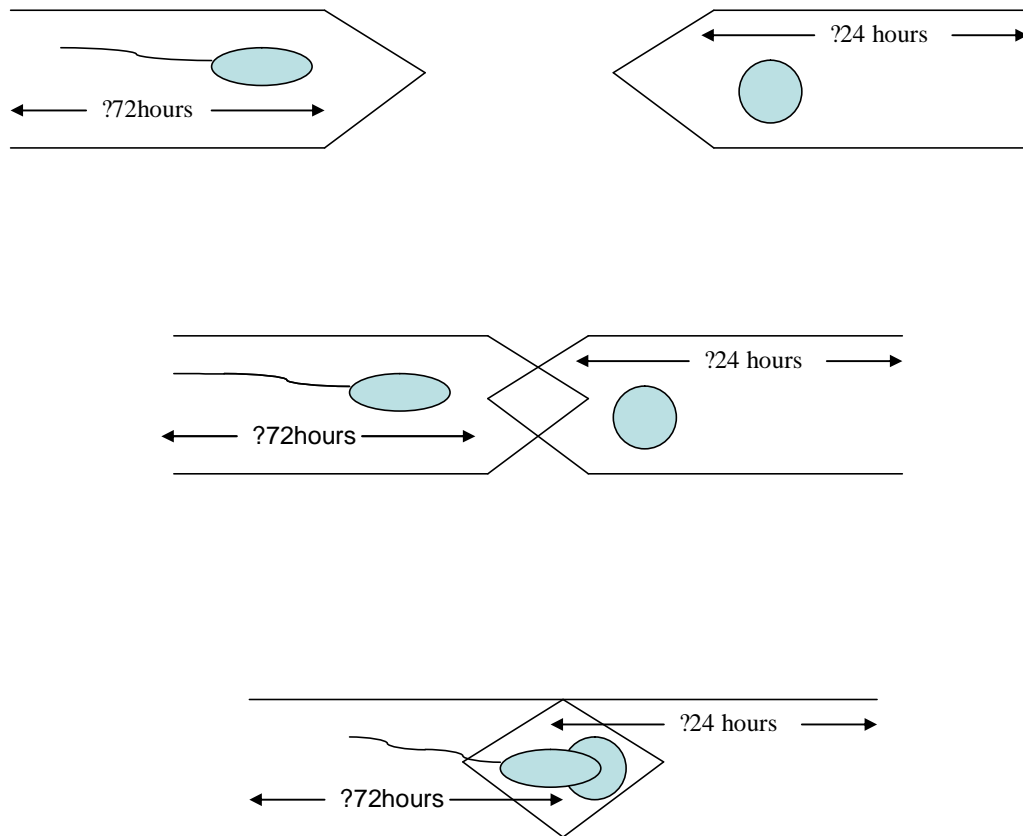


Figure 2. Coordination of insemination and ovulation: pivotal role of the period of gamete viability

METHODOLOGY

The study was conducted at Assisted Reproduction Centre (ARC), KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum during the period of October 2008 to December 2009.

Study design

A randomized clinical study

Setting

This study was carried out at ARC, KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum.

Study period and duration

The present study was conducted during the period of October 2008 to December 2009.

Source of data

All patients coming to ARC at KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum during the study period were included in the study.

Sample size

A total of 897 patients coming to ARC during the study period were included in this study.

Sample Procedure

$$n = \frac{(Z_{\alpha} + Z_{\beta})^2 2P(1-P)}{(p_1 - p_2)^2}$$

(level of Significance) = 5%

1-β (Power of the test) = 80%

Z = 1.96, Z_β = 0.84

p1 = Conventional intra uterine insemination success rate

p2 = Success rate of ultra sound guided intra uterine insemination

$$P = \frac{p_1 + p_2}{2}$$

By using statistical software to generate random numbers 526 numbers were generated. After removing the repeated numbers 443 unique numbers were retained. These numbers are arranged in ascending orders. These are considered as case numbers which would come for study group and remaining numbers will be for control group.

Selection Criteria

Inclusion criteria

- All the couples enrolled in the study had a complete infertility work up that included semen analysis, sperm preparation and documentation of tubal patency either by hysterosalpingography or chromotubation.

Exclusion criteria

- Women with uterine anomalies.
- Total motile count less than five millions.

Method

The study was approved by the Ethical and Research Committee of Ethics Committee, Jawaharlal Nehru Medical College, Belgaum. The selected patients were evaluated based on selection criteria and the interventions used and a written informed consent was obtained (Annexure-I). Data regarding age, relevant history and duration of marriage was recorded on predesigned and pretested proforma (Annexure-II).

Ovulation induction was done as per the protocol, it was done either using CC 50 mg to 150 mg/day from day five to nine and or with gonadotrophin and dose was adjusted as per the development of the follicle.

Next 5,000 IU of hCG was given when the dominant follicle reached 18 to 24 mm in diameter. IUI was done about 36 hrs after inj. hCG.

On the day of IUI semen sample was taken by masturbation after two to four days of sexual abstinence. After liquefaction and initial sperm analysis the standard swim-up technique was used for preparation. Donor sample was used if husband sample was not satisfactory.

In swim-up technique, the sperm sample was centrifuged at 1000 rpm for 10 minutes. The supernatant was discarded; the pellet was suspended in 2.5ml of

medium again centrifuged at 1000 rpm for 10 minutes. After discarding the supernatant, the pellet was gently overlaid with medium and incubated for 45- 60 minutes at 37⁰ C.

After incubation, the medium layer containing motile sperms was carefully collected and used for insemination. All the semen samples were collected and analyzed according to WHO guidelines²⁸ and they were evaluated with respect to volume, total sperm count, concentration, leucocytes, motility, vitality and morphology. The ejaculate was processed and sperms were collected by swim up procedure.

Patient was asked to come with full bladder. Once the bladder was full, the patient was placed in lithotomy position. The cervix was visualized with the help of a speculum. The vagina was cleaned with saline. TAS probe was put and cervical canal was visualized. Once visualized the sperm sample loaded in the catheter plugged to the tuberculin syringe was manipulated through the cervix into the uterine cavity gently so that endometrium is not damaged and then the sperm sample was released slowly once the tip of catheter passed the internal os that's around 1cm above the internal os. Later a small volume of sperm sample was inseminated to avoid reflux through the cervix into the vagina or efflux through the tubes into the peritoneal cavity. After the transfer catheter was kept in its place for a while to avoid a suction effect and prevent reflux. After this procedure patient was advised to rest for 10 to 15 minutes.^{25,26}

A urine pregnancy test was performed 15 days after IUI, if menses did not occur. Positive tests were confirmed by TVS.

Statistical Analysis

The data obtained was tabulated and comparison was done using chi-square test.

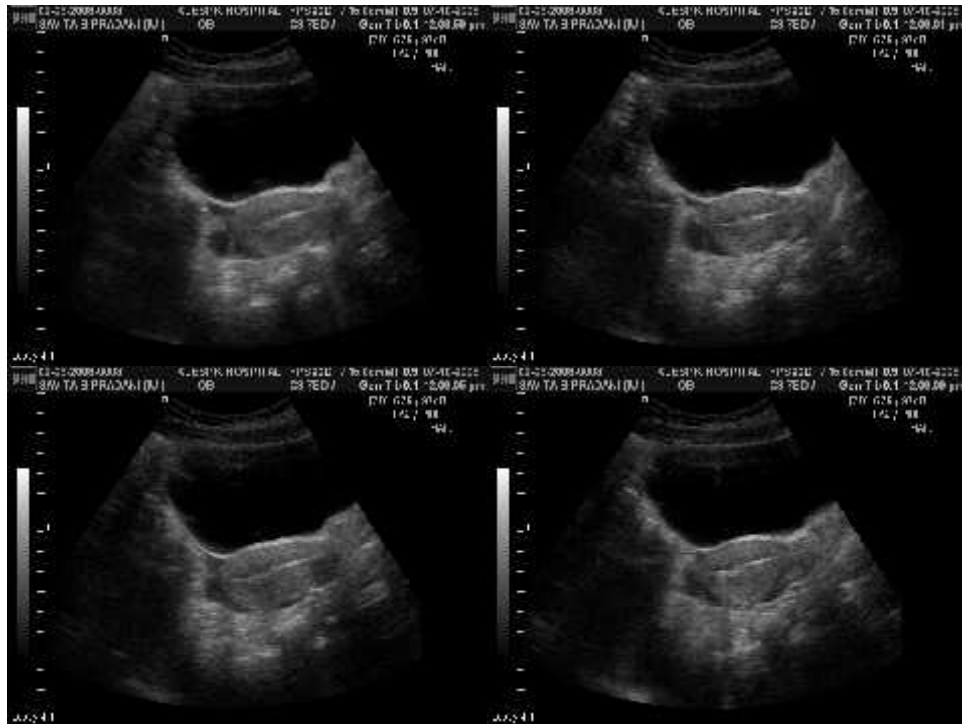


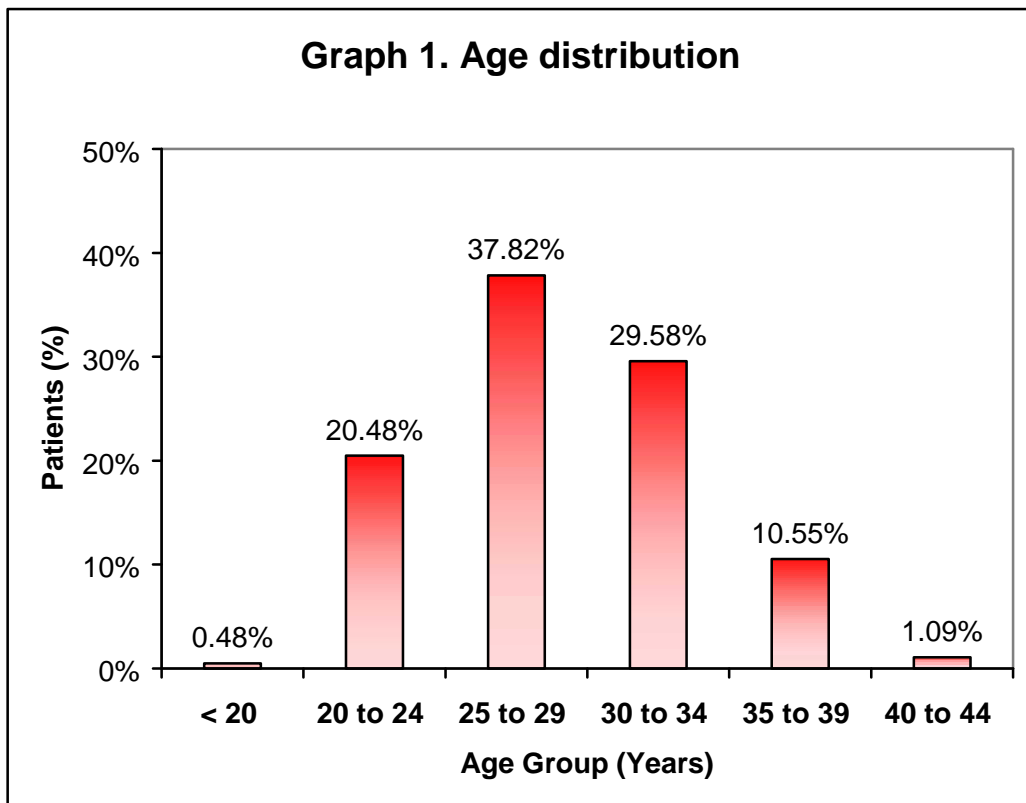
Figure 3. Ultrasound guided IUI

RESULTS

The present study was conducted in the ARC, of KLES Dr. Prabhakar Kore Hospital and Medical Research Center, Belgaum. In total 897 patients underwent IUI out of which 65 became pregnant. Among these 897 patients, follow up of 72 patients could not be done. The data obtained was analysed as below.

