

National ART Surveillance System (NASS)

Welcome

The National ART Surveillance System (NASS) is a Web-based ART data reporting system supported by CDC under contract(s) with Westat -- Contract Numbers 200-2004-06702 and GS-23F-8144H, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. NASS is the only CDC-approved data reporting system for ART procedures initiated in 2004 through 2015. ART clinics that are participating in the NASS reporting system will be considered to be in compliance with federal reporting requirements of the Fertility Clinic Success Rate and Certification Act of 1992 [FCSRCA], Section 2(a) of P.L. 102-493 (42 U.S.C. 263a-1(a)).

If you would like more information on how to report your data please call the NASS Help Desk line at 1-888-650-0822.

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National ART Surveillance System (NASS)

NASS OMB Information

Form Approved
OMB Control Number: 0920-0556
Expiration Date: 08/31/2015

Public reporting burden of this collection of information is estimated to average 41 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0556).

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National ART Surveillance System (NASS)

NASS Login

The NASS reporting application is currently being updated to become compliant with Section 508. If you are an authorized user and experience difficulties during this remediation, please call the NASS Help Desk at 1-888-650-0822 for assistance.

For your security, your session will automatically time out after 30 minutes with no activity. You will always have a chance to add more time if you need it.

User ID:

Password:

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National ART Surveillance System (NASS)

Clinic ID: 1008 User: Dannie Ameti (ameti_d)

- What's New in NASS
- Select Reporting Year
- Documents
- User's Manuals
- Help
- System Utilities
- [Free Adobe Reader \(to view PDF links\)](#)
- Logoff

◆ Select Reporting Year

NASS Reporting Year Selection

Select Reporting Year:

Confidentiality Information: Safeguards for Individuals and Establishments Against Invasions of Privacy

Information contained in this data collection system, which would permit identification of any individual or establishment, has been collected with a guarantee that it will be held in strict confidence by the contractor and CDC, will be used only for purposes stated in this surveillance activity, and will not be disclosed or released to anyone other than authorized staff of CDC without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

The collection of these data by CDC and its contractor is authorized by Section 306 of the Public Health Service Act (42 USC 242k). The purpose of this data collection effort is for assisted reproductive technology (ART) programs to fulfill annual reporting year requirements required by the Fertility Clinic Success Rate and Certification Act (FCSRCA), Section 2 [a] of P.L. 102-493 [42 USC 263 (a)-1]. Information collected under the authority of Section 306 of the Public Health Service Act (42 USC 242k) will be used by CDC to publish the annual *Assisted Reproductive Technology Fertility Clinic Success Rates Report* as mandated by law as well as for publication of other statistical and analytic summaries and epidemiologic studies including the annual *Assisted Reproductive Technology National Summary Report*. ART programs will be identified only in the tables routinely published in the annual *Assisted Reproductive Technology Fertility Clinic Success Rates Report*, but not in any other statistics produced by the CDC or by organizations that may receive authorization to use CDC data. The identity of, or information about individual patients will not be disclosed in any reports or statistical research.

Known clinics and practitioners providing ART services in a given reporting year are required to submit and verify their ART cycle data under FCSRCA provisions. Those that do not report their data or do not provide verification that tabulated success rates are correct, are listed in the annual *Assisted Reproductive Technology Fertility Clinic Success Rates Report* as non-reporters as required for publication by the FCSRCA.

No information collected under the authority of Section 306 of the Public Health Service Act (42 USC 242k) will be used by CDC for any purpose other than the purpose for which it was supplied, and such information may not be published or released in any other form that would identify a particular individual or ART program to anyone other than authorized CDC staff, unless the individual or ART program consents to its release.

National ART Surveillance System (NASS)

Clinic ID: 1008 User: Dannie Ameti (ameti_d)
 Clinic Reporting Name: 2013 NASS ART Reproductive Center Reporting Year: 2013

- What's New in NASS
- Select Reporting Year
- Select/Add Patient
- Update/Add Cycle
- Update Patient Profile
- Clinic Profile
- Submit Annual Data
- Importing
- Reports
- Documents
- User's Manuals
- Help
- System Utilities
- [Free Adobe Reader \(to view PDF links\)](#)
- Logoff

◆ Select/Add Patient

NOTE: You have attempted to enter a sub-menu choice under Select/Add Patient without choosing a NASS Patient ID. Please select an existing NASS Patient ID.

Select/Add Patient

Find Existing Patient

To find an existing patient, search by entering any combination of Date of Birth, Optional ID 1 or Optional ID 2. For a list of ALL patients, leave search fields blank and click Find button.

Date of Birth: / /
mm dd yyyy

Optional Identifier 1:

Optional Identifier 2:

NASS Patient ID:

Add New Patient

To begin the process of adding a patient, enter the patient's date of birth.

