

Pre-treatment Fertility Preservation Checklist

Attach Patient Label Here

This pre-treatment checklist can be used for those who have a high suspicion of cancer, assigned female at birth, aged under 40 years, and being cared for in an adult setting.

The patient has a high suspicion of cancer - Fertility Preservation Pathway activated (see overleaf or use the QR code below).	<input type="checkbox"/>			
I have assessed the risk that the proposed treatments will have on their fertility.	<input type="checkbox"/>			
I have informed the patient and whānau about the potential fertility risks of the proposed cancer treatment. This includes consideration of fertility risks from possible disease recurrence or treatments which may be considered in the future.	<input type="checkbox"/>			
The fertility risks discussion has been documented in the patient's clinical record.	<input type="checkbox"/>			
The orange AYA Cancer Network Aotearoa 'Cancer and Fertility' information booklet has been provided.	<input type="checkbox"/>			
A fertility preservation referral has been offered for an appointment with a fertility provider to discuss options.	<input type="checkbox"/>			
The outcome of any decisions has been documented in the patient's clinical record.	<input type="checkbox"/>			
<p>Fertility preservation undertaken (circle)</p> <table><tr><td><ul style="list-style-type: none">• Egg freezing• Embryo freezing• Ovarian tissue freezing</td><td><ul style="list-style-type: none">• GnRH analogue• Fertility sparing surgery / Ovarian Transposition</td><td><ul style="list-style-type: none">• Other (specify) _____• None</td></tr></table>	<ul style="list-style-type: none">• Egg freezing• Embryo freezing• Ovarian tissue freezing	<ul style="list-style-type: none">• GnRH analogue• Fertility sparing surgery / Ovarian Transposition	<ul style="list-style-type: none">• Other (specify) _____• None	<input type="checkbox"/>
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The patient has been informed of the outcome of their fertility preservation and has a copy of both the consent form and the outcome information.	<input type="checkbox"/>			
The patient has received education regarding the need for contraception and any required ovarian suppression drugs during treatment.	<input type="checkbox"/>			
The patient has been offered the opportunity to talk with a counsellor and/or cultural advisor.	<input type="checkbox"/>			

Please scan the QR code which will take you to the AYA Cancer Network Aotearoa's fertility resource page on their website ([view here](#)) for the latest fertility preservation guidance, patient resources, and local fertility provider contact details, including referral forms.



Clinician _____

Role _____

Signature _____

Date _____