Table 1. Age distribution

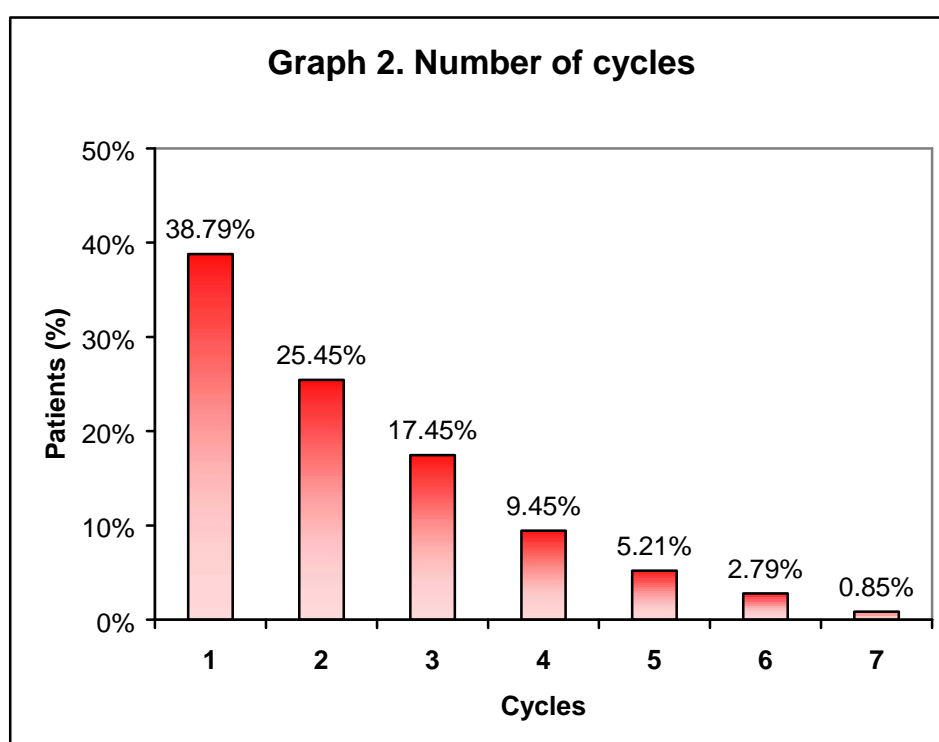
Age group (Years)	Patients	
	Number	Percentage
Less than 20	04	0.48
20 to 24	169	20.48
25 to 29	312	37.82
30 to 34	244	29.58
35 to 39	87	10.55
40 to 44	09	1.09
Total	825	100



In the present study majority (37.82%) of patients were in the age group between 25 to 29 years followed by 29.58% in 30 to 34 years age group.

Table 2. Number of cycles

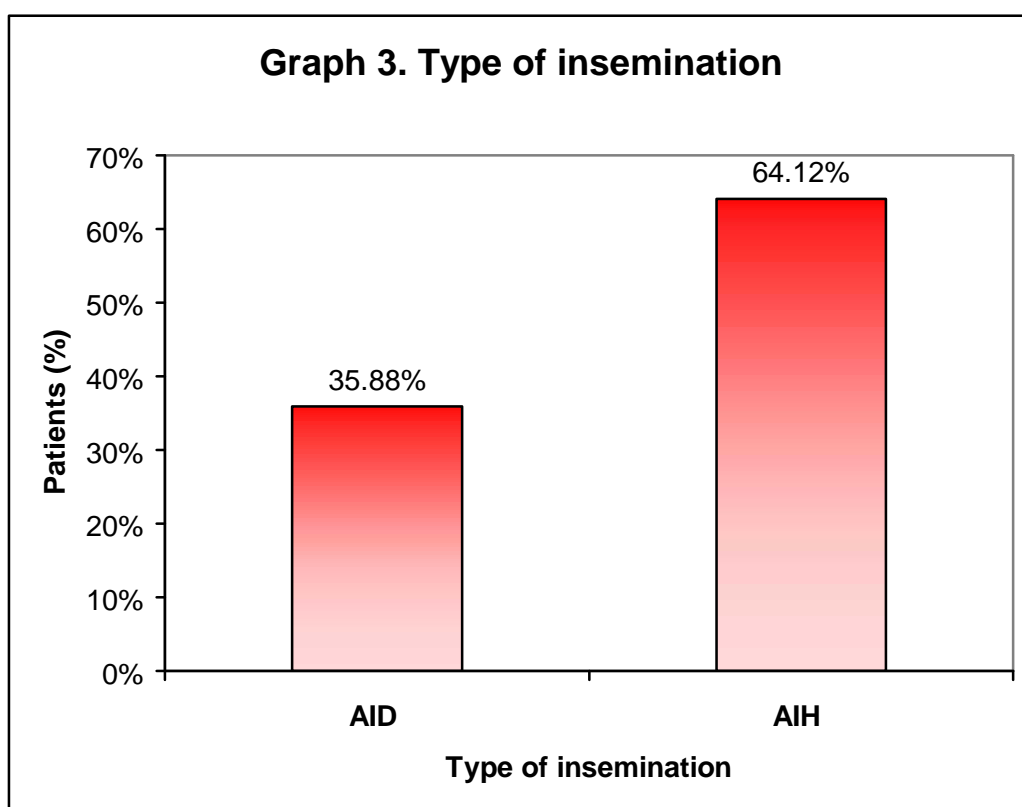
Number of cycles	Patients	
	Number	Percentage
1	320	38.79
2	210	25.45
3	144	17.45
4	78	9.45
5	43	5.21
6	23	2.79
7	7	0.85
Total	825	100



In the present study majority (38.79%) of the patients had single cycle followed by 25.45% with two cycles.

Table 3. Type of insemination

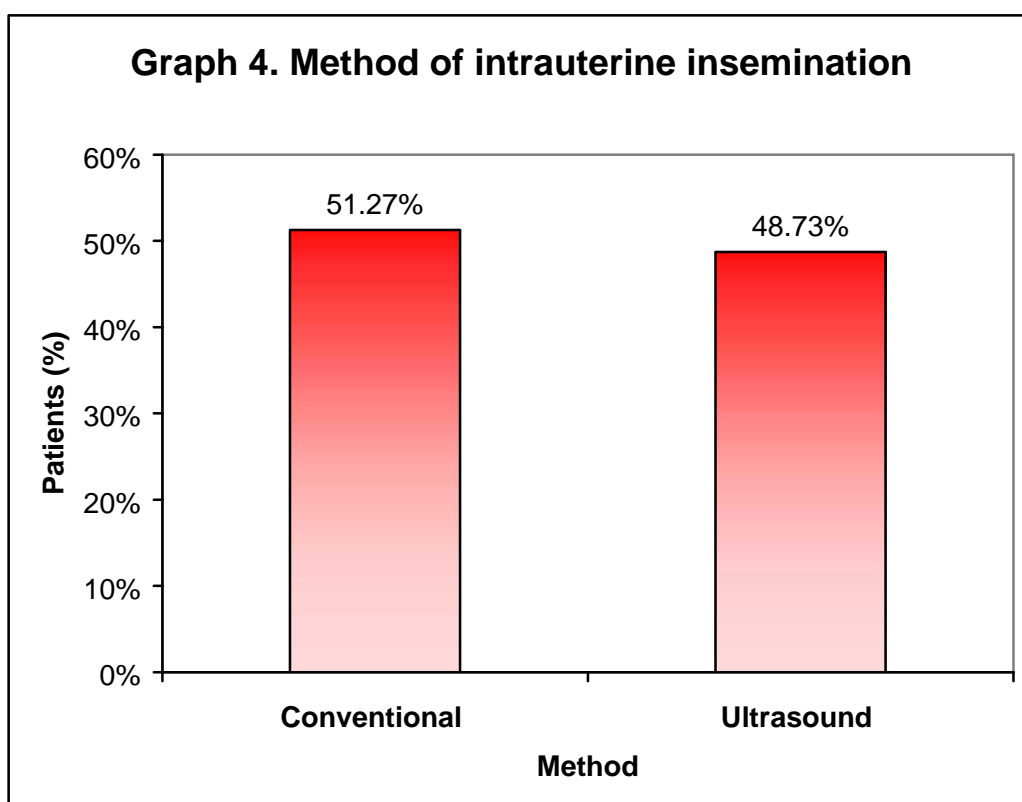
Type	Patients	
	Number	Percentage
AID	296	35.88
AIH	529	64.12
Total	825	100



In this study 64.12% patients had AIH insemination and 35.88% had AID type insemination.

Table 4. Method of intrauterine insemination

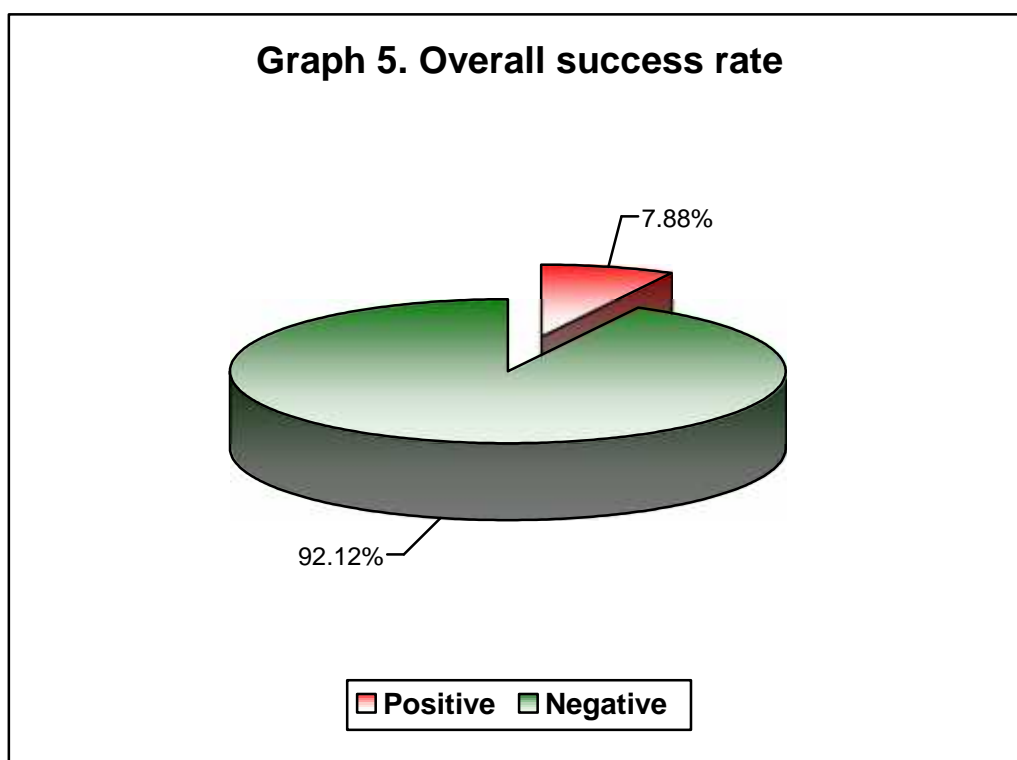
Method	Patients	
	Number	Percentage
Conventional	423	51.27
Ultrasound	402	48.73
Total	825	100



After randomization, number of patients divided among two groups were almost equal that is 51.27% in conventional group and 48.73% in USG guided group.

Table 5. Overall success rate

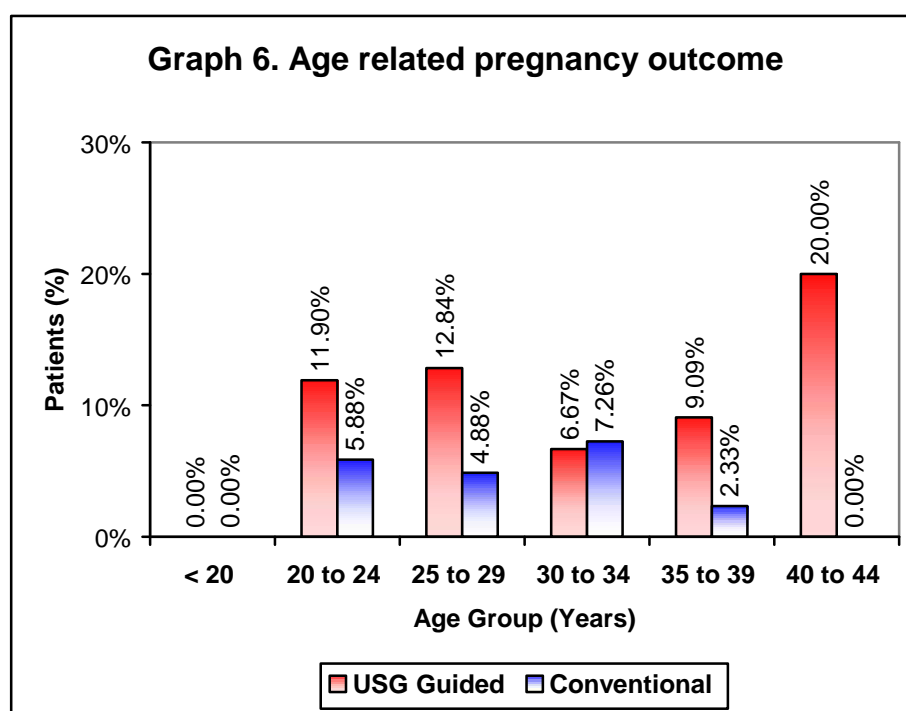
Method	Patients	
	Number	Percentage
Positive	65	7.88
Negative	760	92.12
Total	825	100



In the present study out of 825 patients 65 had conceived showing a success rate of 7.88%.