Date of Birth (MM/DD/YYYY):

National ART Surveillance System (NASS)

Clinic ID: 1008
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User: Dannie Ameti (ameti_d)
Reporting Year: 2013

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(to view PDF links)
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◆ Select/Add Patient

Demographics

Patient Optional Identifiers:

Optional Identifier 1: (max. 3 digits or characters) Optional Identifier 2: (max. 4 digits or characters)

Patient Profile:

Date of Birth (mm/dd/yyyy):

Ethnicity:

Race (based on patient self report)

Select all that apply

White

Black or African American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Select reason race not reported

Refused

Patient doesn't know

Not ascertained by clinic

Height: Report height in units as recorded in medical chart. Do not convert measurements

Feet and/or Inches

or

Centimeters

or

Height unknown

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User: Dannie Ameti (ameti_d)
Reporting Year: 2013

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(to view PDF links)
- Logoff

◆ [Select/Add Patient](#) >> Update/Add Cycle

Update/Add Patient Cycle

Patient:

NASS Patient ID: 1008-10063-1 Date of Birth: 12/12/1983 Optional ID 1: New Optional ID 2: Test

Cycle	Cycle Start Date	Cycle Complete	Delete Cycle

National ART Surveillance System (NASS)

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Clinic Reporting Name: 2013 NASS ART Reproductive Center

User: Dannie Ameti (ameti_d)

Reporting Year: 2013

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- Select/Add Patient**
- Update/Add Cycle
- Update Patient Profile
- Clinic Profile**
- Enter Clinic Profile
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- Submit Annual Data
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- User's Manuals**
- NASS Main Manual (PDF)
- Import Manual (PDF)
- Help**
- NASS Quick Start (PDF)
- NASS Data Definitions (PDF)
- Contacts (PDF)
- System Utilities**
- Change Password
- Free Adobe Reader**
(to view PDF links)
- Logoff**

◆ [Select/Add Patient](#) >> [Update/Add Cycle](#) >> Demographics

Demographics

Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome
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Patient & Cycle:

NASS Patient ID: 1008-10063-1 Date of Birth: 12/12/1983 Optional ID 1: New Optional ID 2: Test
 Cycle ID: 1 Cycle Start Date:

Patient Profile:

This is a read-only display of patient data previously entered in the Patient Profile screen. These data will be applied to the current cycle and all other NASS cycles in all reporting years for this patient. **To ensure accuracy, it is very important to review the reported birth date, race, ethnicity, and height each time a new cycle is entered.** If you need to update any of these fields for this patient, please go to the menu bar on the left side of this screen and choose Update Patient Profile to make the changes. (Note: Height can only be entered or updated while working in NASS 2007 and future reporting year screens.)

Date of Birth (mm/dd/yyyy):

Ethnicity:

Race (based on patient self report)

Select all that apply

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

Select reason race not reported

- Refused
- Patient doesn't know
- Not ascertained by clinic

Height: Report height in units as recorded in medical chart. Do not convert measurements

Feet and/or Inches

or
 Centimeters

or
 Height unknown

Patient Residency for Cycle:

Primary residence in U.S.:

U.S. city of primary residence:

U.S. state of primary residence:

U.S. zip code of primary residence: NOTE: Enter either 5 digits 99999 or 9 digits 99999-9999

Country of primary residence:

Partner Race/Ethnicity:

Ethnicity:

Race (based on patient/partner self report)

Select all that apply

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

Select reason race not reported

- Refused
- Patient doesn't know
- Not ascertained by clinic

* Use the NASS Next Screen button, not the Internet Forward button to go to the next screen.

NOTE: The NASS banner and navigation menu are not included in remaining screenshots of cycle Web pages below. See Demographics screenshot above for banner and menu included on every Web page.

♦ [Select/Add Patient](#) >> [Update/Add Cycle](#) >> [History](#)

History

Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome
Patient & Cycle:						
NASS Patient ID: 1008-10063-1		Date of Birth: 12/12/1983		Optional ID 1: New		Optional ID 2: Test
Cycle ID: 1		Cycle Start Date:				
Patient History I:						
Gravidity (Total number of prior pregnancies):		<input type="text"/>				
Number of prior full term births (>= 37 weeks): NOTE: This includes live births and stillbirths.		<input type="text"/>				
Number of prior preterm births (>=20 & <37 weeks): NOTE: This includes live births and stillbirths.		<input type="text"/>				
Number of prior spontaneous abortions (<20 weeks):		<input type="text"/>				
Surgical Sterilization-patient or partner:		---Select--- <input type="button" value="v"/>				

Patient History II:	
Number of prior fresh ART cycles:	<input type="text"/>
Number of prior frozen ART cycles:	<input type="text"/>
FSH unknown: <input type="checkbox"/>	Lab upper normal FSH unknown: <input type="checkbox"/>
Patient maximum FSH (IUs): <input type="text"/>	Lab upper normal FSH (IUs): <input type="text"/>
Reason for ART (Select all that apply)	
NOTE: Click on the question mark symbol to show/hide definitions.	
<input type="checkbox"/> Male infertility ?	
<input type="checkbox"/> History of endometriosis ?	
<input type="checkbox"/> Tubal ligation (not reversed) ?	
<input type="checkbox"/> Tubal disease (hydrosalpinx) ?	
<input type="checkbox"/> Other tubal disease (not hydrosalpinx) ?	
<input type="checkbox"/> Ovulatory disorders/PCO ?	
<input type="checkbox"/> Diminished ovarian reserve ?	
<input type="checkbox"/> Uterine factor ?	
<input type="checkbox"/> Other causes of infertility ?	
Please specify: <input type="text"/>	
<input type="checkbox"/> Unexplained infertility ?	

Patient History III:		
Weight at the start of this cycle		
NOTE: Report weight in units as recorded in medical chart. Do not convert measurements.		
<input type="text"/> Pounds		
or		
<input type="text"/> Kilograms		
or		
<input type="checkbox"/> Weight unknown		
History of cigarette smoking		
Has this patient smoked at least 100 cigarettes during entire life?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

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Save Data

Treatment

Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome
Patient & Cycle:						
NASS Patient ID: 1008-10063-1		Date of Birth: 12/12/1983		Optional ID 1: New		Optional ID 2: Test
Cycle ID: 1		Cycle Start Date:				
Treatment Detail:						
NOTE: This section must be completed for all cycles started. All responses must be based on <i>intention</i> to treat at cycle start.						
<p>Date current cycle started (mm/dd/yyyy) _____</p> <input style="width: 100%;" type="text"/>						
<p>Embryo or oocyte banking cycle _____</p> <input type="radio"/> Yes <input type="radio"/> No NOTE: Banking cycles include cycles initiated with the intent of cryopreserving ALL embryos or oocytes for later use.						
<p>Oocyte/Embryo Source (Select an answer for each source listed) _____</p> <input type="radio"/> Yes <input type="radio"/> No PATIENT: Intent to use patient's oocytes/embryos, fertilized with partner or donor sperm <input type="radio"/> Yes <input type="radio"/> No DONOR OOCYTE: Intent to use oocytes from donor <input type="radio"/> Yes <input type="radio"/> No DONOR EMBRYO: Intent to use embryos donated from another couple's ART						
<p>Oocyte/Embryo State (Select an answer for each state listed) _____</p> <input type="radio"/> Yes <input type="radio"/> No FRESH: Intent to transfer oocytes/embryos from fresh oocytes retrieved during this cycle <input type="radio"/> Yes <input type="radio"/> No FROZEN: Intent to thaw oocytes/embryos from previous cycle to transfer during this cycle						
<p>Intended Transfer Method (Select all that apply) _____</p> <input type="checkbox"/> IVF Transcervical: <input type="checkbox"/> GIFT Gametes to tubes: <input type="checkbox"/> ZIFT:Zygotes to tubes or <input type="checkbox"/> TET:Tubal embryo transfer						
<p>Gestational Carrier: _____</p> <input type="radio"/> Yes <input type="radio"/> No						

Treatment Detail: Date of Birth for Donor and/or Gestational Carrier
<p>Answer if oocyte/embryo source is DONOR _____</p> <p>Enter donor date of birth (mm/dd/yyyy):</p> <p>Note: If multiple donors, enter birth date of youngest donor.</p> <p><input style="width: 100%;" type="text"/> Donor date of birth</p> <p>If donor date of birth cannot be reported, provide donor age at earliest time donor oocytes were retrieved:</p> <p>Note: If multiple donors, enter age of youngest donor.</p> <p><input style="width: 100%;" type="text"/> Donor age at retrieval</p> <p>or</p> <p><input type="checkbox"/> Unknown birth date and age of donor</p>
<p>Answer if GESTATIONAL CARRIER is used _____</p> <p>Enter gestational carrier date of birth (mm/dd/yyyy):</p> <p><input style="width: 100%;" type="text"/> Gestational carrier date of birth</p> <p>or</p> <p><input type="checkbox"/> Unknown gestational carrier date of birth</p>

(NASS Treatment page continued below)

(NASS Treatment page continued)

Special Techniques Applicable To Current Cycle:

Select all that apply:

- Round spermatid nucleic injection (ROSNI)
- Cytoplasmic transfer
- IMMATURE oocyte retrieval & fertilization OR thawing IMMATURE fertilized oocytes, with intent to transfer during this cycle. (Do not include thawed mature oocytes here.)
- Device study
- Protocol study
- Pharmacological study
- Other research OR intent to transfer thawed mature oocytes

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Save Data

* Use the NASS Previous Screen button, not the Internet Back button to go to the previous screen.

* Use the NASS Next Screen button, not the Internet Forward button to go to the next screen.

Medications/Complications

Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome
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Patient & