

LIST OF OBLIGATORY EXAMINATIONS



MEDICAL CENTER
INTERSONO
MEDICOVER GROUP

At the beginning of the treatment program are required the following overviews and analyses:

General Practitioner examination of the state of physical health, no contraindications for pregnancy

Blood group and Rh factor

Full blood analysis

Coagulogram

Antibodies to HIV

Antibodies to syphilis

Hepatitis B (HBsAg)

Hepatitis C (HCV)

Blood analysis for IgM and IgG

Cytological examination of cervical smears

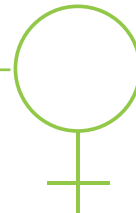
Bacterioscopic analysis of vaginal, urethral and cervical canal discharges

General gynecological analysis

Ultrasound examination of the pelvic organs

AMH, LH, E2

WIFE



12 months

non expiring test

3 months

3 months

3 months

3 months

3 months

3 months

6 months

12 months

6 months

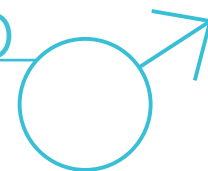
12 months

12 months

Please also let us know your menstrual cycle, interval between periods.



HUSBAND



Blood group and Rh factor

Antibodies to HIV

Antibodies to syphilis

Hepatitis B (HBsAg)

Hepatitis C (HCV)

Spermogram

Fluoroscopy

non expiring test

3 months

3 months

3 months

3 months

12 months

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**ABSOLUTE
FEMALE
HEALTH
QUALITY!**