Table 6. Age related pregnancy outcome

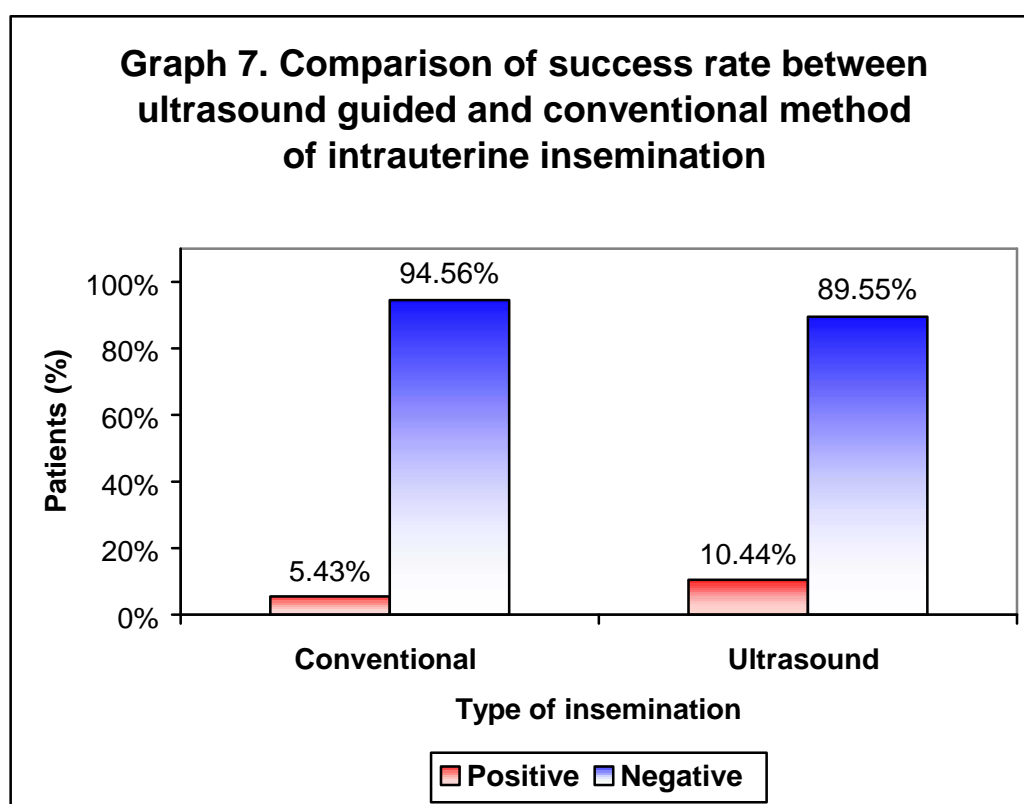
Age group (years)	Positive				'p' value
	USG		Conventional		
	No.	%	No.	%	
Less than 20	0/1	0.00	0/3	0.00	-
20 to 24	10/84	11.90	5/85	5.88	0.168
25 to 29	19/148	12.84	8/164	4.88	0.048
30 to 34	8/120	6.67	9/124	7.26	0.856
35 to 39	4/44	9.09	1/43	2.33	0.175
40 to 44	1/5	20.00	0/4	0.00	-



Age did not have any significant effect on the pregnancy outcome except for the age group between 25 to 29 years where 12.84% (19/148) of the patients were pregnant with USG guided IUI compared to 4.88% (8/164) patients who conceived with conventional method of IUI ($p=0.048$).

Table 7. Comparison of success rate between ultrasound guided and conventional method of intrauterine insemination

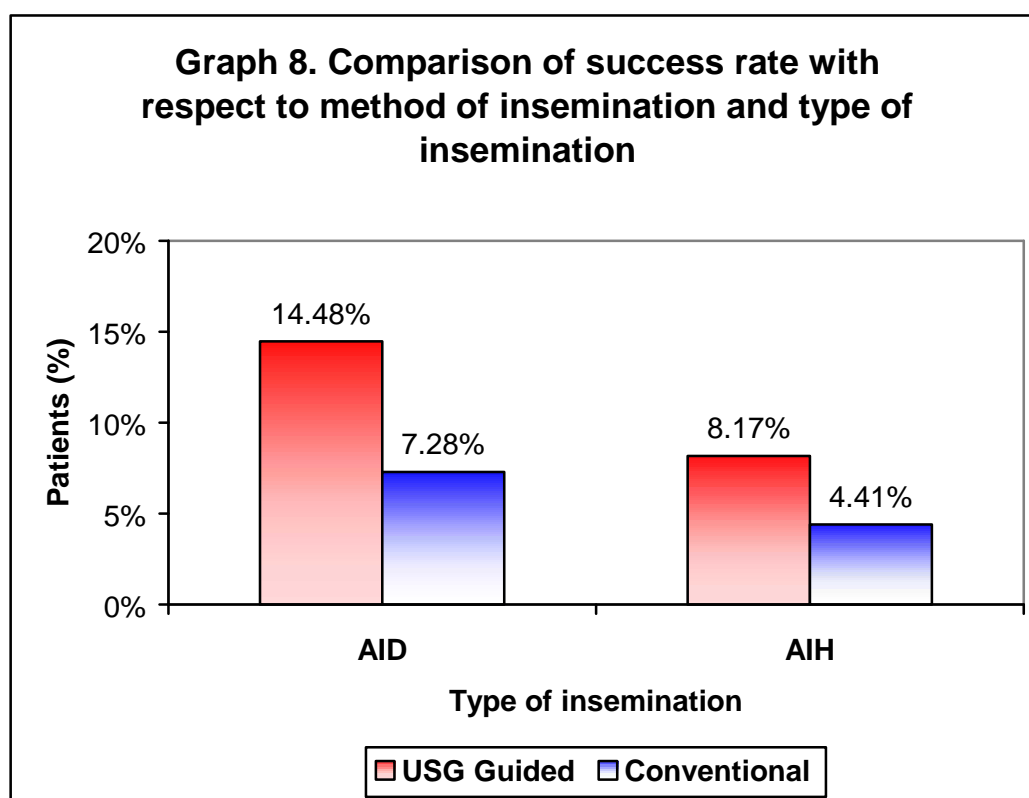
Method	Positive		Negative	
	No.	%	No.	%
Conventional	23	5.43	400	94.56
Ultrasound	42	10.44	360	89.55
Total	65	7.87	760	92.12



In this study the success rate using ultrasound was significantly higher (10.44%) compared to conventional method (5.43%) ($p=0.007$).

Table 8. Comparison of success rate with respect to method of insemination and type of insemination

Type of insemination	Positive				'p' value
	USG		Conventional		
	No.	%	No	%	
AID	21/145	14.48	11/151	7.28	0.046
AIH	21/257	8.17	12/272	4.41	0.074



In AID group, 14.48% conceived with USG guided IUI compared to 7.28% with conventional method of IUI ($p=0.046$). In AIH group conventional or USG guided IUI had no statistical significance on pregnancy rate ($p=0.074$).

DISCUSSION

The success rate of IUI depends on a number of factors, starting from the ovulation induction protocol, to the timing of administration of inj hCG and timing of insemination. We tried to evaluate as to whether USG guided IUI makes any difference compared to conventional method.

In the present study out of 825 patients 65 had conceived showing an overall success rate of 7.88%. The reported pregnancy rates achieved by IUI have usually varied between 8% and 22%, but very low (2.7%) and high (66%) rates have also been published.^{2,29,30} A study conducted to assess the role of sonographically measured endometrial volume as a predictor of pregnancy rate in a women undergoing IUI in the same set up showed a success rate of 11.11%.³ The Cochrane study reported overall pregnancy rate between 6.7% to 37.5%.⁸

Age did not have any significant effect on the pregnancy outcome except for the age group between 25 to 29 years. 12.84% (19/148) of the patients were pregnant with USG guided IUI as compared to 4.88% (8/164) patients who conceived with conventional method of IUI ($p=0.048$). A study reported highest pregnancy rate among the women aged between the 21-30 years.³¹

In the present study the success rate using ultrasound was significantly higher (10.44%) compared to conventional method (5.43%). This study demonstrated statistically significant (0.0076) difference in the pregnancy rates between USG guided IUI and conventional method of IUI, suggesting that USG guided IUI has better success rates than conventional method of IUI.

A study⁶ was conducted to assess the impact of USG guided IUI on the pregnancy rate during 2006. In that 73 patients were randomized, out of which 33 were in USG guided group and 40 were in conventional group. The PR was 16.0% per cycle in USG guided IUI and 16.8% in the control group. No statistically significant differences were observed between the groups. The 95% confidence interval for the difference in PRs of 0.8% was -8.8 to 10. The study concluded that the USG guided IUI does not produce better results than blind insemination, since the pregnancy rate per cycle was similar in both the groups.

In this study, on further analysis it was found that in AID group, 14.48% conceived with USG guided IUI compared to 7.28% with conventional method of IUI ($p=0.046$). In AIH group conventional or USG guided IUI had no statistical significance on pregnancy rate ($p=0.074$). No studies comparing success rate between USG guided IUI and conventional method of IUI with AID and AIH type of insemination has been reported in the literature so far. However, several studies^{31,32} have reported that the donor insemination had significantly higher success rate compared to husband insemination.

The percentage of cases which were lost to follow up were 6.89% (31/454) in conventional group and 9.26% (41/443) in ultrasound group. The p value by test of proportion was 0.1811 (not significant). This shows that proportion of the cases which could not be followed up were more or less same in both the groups. In such event the outcome of study does not differ statistically after deleting the record of these cases from the study analysis.

CONCLUSION

Intrauterine insemination is used in the treatment of infertility due to various etiologies. There have always been attempts to improve the outcome of IUI and to increase the pregnancy outcome. The concept to use USG guided IUI was from the increase in pregnancy rate when embryo transfer was done under ultrasound guidance.

The study showed USG guided IUI had significantly higher success rates on the pregnancy outcome compared to conventional method of IUI ($p=0.0076$).

On further analysis, in AID group 14.48% conceived with USG guided IUI compared to 7.28% with conventional method of IUI ($p=0.046$). In AIH group conventional or USG guided IUI had no statistical significance on pregnancy rate ($p=0.074$).

SUMMARY

A randomized clinical trial was conducted among 897 infertile couples attending ARC at KLES Dr. Prabhakar Kore Hospital, Belgaum during the period of October 2008 to December 2009. Amongst those 897 couples enrolled 65 had become pregnant (42 USG guided group and 23 Conventional IUI group). Aim of the study was to evaluate the role of USG guided IUI in prediction of pregnancy outcome.

In the present study out of 825 patients 65 had conceived showing a overall success rate of 7.88%. In the present study the success rate using ultrasound was significantly higher (10.44%) compared to conventional method (5.43%) ($p=0.0076$). On further analysis, in AID group 14.48% conceived with USG guided IUI compared to 7.28% with conventional method of IUI ($p=0.046$). In AIH group conventional or USG guided IUI had no statistical significance on pregnancy rate ($p=0.074$).

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ANNEXURE I

PARTICIPANTS INFORMATION AND CONSENT FORM

“ULTRA SOUND GUIDED INTRA UTERINE INSEMINATION - A RANDOMIZED CLINICAL TRIAL”

Sl. No : _____

Patient's Name Mrs. : _____

We here by request you to participate in our study “Ultra Sound Guided IUI - A randomized clinical trial increases the pregnancy outcome compare to conventional method or not. We are doing this study under direct supervision of **Dr. **** ******** Obstetrics and Gynecology. If you agree to participate in this study, the protocol is to see whether Ultra sound guided IUI increases the pregnancy or not. As such there are no risks involved. Your participation may benefit you and others undergoing same procedure. All information collected about you during the course of this study will be kept confidential. There are no financial incentives promised to you for being a part of this study. You will not be charged any extra cost. Your participation in this study is entirely voluntary and you may withdraw from the study at any time and you will be treated according to the existing protocol.

INTRODUCTION AND PURPOSE

Intra uterine insemination is the most commonly used method in infertility management before trying assisted reproductive techniques such as In

Vitro Fertilization and Intra Cytoplasmic Sperm Injection. Purpose of intra uterine insemination is to place a small quantity of high concentration motile sperm above the internal os. By placing intra uterine catheter just above the internal os we may be able to avoid the disturbance of endometrium. This can be achieved by placement of sperm just above internal os by ultrasound guided intra uterine insemination It may thus increase the success rate and hence the study.

PROCEDURE:

- a) Monitoring of a natural or stimulated cycle, so that time of ovulation is apparent.
- b) Preparation of sperm wash: A sperm sample is obtained from either the male partner or donor. The sample has optically been through a process referred to as “sperm preparation”.
- c) Procedure of insemination: Sperm sample is then inserted into the woman’s uterus via a catheter through the cervix. The goal is to place as many active, well formed sperms as close to the ovulated egg as possible thereby increasing their chances of meeting. Patient will be taken on to the table and given lithotomy position. Under vision, vaginal wall will be retracted using a Sim’s speculum and the cervix exposed. Then by using an intra uterine catheter, the prepared sperm sample will be injected inside the uterus. If difficulty is encountered while negotiating the intra uterine catheter, then, the anterior lip of the cervix will be held using a volsellum and pulled so as to straighten the cervix following which the intra uterine catheter will be inserted. Once the catheter is passed freely inside the

uterine cavity under ultrasound guidance, sperm is injected at the level just above the internal os.

RANDOMIZATION OF PATIENTS

By using statistician software, random numbers were generated. Depending upon the number which belongs to patient, patient is subjected to conventional intrauterine insemination or ultrasound guided intrauterine insemination.

BENEFITS

Improved pregnancy rate.

COMPENSATION

Nil

QUESTIONS

If you have any question about the study you may please contact Chief investigator Dr. *****, Department of Obstetrics and Gynaecology, J.N.M.C. Belgaum, Dr. *****, Post Graduate, Department of Obstetrics and Gynaecology, J.N.M.C. Belgaum.

If you have any questions regarding rights of participants you may please contact Principal and Chairman of ethical committee, JNMC, Belgaum.

I have been explained in my vernacular language regarding the proposed procedure and the risks and benefits associated with it and I undersigned give my consent for the same.

Signature or left thumb print of the participant or legally authorized representative.

Participant's Name : _____

Signature or left thumb print : _____

Address : _____

Telephone No. : _____

Experimenters /witness name : _____

Signature : _____

Date : _____

ANNEXURE II - PROFOMA

“ULTRA SOUND GUIDED INTRA UTERINE INSEMINATION - A
RANDOMIZED CLINICAL TRIAL”

Sl. No. :

IUI Cycle :

Place :

BRD/ARC

Patient Name : _____

Age : _____

Husband's Name : _____

Age : _____

Address : _____

Residence Phone No. : _____

Office Phone No. _____

Duration Of Infertility: _____

AIH/AID : _____

Semen analysis : _____

ML : _____

1°/2° infertility : _____

LMP : _____

Follicular study : _____

Day : _____

No. of previous IUI : _____

Menstrual Cycle : _____

Treatment Given : _____

Scan Done By: _____

Date : _____

OUTCOME

UPT on : _____ / TVS on : _____

CONCLUSION :

Department of OB and G,
J. N. Medical College,
Belgaum.

ANNEXURE III - MASTER CHART

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
1.	SA	23	05	AIH	21-10-08	16	C	Negative
2.	AP	25	02	AIH	22-10-08	15	U	Positive
3.	JT	23	02	AIH	22-10-08	14	U	Negative
4.	BJ	25	03	AIH	22-10-08	12	C	Negative
5.	KA	29	01	AID	23-10-08	14	C	Negative
6.	RS	25	02	AIH	24-10-08	14	U	Negative
7.	SS	25	03	AIH	24-10-08	17	C	Negative
8.	AK	28	03	AIH	25-10-08	14	C	Negative
9.	SS	25	01	AIH	25-10-08	14	C	Negative
10.	MB	27	03	AIH	27-10-08	13	U	Negative
11.	NM	27	02	AID	27-10-08	15	U	Negative
12.	PN	30	02	AIH	27-10-08	14	C	Negative
13.	SN	28	01	AIH	27-10-08	14	U	Negative
14.	SB	27	03	AIH	27-10-08	14	U	Negative
15.	GR	32	02	AID	27-10-08	15	C	Negative
16.	AP	36	02	AID	28-10-08	14	C	Negative
17.	SA	30	03	AID	30-10-08	15	C	Negative
18.	SC	25	02	AIH	31-10-08	15	C	Negative
19.	SM	30	01	AIH	31-10-08	14	C	Negative
20.	GM	24	04	AID	31-10-08	12	C	Positive
21.	VS	36	04	AID	31-10-08	12	C	Negative
22.	VM	28	04	AIH	31-10-08	14	U	Negative
23.	RP	28	02	AID	02-11-08	16	C	Negative
24.	GP	24	04	AIH	03-11-08	14	C	Negative
25.	NG	21	02	AID	04-11-08	13	U	Negative
26.	IB	27	02	AID	04-11-08	14	U	Negative
27.	RG	22	02	AID	05-11-08	14	U	NAF
28.	MR	26	01	AIH	05-11-08	16	C	Negative
29.	SB	32	04	AID	05-11-08	14	U	Negative
30.	VS	25	04	AIH	05-11-08	13	U	Negative
31.	ST	25	04	AID	05-11-08	15	U	Negative
32.	MM	25	01	AIH	06-11-08	14	C	Negative
33.	RD	30	03	AID	06-11-08	14	U	Negative
34.	SH	26	01	AIH	06-11-08	19	U	Negative
35.	SS	22	01	AIH	06-11-08	17	C	Negative
36.	LH	38	01	AIH	08-11-08	17	C	NAF
37.	AM	30	02	AIH	10-11-08	13	U	Negative
38.	GG	27	02	AIH	10-11-08	15	U	Negative
39.	SS	25	01	AID	10-11-08	15	U	Negative
40.	BP	35	04	AIH	10-11-08	15	U	Negative
41.	SK	34	01	AIH	11-11-08	13	U	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
42.	KP	23	03	AIH	12-11-08	15	C	NAF
43.	VA	25	02	AIH	12-11-08	15	U	Negative
44.	KY	28	02	AIH	12-11-08	14	C	Negative
45.	GP	30	01	AIH	13-11-08	14	U	Negative
46.	SK	30	02	AID	13-11-08	14	C	Negative
47.	SH	30	02	AID	13-11-08	14	C	Negative
48.	SK	29	03	AID	13-11-08	15	U	Negative
49.	LA	18	03	AIH	13-11-08	15	C	Negative
50.	PC	27	03	AIH	14-11-08	15	U	Negative
51.	BG	32	03	AIH	14-11-08	14	C	Negative
52.	PY	28	03	AID	14-11-08	14	U	NAF
53.	SM	28	03	AIH	15-11-08	11	C	Negative
54.	GK	36	02	AIH	15-11-08	14	C	Negative
55.	PH	28	02	AIH	17-11-08	16	C	Negative
56.	AD	27	01	AID	17-11-08	15	C	Negative
57.	SD	28	01	AIH	17-11-08	15	C	Negative
58.	SP	26	01	AID	17-11-08	16	C	Negative
59.	KS	27	02	AIH	17-11-08	17	C	Negative
60.	VS	24	01	AIH	18-11-08	13	U	Negative
61.	NB	26	02	AIH	19-11-08	12	C	Negative
62.	SR	34	01	AID	19-11-08	15	U	NAF
63.	IV	28	01	AIH	19-11-08	17	C	Negative
64.	UK	30	02	AID	19-11-08	15	U	Negative
65.	JB	23	02	AID	20-11-08	20	U	Negative
66.	BG	33	01	AIH	20-11-08	14	U	Negative
67.	MP	27	02	AID	20-11-08	13	C	Negative
68.	KA	30	03	AID	20-11-08	12	C	Negative
69.	NM	23	03	AIH	20-11-08	12	C	Negative
70.	RK	30	02	AIH	21-11-08	13	U	Negative
71.	SA	26	06	AIH	21-11-08	16	U	Negative
72.	AK	28	04	AIH	22-11-08	13	C	Negative
73.	RS	25	03	AIH	24-11-08	14	U	Negative
74.	SS	25	04	AID	24-11-08	14	C	Negative
75.	MP	28	03	AIH	25-11-08	14	C	Negative
76.	SN	27	01	AIH	25-11-08	16	U	Negative
77.	RP	31	01	AID	25-11-08	12	C	Negative
78.	VS	26	01	AIH	25-11-08	13	U	Negative
79.	AH	40	02	AID	26-11-08	14	C	Negative
80.	AD	26	06	AIH	26-11-08	14	C	Negative
81.	GM	28	03	AIH	26-11-08	14	U	Negative
82.	RV	27	02	AID	26-11-08	15	U	Negative
83.	SN	26	02	AIH	26-11-08	15	U	Negative
84.	GR	35	04	AID	26-11-08	14	U	Negative
85.	SV	28	01	AIH	27-11-08	18	C	Negative
86.	SH	24	02	AIH	27-11-08	18	U	NAF

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
87.	SP	38	01	AIH	27-11-08	12	C	Negative
88.	YP	28	02	AIH	28-11-08	14	C	Negative
89.	VS	25	05	AIH	28-11-08	14	U	Negative
90.	CU	30	01	AID	28-11-08	14	C	Negative
91.	MJ	39	01	AID	29-11-08	14	C	Negative
92.	SC	23	02	AIH	29-11-08	13	U	Negative
93.	SA	27	01	AID	29-11-08	17	C	Negative
94.	JG	27	03	AIH	29-11-08	14	C	Negative
95.	SA	28	01	AID	29-11-08	14	C	Negative
96.	KT	21	01	AID	29-11-08	15	C	NAF
97.	LB	25	02	AID	29-11-08	14	U	Positive
98.	GS	26	03	AIH	29-11-08	17	C	Negative
99.	IB	27	03	AID	01-12-08	12	U	Negative
100.	MR	30	04	AID	01-12-08	14	U	Negative
101.	HS	28	02	AIH	01-12-08	18	C	Negative
102.	PM	34	01	AIH	01-12-08	14	C	Negative
103.	GW	31	04	AIH	01-12-08	14	C	NAF
104.	GM	26	05	AID	02-12-08	12	U	Positive
105.	SM	25	03	AIH	02-12-08	21	C	Negative
106.	PN	30	04	AIH	02-12-08	14	C	Negative
107.	SS	28	02	AIH	10-12-08	15	C	Negative
108.	SP	27	01	AIH	04-12-08	14	U	Negative
109.	VH	24	01	AIH	10-12-08	15	C	Negative
110.	SP	25	02	AID	05-12-08	15	C	Negative
111.	N	27	02	AID	10-12-08	14	C	Negative
112.	GP	24	05	AIH	08-12-08	14	C	Negative
113.	VM	25	01	AIH	08-12-08	15	C	Negative
114.	GG	27	03	AIH	10-12-08	14	C	Negative
115.	SH	32	04	AID	10-12-08	13	U	Negative
116.	BP	35	05	AIH	11-12-08	15	U	Negative
117.	MG	25	01	AIH	12-12-08	17	C	Negative
118.	VA	25	03	AIH	12-12-08	14	U	Negative
119.	S	27	02	AID	13-12-08	16	C	Negative
120.	SK	34	02	AIH	13-12-08	16	C	Negative
121.	SH	26	02	AIH	13-12-08	17	C	Negative
122.	GK	36	03	AIH	13-12-08	15	U	Negative
123.	SP	35	01	AIH	15-12-08	16	C	Negative
124.	PH	20	03	AIH	15-12-08	14	C	Negative
125.	SS	41	03	AID	15-12-08	14	U	Negative
126.	PY	21	01	AIH	15-08-12	17	U	Negative
127.	PC	28	04	AIH	16-12-08	17	C	Negative
128.	PS	22	02	AIH	17-12-08	18	U	Negative
129.	RK	30	03	AIH	17-12-08	12	U	Negative
130.	DS	30	01	AIH	18-12-08	13	C	Negative
131.	AH	28	01	AIH	18-12-08	18	U	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
132.	GB	22	01	AIH	18-12-08	16	C	NAF
133.	SM	26	01	AIH	18-12-08	14	U	Negative
134.	CA	28	02	AIH	19-12-08	15	C	Negative
135.	AB	26	03	AID	19-12-08	16	U	Negative
136.	SM	32	01	AIH	22-12-08	13	U	Negative
137.	SG	24	01	AID	23-12-08	15	U	Negative
138.	SM	23	01	AIH	24-12-08	14	U	Negative
139.	SN	26	03	AIH	24-12-08	14	U	Negative
140.	SC	23	03	AIH	24-12-08	14	U	Negative
141.	RS	27	04	AIH	24-12-08	14	U	Negative
142.	SS	25	05	AIH	24-12-08	15	C	Negative
143.	RV	26	02	AID	24-12-08	13	U	Positive
144.	BB	28	01	AID	24-12-08	13	U	Negative
145.	VD	25	01	AIH	24-12-08	16	U	Positive
146.	SN	27	02	AIH	26-12-08	12	U	Negative
147.	VP	24	01	AIH	26-12-08	17	C	Negative
148.	JB	25	03	AID	26-12-08	12	C	Negative
149.	MR	35	06	AID	29-12-08	14	U	NAF
150.	GP	30	01	AIH	29-12-08	15	U	Negative
151.	GP	22	02	AIH	29-12-08	15	C	NAF
152.	NG	32	06	AIH	29-12-08	17	U	Negative
153.	HS	28	02	AIH	29-12-08	15	U	Negative
154.	RB	27	02	AIH	29-12-08	14	C	Negative
155.	SV	28	02	AIH	30-12-08	14	U	Negative
156.	MH	29	01	AIH	31-12-08	15	U	NAF
157.	RC	30	02	AID	31-12-08	15	C	Negative
158.	SV	26	04	AID	01-01-09	14	U	Negative
159.	SS	27	01	AID	01-01-09	18	C	Negative
160.	PP	21	01	AIH	01-01-09	17	C	NAF
161.	PM	25	02	AIH	01-01-09	14	C	Negative
162.	SH	26	03	AIH	02-01-09	20	U	Negative
163.	S	29	05	AIH	02-10-09	19	C	Negative
164.	BK	26	05	AID	03-01-09	12	C	Negative
165.	CY	30	01	AIH	05-01-09	15	U	Negative
166.	RP	22	02	AIH	05-01-09	15	C	Negative
167.	SM	34	01	AID	05-01-09	14	C	Negative
168.	SK	30	03	AID	05-01-09	15	C	Negative
169.	SH	30	05	AID	07-01-09	13	U	Negative
170.	GG	27	05	AIH	07-01-09	14	C	Negative
171.	VM	25	02	AIH	07-01-09	15	C	Negative
172.	PV	26	01	AID	07-01-09	13	C	Positive
173.	GR	36	01	AIH	08-01-09	14	C	Negative
174.	EA	33	01	AIH	09-01-09	16	U	Negative
175.	GG	27	05	AIH	07-01-09	14	U	Negative
176.	SF	33	03	AIH	10-01-09	16	C	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
177.	BP	35	06	AIH	10-01-09	16	C	Negative
178.	MR	26	02	AIH	12-01-09	15	U	NAF
179.	VP	28	01	AIH	12-01-09	19	C	Negative
180.	RS	23	01	AID	12-01-09	16	U	NAF
181.	NM	23	04	AIH	12-01-09	12	U	Negative
182.	IV	28	03	AIH	12-01-09	16	U	Negative
183.	AM	26	03	AIH	12-01-09	15	C	Negative
184.	RD	36	02	AIH	13-01-09	12	C	Negative
185.	SA	29	01	AIH	15-01-09	17	C	Negative
186.	SP	25	04	AID	15-01-09	14	C	NAF
187.	RP	21	01	AIH	15-01-09	17	C	NAF
188.	LG	25	01	AIH	15-01-09	15	U	Negative
189.	SK	22	01	AIH	16-01-09	12	C	Negative
190.	SS	24	01	AIH	16-01-09	17	U	NAF
191.	PY	34	01	AIH	16-01-09	17	C	Positive
192.	MP	25	03	AID	17-01-09	13	C	Negative
193.	AU	30	01	AIH	17-01-09	13	U	Negative
194.	MK	22	01	AID	17-01-09	13	C	NAF
195.	SS	27	01	AID	19-01-09	17	U	Positive
196.	PM	40	01	AID	20-01-09	16	U	Negative
197.	RG	24	01	AIH	20-01-09	14	C	Negative
198.	SC	23	04	AIH	21-01-09	13	C	Negative
199.	SK	34	01	AIH	21-01-09	14	U	Negative
200.	SK	32	01	AIH	21-01-09	16	U	Negative
201.	BH	30	01	AID	21-01-09	12	C	Negative
202.	PG	23	01	AIH	22-01-09	19	U	Negative
203.	SS	21	01	AIH	23-01-09	15	U	NAF
204.	SS	25	07	AIH	23-01-09	15	U	Negative
205.	BB	28	02	AID	24-01-09	14	C	Negative
206.	RH	20	01	AIH	24-01-09	14	U	Negative
207.	SR	35	02	AID	24-01-09	16	C	Negative
208.	AD	35	01	AIH	24-01-09	16	U	Positive
209.	BD	31	01	AIH	24-01-09	13	C	Negative
210.	JK	30	02	AIH	23-01-09	15	C	Negative
211.	UK	31	01	AIH	27-01-09	16	C	Negative
212.	SC	25	01	AIH	27-01-09	15	U	Negative
213.	SP	25	01	AID	27-01-09	15	C	Negative
214.	VP	24	02	AIH	27-01-09	19	U	Negative
215.	SM	26	01	AID	28-01-09	14	C	Negative
216.	DK	29	01	AIH	29-01-09	15	C	Negative
217.	RC	25	02	AID	28-01-09	14	C	Negative
218.	RT	24	03	AIH	28-01-09	21	U	Negative
219.	SG	35	01	AIH	29-01-09	19	C	Negative
220.	SV	26	05	AID	29-01-09	14	C	Negative
221.	LP	34	01	AIH	29-01-09	15	U	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
222.	SV	28	03	AIH	30-01-09	14	C	Negative
223.	BS	29	05	AIH	31-01-09	14	U	Negative
224.	KK	30	04	AID	31-01-09	16	U	Negative
225.	SS	27	02	AID	31-01-09	15	U	Negative
226.	SK	30	04	AID	31-01-09	15	C	Negative
227.	BP	24	01	AIH	02-02-09	15	U	Negative
228.	SM	34	01	AID	03-02-09	15	U	Negative
229.	PN	24	01	AIH	04-02-09	12	C	NAF
230.	SH	30	06	AID	04-02-09	13	U	Negative
231.	SD	28	01	AIH	04-02-09	13	C	Negative
232.	CY	30	02	AIH	04-02-09	15	C	NAF
233.	RP	22	03	AIH	05-02-09	15	U	Positive
234.	HA	30	01	AID	05-02-09	13	U	Negative
235.	SP	35	01	AIH	05-02-09	14	C	Negative
236.	CU	30	01	AIH	05-02-09	13	U	Negative
237.	GK	36	03	AIH	05-02-09	13	U	Negative
238.	GG	27	06	AIH	06-02-09	14	C	Negative
239.	GP	36	02	AIH	06-02-09	14	C	NAF
240.	PS	31	02	AID	06-02-09	15	U	Negative
241.	SK	35	01	AID	07-02-09	13	C	Negative
242.	BB	24	01	AID	07-02-09	17	C	Negative
243.	EA	33	02	AIH	10-02-09	17	U	Negative
244.	AN	26	04	AIH	10-02-09	15	U	Negative
245.	SB	27	04	AID	10-02-09	12	U	Negative
246.	VM	28	02	AIH	11-02-09	15	C	Negative
247.	VM	30	01	AIH	11-02-09	16	C	Negative
248.	MH	32	05	AIH	12-02-09	14	C	NAF
249.	DP	29	02	AIH	12-02-09	15	C	Negative
250.	DK	20	01	AIH	13-02-09	14	C	Negative
251.	JA	28	01	AIH	13-02-09	14	C	Negative
252.	RK	34	02	AIH	14-02-09	18	C	Negative
253.	SL	20	01	AIH	14-02-09	17	C	Negative
254.	GM	27	04	AIH	14-02-09	15	C	Negative
255.	NL	24	02	AID	14-02-09	17	C	Positive
256.	LG	25	01	AIH	14-02-09	15	U	Negative
257.	RH	32	01	AIH	14-02-09	18	U	Negative
258.	RK	33	04	AIH	16-02-09	13	C	Negative
259.	RP	30	02	AID	16-02-09	13	U	Positive
260.	SK	23	02	AIH	16-02-09	14	C	Negative
261.	CA	28	02	AIH	17-02-09	17	U	Negative
262.	JD	31	03	AID	16-02-09	16	C	Negative
263.	NV	32	01	AID	17-02-09	16	U	Negative
264.	LP	22	01	AID	18-02-09	14	U	Negative
265.	SB	31	01	AID	18-02-09	16	C	Negative
266.	MM	24	02	AIH	18-02-09	15	U	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
267.	SK	34	02	AIH	19-02-09	15	C	Negative
268.	SC	24	05	AIH	19-02-09	14	U	Negative
269.	PN	34	01	AIH	20-02-09	19	U	Negative
270.	NS	35	04	AID	20-02-09	15	U	Negative
271.	SA	23	03	AID	20-02-09	17	U	Negative
272.	PG	23	02	AIH	21-02-09	16	C	Negative
273.	SK	32	02	AIH	21-02-09	15	C	Negative
274.	BB	28	03	AID	21-02-09	13	U	Negative
275.	SV	36	01	AIH	24-02-09	20	U	Negative
276.	BH	30	02	AID	24-02-09	14	U	Negative
277.	LM	27	01	AIH	24-02-09	13	C	Negative
278.	VB	26	01	AIH	24-02-09	10	U	Negative
279.	SM	22	01	AIH	24-02-09	11	U	Positive
280.	SM	26	02	AID	25-02-09	14	C	Negative
281.	LP	34	02	AIH	26-02-09	15	C	Negative
282.	SI	29	02	AIH	26-02-09	19	C	Negative
283.	SG	34	02	AIH	27-02-09	16	U	Negative
284.	MP	26	05	AID	27-02-09	13	C	Negative
285.	LH	24	01	AIH	27-02-09	16	U	Negative
286.	PS	34	01	AIH	28-02-09	18	C	Negative
287.	VM	37	02	AID	28-02-09	15	C	Negative
288.	SK	30	03	AID	02-03-09	15	C	Negative
289.	BP	22	02	AIH	03-03-09	15	C	Negative
290.	SP	35	02	AIH	04-03-09	13	U	Negative
291.	SS	27	03	AID	04-03-09	15	U	Negative
292.	CU	30	03	AID	06-03-09	14	C	Negative
293.	BB	25	02	AID	07-03-09	15	U	Negative
294.	SA	30	05	AID	07-03-09	15	C	Negative
295.	SH	32	07	AID	07-03-09	15	U	Negative
296.	SK	35	02	AID	07-03-09	12	U	Negative
297.	KP	24	05	AIH	09-03-09	14	U	Negative
298.	SM	26	02	AIH	09-03-09	14	C	Negative
299.	SS	28	04	AID	09-03-09	16	U	Negative
300.	RH	32	02	AIH	10-03-09	13	U	Negative
301.	BK	26	06	AID	12-03-09	17	U	Negative
302.	DP	29	03	AIH	13-03-09	16	U	Negative
303.	VP	28	03	AIH	13-03-09	15	U	Negative
304.	AU	31	03	AIH	14-03-09	14	U	Negative
305.	SG	32	01	AID	14-03-09	16	C	Negative
306.	LG	25	03	AIH	14-03-09	14	C	Negative
307.	GM	27	05	AIH	16-03-09	16	U	NAF
308.	SL	20	02	AIH	16-03-09	15	U	Negative
309.	JA	28	02	AIH	16-03-09	16	U	Negative
310.	CN	27	01	AIH	16-03-09	16	C	Negative
311.	VM	30	02	AIH	16-03-09	17	C	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
312.	LC	34	03	AID	16-03-09	15	C	Negative
313.	PK	31	02	AID	16-03-09	17	U	Positive
314.	SC	23	01	AIH	18-03-09	14	U	Negative
315.	DSK	37	01	AIH	18-03-09	16	U	Negative
316.	AB	22	01	AIH	19-03-09	12	U	Positive
317.	SV	28	06	AAIH	19-03-09	15	U	Negative
318.	RH	26	01	AIH	20-03-09	14	U	Positive
319.	BB	30	03	AIH	21-03-09	12	U	Negative
320.	SR	34	03	AID	21-03-09	14	C	Negative
321.	PG	24	03	AIH	23-03-09	16	U	Negative
322.	SB	25	01	AID	23-03-09	15	C	Negative
323.	JK	28	03	AIH	24-03-09	14	C	Negative
324.	RS	29	01	AIH	25-03-09	16	U	Negative
325.	SV	25	06	AID	25-03-09	14	U	Negative
326.	LV	35	01	AID	25-03-09	14	C	Negative
327.	SJ	28	01	AIH	26-03-09	21	U	Positive
328.	SS	34	02	AIH	26-03-09	15	U	Positive
329.	RP	29	01	AIH	26-03-09	14	C	Negative
330.	LH	24	02	AIH	26-03-09	13	C	Negative
331.	MW	32	01	AIH	28-03-09	13	U	Negative
332.	TG	30	01	AIH	28-03-09	16	U	Negative
333.	DK	28	02	AIH	28-03-09	20	C	Negative
334.	MP	26	06	AID	28-03-09	13	C	Negative
335.	MH	36	01	AIH	28-03-09	14	U	Negative
336.	SM	26	03	AID	28-03-09	14	U	Negative
337.	LP	34	03	AIH	28-03-09	16	C	Negative
338.	SK	32	04	AID	30-03-09	16	C	Negative
339.	NG	28	01	AIH	31-03-09	17	C	Negative
340.	PM	18	01	AIH	01-04-09	14	U	Negative
341.	GK	38	01	AID	01-04-09	14	U	Negative
342.	SG	35	03	AIH	01-04-09	18	U	Negative
343.	H	30	02	AID	01-04-09	13	C	Negative
344.	LM	33	01	AIH	02-04-09	17	U	Negative
345.	SP	34	03	AIH	02-04-09	15	U	Negative
346.	RK	29	02	AID	02-04-09	13	C	Negative
347.	UK	32	02	AIH	03-04-09	16	U	Positive
348.	RS	27	01	AIH	03-04-09	14	U	Negative
349.	N	31	01	AIH	03-04-09	14	U	Negative
350.	BP	24	03	AIH	03-04-09	15	U	NAF
351.	NG	21	04	AID	03-04-09	12	C	Negative
352.	AS	23	01	AIH	04-04-09	14	C	Negative
353.	CS	38	01	AID	04-04-09	16	C	Negative
354.	BB	25	03	AID	04-04-09	14	U	Negative
355.	AG	32	04	AIH	06-04-09	15	C	Negative
356.	SH	30	04	AID	06-04-09	16	U	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
357.	SM	26	03	AIH	06-04-09	15	U	Negative
358.	RH	32	01	AIH	06-04-09	18	C	Negative
359.	SR	31	01	AIH	06-04-09	14	U	Positive
360.	SP	35	01	AID	07-04-09	14	U	Positive
361.	PK	29	04	AIH	10-04-09	14	U	Negative
362.	MD	24	01	AIH	11-04-09	16	U	Negative
363.	PC	22	02	AIH	11-04-09	20	C	Negative
364.	SG	32	02	AID	11-04-09	14	C	Negative
365.	SB	27	07	AID	11-04-09	15	C	Negative
366.	SN	30	01	AIH	13-04-09	15	U	Negative
367.	DP	28	01	AIH	13-04-09	15	U	Negative
368.	SK	30	06	AID	13-04-09	14	C	Negative
369.	LC	34	02	AID	13-04-09	13	U	Negative
370.	SL	20	01	AIH	14-04-09	14	U	Negative
371.	RR	25	01	AIH	15-04-09	15	C	Negative
372.	BK	23	04	AIH	15-04-09	21	C	Negative
373.	SK	34	01	AIH	18-04-09	15	C	Negative
374.	SK	29	01	AIH	20-04-09	14	C	Negative
375.	DH	30	04	AID	20-04-09	12	U	NAF
376.	SR	24	02	AIH	20-04-09	12	U	Negative
377.	NB	31	01	AIH	20-04-09	17	U	Negative
378.	GH	22	01	AID	22-04-09	14	U	Negative
379.	JB	25	01	AIH	22-04-09	14	C	Negative
380.	PS	40	01	AID	24-04-09	14	U	Positive
381.	HB	23	01	AIH	24-04-09	15	U	Negative
382.	SK	32	03	AIH	24-04-09	14	U	NAF
383.	TG	30	02	AIH	24-04-09	14	C	Negative
384.	LH	24	03	AIH	24-04-09	15	U	Negative
385.	PG	24	01	AIH	24-04-09	18	U	Negative
386.	AP	28	01	AIH	25-04-09	15	U	Negative
387.	RK	29	02	AIH	25-04-09	16	U	Negative
388.	LK	35	02	AID	25-04-09	13	C	Negative
389.	DK	29	03	AIH	25-04-09	15	U	Negative
390.	A	27	02	AIH	28-04-09	14	C	Negative
391.	RC	27	03	AID	28-04-09	10	C	Negative
392.	NP	31	02	AIH	29-04-09	13	U	Negative
393.	AJ	30	01	AIH	30-04-09	15	C	NAF
394.	NG	28	01	AIH	30-04-09	14	U	Negative
395.	C	38	02	AID	30-04-09	14	U	NAF
396.	JH	32	01	AIH	30-04-09	14	U	Negative
397.	NG	33	07	AIH	02-05-09	16	C	Negative
398.	SM	26	04	AIH	02-05-09	12	C	Negative
399.	SS	27	05	AID	02-05-09	15	C	Negative
400.	SG	34	01	AIH	05-05-09	15	C	Negative
401.	SU	32	01	AIH	06-05-09	14	C	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
402.	RH	32	02	AIH	06-05-09	14	C	Negative
403.	JA	24	01	AIH	06-05-09	14	C	Negative
404.	PP	25	01	AID	07-05-09	14	U	Negative
405.	DP	25	01	AID	07-05-09	14	C	Negative
406.	AU	31	03	AIH	07-05-09	12	U	Negative
407.	AG	32	02	AIH	07-05-09	15	C	Negative
408.	GS	28	04	AIH	08-05-09	14	U	Negative
409.	DP	28	02	AIH	09-05-09	14	U	Negative
410.	SB	35	04	AID	09-05-09	16	U	NAF
411.	S	25	02	AID	11-05-09	13	C	Negative
412.	MD	24	02	AIH	12-05-09	16	C	NAF
413.	RR	28	02	AID	13-05-09	17	C	Negative
414.	BK	22	05	AIH	13-05-09	14	C	Negative
415.	SK	35	03	AIH	14-05-09	14	C	Negative
416.	VP	22	02	AIH	14-05-09	14	C	Positive
417.	RP	30	02	AID	22-05-09	14	C	Negative
418.	VP	26	03	AIH	22-05-09	14	U	Positive
419.	RP	30	03	AIH	22-05-09	14	C	Negative
420.	GH	22	02	AID	23-05-09	16	C	Negative
421.	AP	26	02	AIH	25-05-09	15	U	Negative
422.	HC	20	02	AIH	23-05-09	14	C	Negative
423.	SA	39	02	AIH	25-05-09	16	C	Negative
424.	GB	35	01	AIH	25-05-09	19	U	Negative
425.	SG	30	01	AIH	27-05-09	14	U	Negative
426.	AJ	30	02	AIH	27-05-09	15	U	Negative
427.	C	38	03	AID	27-05-09	13	C	Negative
428.	SM	30	04	AID	27-05-09	11	U	Negative
429.	RN	29	02	AID	28-05-09	13	U	NAF
430.	VM	28	04	AIH	29-05-09	20	U	Negative
431.	JH	32	02	AIH	29-05-09	14	U	Negative
432.	PG	25	01	AIH	29-05-09	15	U	NAF
433.	SK	22	01	AID	29-05-09	12	C	Negative
434.	SJ	31	03	AIH	30-05-09	17	U	Positive
435.	CP	29	02	AIH	01-06-09	14	U	Negative
436.	FS	30	02	AIH	02-06-09	14	C	Negative
437.	NG	33	05	AIH	02-06-09	17	U	Negative
438.	SM	26	05	AIH	01-06-09	15	U	NAF
439.	SS	26	02	AID	03-06-09	13	C	Positive
440.	MH	24	01	AID	03-06-09	14	U	Negative
441.	DP	24	01	AIH	03-06-09	14	U	Negative
442.	MC	20	01	AID	03-06-09	14	U	Negative
443.	DP	29	06	AIH	04-06-09	15	C	Negative
444.	NB	23	02	AIH	04-06-09	24	C	Negative
445.	SU	32	05	AIH	04-06-09	14	U	Negative
446.	PG	30	04	AID	04-06-09	16	C	NAF

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
447.	MS	22	01	AIH	05-06-09	20	U	Negative
448.	AU	30	02	AIH	05-06-09	12	C	Negative
449.	VM	38	01	AID	05-06-09	15	U	Negative
450.	SS	27	06	AID	05-06-09	15	U	Negative
451.	AG	32	03	AIH	05-06-09	15	U	Negative
452.	SG	37	02	AIH	06-06-09	14	U	Negative
453.	MK	22	02	AID	06-06-09	14	U	Positive
454.	AP	29	01	AIH	08-06-09	15	U	Negative
455.	PG	22	02	AIH	08-06-09	18	C	Negative
456.	BB	30	05	AID	08-06-09	14	U	Negative
457.	RH	32	03	AIH	08-06-09	15	C	Positive
458.	SA	31	01	AIH	10-06-09	15	U	Negative
459.	SP	31	01	AID	10-06-09	15	U	Negative
460.	K	40	01	AIH	11-06-09	13	U	Negative
461.	SB	28	02	AID	11-06-09	12	U	NAF
462.	SK	35	04	AIH	11-06-09	14	C	NAF
463.	LH	34	01	AIH	12-06-09	12	U	Negative
464.	KB	24	01	AIH	13-06-09	17	C	Negative
465.	VV	28	01	AIH	13-06-09	13	C	Negative
466.	NB	32	03	AID	13-06-09	16	U	Negative
467.	SR	34	04	AID	15-06-09	13	U	Negative
468.	RO	32	02	AIH	17-06-09	17	U	Negative
469.	VM	28	04	AIH	15-06-09	15	C	Negative
470.	RH	25	03	AID	17-06-09	12	C	Negative
471.	SA	21	01	AIH	17-06-09	18	U	Negative
472.	SA	23	03	AIH	17-06-09	15	U	Negative
473.	RC	28	04	AID	17-06-09	13	C	Negative
474.	LY	35	01	AIH	17-06-09	16	U	NAF
475.	JB	21	02	AIH	18-06-09	14	C	Negative
476.	SM	23	02	AIH	18-06-09	13	C	Negative
477.	SK	21	02	AIH	18-06-09	14	C	Negative
478.	BH	30	05	AID	19-06-09	11	U	Negative
479.	UB	21	01	AIH	20-06-09	13	C	Negative
480.	RK	37	04	AIH	20-06-09	15	C	Negative
481.	SA	39	03	AIH	20-06-09	13	U	Negative
482.	GH	23	03	AID	22-06-09	15	U	Negative
483.	SK	32	01	AID	22-06-09	15	U	Negative
484.	PY	28	03	AID	24-06-09	12	U	Negative
485.	HA	31	01	AID	24-06-09	14	U	Negative
486.	NB	31	04	AIH	23-06-09	15	C	NAF
487.	LG	20	01	AID	27-06-09	15	U	Negative
488.	AJ	30	03	AIH	26-06-09	16	U	Negative
489.	MT	30	01	AIH	26-06-09	14	C	Positive
490.	JH	32	03	AID	26-06-09	13	C	Positive
491.	VJ	25	01	AIH	27-06-09	13	C	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
492.	LG	20	01	AID	27-06-09	15	U	NAF
493.	MN	30	01	AIH	27-06-09	13	C	Negative
494.	DP	24	02	AIH	29-06-09	14	C	Negative
495.	PP	21	01	AIH	29-06-09	15	C	NAF
496.	RK	29	03	AIH	29-06-09	17	C	Negative
497.	ST	30	01	AIH	29-06-09	16	C	Negative
498.	RH	23	01	AID	29-06-09	12	C	Negative
499.	VH	30	02	AID	30-06-09	14	C	Negative
500.	MC	20	02	AID	30-06-09	12	C	Negative
501.	NP	23	01	AIH	30-06-09	16	C	Negative
502.	BK	21	01	AID	01-07-09	15	C	Negative
503.	MH	24	02	AID	01-07-09	14	U	Negative
504.	YM	24	01	AID	01-07-09	16	C	NAF
505.	NM	25	01	AID	02-07-09	11	C	Negative
506.	AB	22	01	AID	02-07-09	15	U	Negative
507.	VT	38	02	AID	02-07-09	13	U	Negative
508.	ST	24	01	AIH	03-07-09	18	C	Negative
509.	GS	28	01	AID	03-07-09	14	U	Negative
510.	BK	25	03	AID	03-07-09	16	U	Positive
511.	SS	35	01	AIH	04-07-09	14	U	Negative
512.	DV	36	01	AID	04-07-09	13	C	Negative
513.	SN	27	01	AIH	04-07-09	15	C	Negative
514.	L	34	03	AID	04-07-09	14	C	Negative
515.	AG	32	04	AIH	04-07-09	13	C	Positive
516.	SC	30	01	AID	06-07-09	14	U	Negative
517.	GS	32	02	AIH	06-07-09	12	U	Negative
518.	JP	32	01	AIH	06-07-09	15	U	Negative
519.	RC	26	01	AIH	06-07-09	14	U	Positive
520.	AP	29	05	AIH	07-07-09	15	C	Negative
521.	MS	22	02	AIH	08-07-09	18	C	Negative
522.	JA	24	02	AIH	08-07-09	14	U	Negative
523.	CU	30	03	AID	08-07-09	12	U	Positive
524.	SP	42	07	AID	08-07-09	14	C	Negative
525.	SA	31	02	AIH	10-07-09	14	C	Negative
526.	BB	30	06	AID	10-07-09	14	C	Negative
527.	AB	30	01	AIH	10-07-09	15	U	Negative
528.	DK	21	02	AIH	10-07-09	13	U	Negative
529.	MM	23	01	AIH	13-07-09	20	C	Negative
530.	SR	34	03	AID	15-07-09	15	C	Positive
531.	JB	21	03	AIH	15-07-09	14	U	NAF
532.	MH	33	03	AIH	15-07-09	14	C	NAF
533.	RH	29	05	AIH	15-07-09	14	U	Negative
534.	SM	23	03	AIH	15-07-09	12	C	Negative
535.	MM	28	01	AIH	17-07-09	15	C	Negative
536.	UP	30	01	AID	17-07-09	14	U	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
537.	SK	21	03	AIH	17-07-09	17	C	Negative
538.	LM	27	03	AIH	18-07-09	14	U	Negative
539.	UB	21	02	AIH	18-07-09	12	U	Negative
540.	S	34	01	AIH	18-07-09	14	U	Negative
541.	GR	30	01	AID	18-07-09	15	U	Positive
542.	NK	36	03	AID	18-07-09	15	C	Negative
543.	TK	28	01	AIH	18-07-09	20	C	Negative
544.	SM	35	01	AIH	18-07-09	12	U	Negative
545.	GH	27	01	AID	18-07-09	11	C	Negative
546.	SK	33	02	AID	20-07-09	15	U	Negative
547.	GP	25	01	AIH	20-07-09	18	C	Negative
548.	SP	32	01	AIH	21-07-09	18	C	Negative
549.	GH	23	04	AID	21-07-09	15	U	NAF
550.	PC	28	01	AIH	21-07-09	18	C	Negative
551.	HC	21	04	AIH	21-07-09	16	C	Negative
552.	BH	30	06	AID	22-07-09	15	C	Negative
553.	HA	31	02	AID	22-07-09	12	C	Negative
554.	MK	26	01	AIH	23-07-09	18	C	NAF
555.	SP	25	01	AIH	27-07-09	14	U	Negative
556.	VJ	25	02	AIH	24-07-09	13	C	Positive
557.	BK	24	02	AID	27-07-09	14	U	Negative
558.	SN	30	01	AIH	26-07-09	14	C	Positive
559.	VH	30	03	AID	28-07-09	13	C	Negative
560.	MR	20	03	AID	28-07-09	14	U	Positive
561.	RK	29	04	AIH	28-07-09	15	U	Negative
562.	SM	26	01	AIH	29-07-09	15	U	Negative
563.	BS	35	02	AIH	29-07-09	13	U	Negative
564.	DH	30	04	AID	29-07-09	14	U	Negative
565.	MH	24	03	AID	29-07-09	14	U	Negative
566.	AB	22	02	AID	30-07-09	14	C	Negative
567.	NG	28	01	AID	31-07-09	13	U	Negative
568.	SG	28	03	AIH	31-07-09	17	U	Negative
569.	KV	40	02	AIH	31-07-09	13	C	Negative
570.	JA	28	03	AIH	31-07-09	14	U	Negative
571.	GS	28	02	AID	31-07-09	14	U	Negative
572.	JK	29	01	AIH	03-08-09	16	C	Negative
573.	PG	30	01	AIH	03-08-09	13	C	Negative
574.	ST	24	02	AIH	03-08-09	14	U	Negative
575.	MA	36	01	AIH	03-08-09	20	C	Negative
576.	RC	28	05	AID	03-08-09	14	U	NAF
577.	GK	38	02	AID	03-08-09	13	U	Negative
578.	SC	34	03	AIH	03-08-09	17	U	Negative
579.	NP	23	02	AIH	03-08-09	17	U	Negative
580.	AK	21	01	AIH	04-08-09	13	C	Negative
581.	NA	28	01	AIH	05-08-09	16	U	Positive

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
582.	HK	29	01	AIH	05-08-09	12	C	Negative
583.	NM	25	02	AID	05-08-09	11	U	NAF
584.	SM	23	01	AID	05-08-09	16	U	Positive
585.	TS	23	01	AIH	06-08-09	13	C	Negative
586.	SB	32	01	AIH	07-08-09	14	U	Negative
587.	SP	42	01	AID	07-08-09	15	C	Negative
588.	RH	22	01	AIH	07-08-09	14	U	Negative
589.	SS	35	02	AIH	08-08-09	15	C	Negative
590.	KP	30	01	AID	08-08-09	15	C	Negative
591.	SA	31	03	AIH	08-08-09	12	C	Negative
592.	SK	35	05	AIH	08-08-09	13	C	NAF
593.	SC	25	01	AID	10-08-09	19	C	Negative
594.	DK	21	03	AIH	10-08-09	17	C	Negative
595.	MS	24	02	AIH	10-08-09	14	C	Negative
596.	KP	30	01	AIH	12-08-09	15	U	Negative
597.	SS	29	01	AIH	13-08-09	14	U	Negative
598.	YP	26	02	AIH	17-08-09	17	U	Negative
599.	SG	25	01	AIH	17-08-09	14	U	Negative
600.	SK	34	02	AIH	17-08-09	13	C	Negative
601.	VM	28	05	AIH	17-08-09	15	C	Positive
602.	SK	21	04	AIH	18-08-09	16	U	Negative
603.	PM	29	04	AIH	18-08-09	21	U	Negative
604.	S	30	02	AIH	19-08-09	16	U	Negative
605.	HC	21	05	AIH	19-08-09	14	U	Negative
606.	BK	23	06	AIH	19-08-09	14	U	Negative
607.	HA	37	03	AID	19-08-09	14	U	Negative
608.	SH	32	02	AIH	19-08-09	15	C	Negative
609.	VV	34	01	AIH	21-08-09	14	U	Negative
610.	BH	31	07	AID	21-08-09	12	U	Negative
611.	SN	24	02	AID	21-08-09	13	U	Negative
612.	NP	22	03	AIH	21-08-09	16	U	Negative
613.	TK	25	02	AIH	19-08-09	14	C	Negative
614.	ST	25	06	AID	22-08-09	13	U	Negative
615.	KH	30	01	AIH	19-08-09	14	C	Negative
616.	GK	35	01	AIH	24-08-09	15	U	NAF
617.	GS	21	03	AID	24-08-09	15	C	Negative
618.	BU	23	03	AID	24-08-09	16	C	Negative
619.	SP	34	01	AIH	24-08-09	13	U	Negative
620.	RV	30	01	AIH	26-08-09	14	U	Negative
621.	MH	24	04	AID	26-08-09	17	C	Negative
622.	RK	29	06	AIH	26-08-09	14	C	Negative
623.	AM	24	02	AIH	26-08-09	16	C	Negative
624.	AB	22	03	AID	27-08-09	14	U	NAF
625.	DP	28	03	AIH	27-08-09	13	C	Negative
626.	SP	30	04	AIH	27-08-09	16	C	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
627.	ND	28	02	AID	28-08-09	14	U	Negative
628.	AR	33	01	AID	28-08-09	13	C	Positive
629.	DH	28	01	AIH	28-08-09	13	C	Positive
630.	PB	28	01	AIH	31-08-09	18	U	Positive
631.	PM	37	01	AIH	28-08-09	14	U	Negative
632.	US	32	01	AID	31-08-09	15	C	Negative
633.	VS	32	01	AIH	31-08-09	17	U	Negative
634.	SC	30	02	AID	01-09-09	14	U	NAF
635.	KP	30	02	AID	31-08-09	14	U	NAF
636.	JK	30	02	AIH	03-09-09	16	U	Negative
637.	DS	30	01	AIH	03-09-09	16	U	Negative
638.	NS	27	01	AIH	04-09-09	14	U	Negative
639.	SP	42	01	AID	04-09-09	14	U	Negative
640.	NP	25	03	AIH	07-09-09	15	U	NAF
641.	RB	24	01	AIH	09-09-09	15	U	Negative
642.	S	32	02	AIH	01-09-09	13	C	Negative
643.	TN	26	01	AIH	09-09-09	14	C	Negative
644.	NM	25	03	AID	10-09-09	14	U	Negative
645.	MH	33	01	AIH	02-09-09	19	C	NAF
646.	SR	25	03	AIH	10-09-09	12	U	Negative
647.	MS	24	03	AIH	10-09-09	14	C	Negative
648.	SM	35	02	AIH	10-09-09	11	U	Negative
649.	AC	30	01	AIH	11-09-09	14	U	Negative
650.	NV	32	04	AID	11-09-09	11	C	Negative
651.	PN	32	01	AID	11-09-09	14	C	Negative
652.	LM	27	04	AIH	12-09-09	13	C	Negative
653.	AB	18	01	AIH	12-09-09	18	C	Negative
654.	DS	28	01	AIH	12-09-09	14	U	Negative
655.	MH	33	01	AIH	12-09-09	15	C	Negative
656.	UB	21	03	AIH	14-09-09	13	U	Negative
657.	AP	30	01	AIH	14-09-09	18	U	Negative
658.	UP	30	02	AID	12-09-09	13	C	Negative
659.	SH	32	03	AIH	14-09-09	14	C	Negative
660.	UK	25	01	AID	15-09-09	15	U	NAF
661.	PK	24	01	AIH	14-09-09	16	C	Negative
662.	DS	28	01	AIH	16-09-09	14	U	Negative
663.	KJ	26	02	AID	16-09-09	14	U	Positive
664.	TS	23	02	AIH	16-09-09	16	C	Negative
665.	SG	25	02	AIH	16-09-09	16	C	Negative
666.	CS	36	01	AIH	16-09-09	19	U	Negative
667.	HB	28	01	AID	16-09-09	13	U	Positive
668.	LC	38	02	AIH	17-09-09	16	U	Negative
669.	VS	31	02	AIH	16-09-09	17	C	Negative
670.	YM	24	02	AID	17-09-09	19	C	Negative
671.	SM	24	01	AID	17-09-09	16	C	NAF

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
672.	JB	21	05	AIH	19-09-09	16	C	Negative
673.	SV	35	03	AIH	19-09-09	13	C	Negative
674.	BU	21	04	AID	19-09-09	15	U	Negative
675.	GH	23	05	AID	19-09-09	15	U	Negative
676.	SG	30	05	AIH	19-09-09	16	U	NAF
677.	VM	24	01	AIH	19-09-09	13	C	Positive
678.	LM	26	01	AID	19-09-09	15	C	Negative
679.	RB	19	01	AIH	19-09-09	19	C	Negative
680.	SN	33	01	AIH	19-09-09	14	U	Negative
681.	SM	26	01	AIH	19-09-09	16	C	Negative
682.	VM	38	03	AID	21-09-09	14	C	Negative
683.	PK	28	01	AID	22-09-09	18	C	Positive
684.	BH	31	05	AID	22-09-09	13	U	Negative
685.	SS	23	01	AIH	23-09-09	14	U	Negative
686.	MM	36	01	AID	24-09-09	15	U	Negative
687.	RC	28	06	AID	24-09-09	14	U	NAF
688.	SM	34	02	AIH	23-09-09	14	C	Negative
689.	SM	24	01	AIH	23-09-09	14	C	Negative
690.	DA	32	01	AIH	23-09-09	12	C	Negative
691.	SK	28	02	AID	25-09-09	14	U	Negative
692.	JD	31	04	AID	26-09-09	14	U	Negative
693.	PS	24	03	AIH	23-09-09	10	C	Negative
694.	KT	21	02	AID	26-09-09	15	U	Negative
695.	AB	22	04	AID	26-09-09	15	U	Negative
696.	BN	30	01	AID	26-09-09	13	C	Negative
697.	NS	37	04	AID	26-09-09	14	C	Negative
698.	PP	31	04	AIH	26-09-09	16	U	Negative
699.	SV	38	01	AIH	26-09-09	13	U	Negative
700.	SP	39	01	AIH	26-09-09	14	U	Negative
701.	NS	27	02	AIH	01-10-09	14	C	Negative
702.	PP	26	01	AID	29-09-09	13	U	Negative
703.	BS	28	01	AID	29-09-09	14	U	Negative
704.	VI	26	01	AIH	01-10-09	13	C	Negative
705.	JA	28	04	AIH	29-09-09	13	U	Negative
706.	RK	29	06	AIH	29-09-09	18	U	Negative
707.	VS	32	01	AIH	29-09-09	15	U	Negative
708.	UP	23	01	AIH	29-09-09	15	U	Positive
709.	SC	30	03	AID	29-09-09	12	C	Negative
710.	GK	34	01	AIH	06-10-09	13	C	Negative
711.	SC	32	03	AIH	06-10-09	14	C	NAF
712.	IP	38	01	AIH	07-10-09	15	C	Negative
713.	SC	28	02	AIH	09-10-09	13	C	Negative
714.	RK	27	03	AID	10-10-09	13	U	Negative
715.	NY	26	04	AID	10-10-09	14	C	Negative
716.	VS	31	03	AIH	10-10-09	14	C	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
717.	MS	23	04	AIH	10-10-09	14	U	Negative
718.	RV	31	01	AID	12-10-09	16	C	Negative
719.	RB	24	03	AIH	12-10-09	17	U	Negative
720.	SM	30	01	AIH	12-10-09	13	C	Negative
721.	SG	25	03	AIH	12-10-09	14	U	Negative
722.	SR	28	02	AIH	13-10-09	12	U	Negative
723.	MS	23	02	AIH	14-10-09	14	C	Negative
724.	GX	32	01	AID	14-10-09	14	C	Negative
725.	CS	36	02	AIH	14-10-09	14	C	Negative
726.	MH	29	01	AIH	14-10-09	15	C	Negative
727.	UP	30	03	AID	15-10-09	16	U	Negative
728.	MR	32	01	AIH	15-10-09	14	U	Negative
729.	NM	24	02	AIH	14-10-09	16	C	Negative
730.	SM	28	02	AID	15-10-09	14	U	Negative
731.	BK	22	05	AID	16-10-09	16	U	Negative
732.	HB	28	02	AID	16-10-09	15	U	Positive
733.	YM	24	03	AID	16-10-09	10	C	Negative
734.	RB	22	03	AIH	17-10-09	15	U	NAF
735.	SU	34	03	AIH	17-10-09	13	C	Negative
736.	AP	30	03	AIH	20-10-02	20	C	Negative
737.	NG	28	03	AID	21-10-09	16	U	Negative
738.	JK	23	01	AIH	22-10-09	14	U	Negative
739.	SM	26	02	AIH	22-10-09	13	C	Negative
740.	AB	26	01	AID	22-10-09	14	C	Negative
741.	DA	32	02	AIH	23-10-09	14	C	Negative
742.	MM	28	02	AID	24-10-09	15	C	Negative
743.	SA	31	04	AIH	24-10-09	17	C	Negative
744.	SH	35	01	AIH	22-10-09	13	U	Negative
745.	RJ	38	01	AID	24-10-09	14	C	Negative
746.	AB	22	05	AID	26-10-09	14	C	Negative
747.	AP	28	03	AIH	26-10-09	15	C	Negative
748.	VP	28	01	AIH	26-10-09	17	C	Negative
749.	RP	29	03	AIH	23-10-09	13	U	Negative
750.	SS	33	01	AIH	28-10-09	13	C	Negative
751.	PP	26	02	AID	28-10-09	13	C	Negative
752.	JS	21	01	AIH	28-10-09	16	C	NAF
753.	SM	34	03	AIH	29-10-09	15	C	Negative
754.	BN	23	02	AIH	29-10-09	16	C	Negative
755.	NS	27	03	AIH	29-10-09	14	C	Negative
756.	RK	29	05	AIH	26-10-09	13	U	Negative
757.	RP	28	04	AIH	29-10-09	13	U	Negative
758.	RJ	30	01	AID	30-10-09	14	C	Negative
759.	SA	25	03	AID	30-10-09	12	C	Negative
760.	RL	33	01	AIH	31-10-09	13	U	NAF
761.	V	31	03	AID	31-10-09	17	C	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
762.	TH	22	01	AIH	02-11-09	15	U	Negative
763.	SK	29	01	AIH	02-11-09	13	C	Negative
764.	LM	27	05	AIH	02-11-09	12	U	Positive
765.	GG	36	02	AIH	04-11-09	14	U	Negative
766.	SH	32	04	AIH	07-11-09	13	C	Negative
767.	US	35	01	AID	07-11-09	13	C	Positive
768.	IP	38	02	AID	07-11-09	15	C	Negative
769.	SS	35	03	AIH	07-11-09	15	U	Negative
770.	SS	25	01	AIH	07-11-09	14	C	Negative
771.	MS	23	05	AIH	07-11-09	13	U	Negative
772.	SD	30	01	AIH	07-11-09	15	U	Negative
773.	DH	30	05	AID	09-11-09	14	C	Negative
774.	SM	31	02	AIH	09-11-09	15	U	Negative
775.	NM	28	05	AID	10-11-09	12	U	Negative
776.	PP	26	01	AID	10-11-09	13	C	Negative
777.	RS	31	01	AIH	11-11-09	16	C	Negative
778.	SJ	25	01	AID	13-11-09	14	C	Negative
779.	AS	23	01	AIH	14-11-09	14	U	Negative
780.	MH	30	05	AIH	14-11-09	15	U	Negative
781.	MD	32	01	AIH	14-11-09	14	U	Negative
782.	CS	35	01	AID	14-11-09	14	C	Negative
783.	GS	28	03	AIH	14-11-09	14	C	NAF
784.	HB	28	03	AIH	14-11-09	14	C	Negative
785.	MH	29	02	AIH	14-11-09	17	C	Positive
786.	PJ	28	04	AIH	14-11-09	12	C	Negative
787.	DS	27	01	AID	16-11-09	16	U	NAF
788.	MB	28	01	AID	14-11-09	13	C	Negative
789.	KM	36	01	AID	16-11-09	13	C	NAF
790.	NG	28	04	AID	16-11-09	13	U	Negative
791.	SU	32	04	AIH	16-11-09	16	U	Negative
792.	SM	27	03	AID	16-11-09	18	U	Negative
793.	GH	22	07	AID	18-11-09	15	C	Negative
794.	KG	28	01	AIH	18-11-09	14	U	Negative
795.	SP	23	01	AIH	18-11-09	15	U	Positive
796.	SH	26	01	AID	19-11-09	14	U	Positive
797.	JK	23	02	AIH	19-11-09	14	C	Negative
798.	KH	25	01	AIH	20-11-09	16	U	Negative
799.	SH	30	01	AID	20-11-09	16	U	Negative
800.	RA	22	01	AID	21-11-09	13	U	Negative
801.	SH	35	04	AID	21-11-09	12	U	Negative
802.	SK	28	3	AID	20-11-09	13	C	Negative
803.	NG	21	05	AID	21-11-09	12	C	Negative
804.	SA	31	05	AIH	21-11-09	14	C	NAF
805.	AP	33	04	AIH	21-11-09	14	C	Negative
806.	KS	27	01	AID	21-11-09	14	U	Negative

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
807.	BH	30	01	AIH	21-11-09	14	U	Negative
808.	SN	33	02	AIH	21-11-09	13	U	NAF
809.	AB	26	02	AID	21-11-09	13	U	Negative
810.	DA	32	03	AIH	21-11-09	14	C	Negative
811.	AJ	26	02	AID	23-11-09	13	U	Negative
812.	RJ	36	01	AIH	23-11-09	14	C	Negative
813.	AP	28	04	AIH	23-11-09	14	C	Negative
814.	RJ	35	02	AID	23-11-09	15	U	Positive
815.	PM	29	01	AIH	23-11-09	16	C	Negative
816.	RK	31	02	AID	23-11-09	14	U	Negative
817.	VB	29	01	AIH	25-11-09	15	U	Negative
818.	SK	36	01	AIH	25-11-09	15	U	NAF
819.	PK	39	01	AIH	25-11-09	14	U	Negative
820.	PP	38	01	AID	25-11-09	16	C	Negative
821.	SP	22	01	AIH	25-11-09	14	C	Positive
822.	PP	26	03	AID	26-11-09	12	C	Negative
823.	PK	35	01	AID	26-11-09	10	U	NAF
824.	N	27	04	AIH	26-11-09	13	C	Negative
825.	MM	28	03	AID	26-11-09	16	U	Negative
826.	R	28	05	AIH	26-11-09	13	C	Negative
827.	PM	28	04	AIH	26-11-09	17	U	Negative
828.	ST	25	04	AIH	26-11-09	16	C	Negative
829.	MH	33	02	AIH	27-11-09	13	C	Negative
830.	NM	24	02	AID	28-11-09	13	U	NAF
831.	SS	23	01	AIH	30-11-09	15	C	Negative
832.	AP	36	01	AIH	30-11-09	14	C	Negative
833.	TH	22	02	AIH	30-11-09	15	C	Negative
834.	SK	29	02	AIH	30-11-09	13	C	Negative
835.	SV	36	04	AIH	30-11-09	19	C	Negative
836.	PK	35	01	AIH	30-11-09	13	U	Negative
837.	SC	28	03	AIH	30-11-09	14	U	Negative
838.	US	32	03	AID	30-11-09	16	C	Negative
839.	B	30	03	AID	02-12-09	14	C	Negative
840.	GK	36	03	AIH	02-12-09	15	U	Positive
841.	VA	31	01	AID	02-12-09	14	U	Negative
842.	SM	34	04	AIH	03-12-09	14	U	Negative
843.	KH	28	04	AID	03-12-09	13	U	Negative
844.	DK	28	02	AIH	03-12-09	15	C	Negative
845.	RP	22	01	AIH	03-12-09	15	C	Negative
846.	GR	35	01	AID	03-12-09	14	C	Negative
847.	BS	30	02	AID	04-12-09	12	U	Negative
848.	MR	32	02	AIH	04-12-09	14	C	Negative
849.	SeC	31	04	AID	05-12-09	12	U	Negative
850.	IP	38	03	AID	05-12-09	14	U	Negative
851.	LN	24	01	AID	07-12-09	16	U	Positive

Sl. No.	Name	Age	Cycles	Type	Date Of IUI	Day	Method of IUI	Result
852.	UM	38	02	AIH	07-12-09	15	C	Negative
853.	MS	24	05	AIH	07-12-09	14	U	Negative
854.	SK	20	01	AID	07-12-09	16	U	Negative
855.	PP	26	02	AID	08-12-09	13	C	Negative
856.	SP	33	01	AIH	07-12-09	12	U	Negative
857.	VS	25	01	AIH	09-12-09	16	C	NAF
858.	SH	24	01	AID	09-12-09	19	U	Negative
859.	SM	37	01	AID	09-12-09	16	U	Negative
860.	VP	38	04	AID	09-12-09	14	C	Negative
861.	SM	30	03	AIH	09-12-09	14	U	Negative
862.	KB	30	01	AIH	11-12-09	15	C	Negative
863.	SS	28	01	AIH	11-12-09	14	C	Negative
864.	RB	23	03	AIH	11-12-09	15	C	Negative
865.	BK	23	06	AID	11-12-09	15	C	Negative
866.	SA	33	01	AIH	12-12-09	17	U	Negative
867.	AS	23	02	AIH	12-12-09	14	U	Positive
868.	LP	28	01	AID	12-12-09	15	U	Negative
869.	MB	28	02	AID	14-12-09	16	U	Negative
870.	CS	35	02	AID	14-12-09	14	U	Negative
871.	DS	27	02	AID	14-12-09	15	C	Negative
872.	NY	26	04	AID	14-12-09	14	C	Negative
873.	SH	30	02	AID	15-12-09	15	C	Positive
874.	SR	30	01	AIH	16-12-09	14	U	Negative
875.	KP	35	01	AIH	16-12-09	15	C	Negative
876.	KB	27	01	AID	16-12-09	18	U	Positive
877.	CP	36	02	AIH	16-12-09	13	C	Negative
878.	UD	32	01	AID	18-12-09	16	C	Negative
879.	SP	22	01	AIH	19-12-09	14	C	Negative
880.	PA	36	02	AID	19-12-09	13	U	Negative
881.	SA	31	06	AIH	19-12-09	13	C	Negative
882.	SP	25	05	AID	19-12-09	13	C	Positive
883.	ZS	28	06	AIH	19-12-09	15	C	Negative
884.	SK	28	04	AID	21-12-09	15	C	Negative
885.	SC	23	06	AIH	21-12-09	13	C	Negative
886.	RH	34	03	AIH	21-12-09	15	C	Negative
887.	VS	23	02	AID	21-12-09	16	C	Negative
888.	LB	23	01	AIH	21-12-09	15	U	Negative
889.	KH	25	02	AID	21-12-09	17	U	Negative
890.	AV	30	03	AIH	26-12-09	15	C	Negative
891.	MN	22	01	AID	26-12-09	13	C	Negative
892.	KH	22	01	AIH	26-12-09	15	C	Negative
893.	ZJ	25	02	AID	26-12-09	15	C	Negative
894.	DH	30	03	AID	26-12-09	13	U	Negative
895.	PM	29	01	AIH	26-12-09	18	C	Negative
896.	NK	30	01	AIH	27-12-09	14	C	Negative
897.	KP	28	05	AIH	27-12-09	14	C	Negative

KEY TO MASTER CHART

AID	-	Assisted insemination – Donor sample
AIH	-	Assisted insemination – Husband sample
Day	-	Day of cycle
C	-	Conventional method IUI
U	-	Ultrasound guided IUI
NAF	-	Not able to follow up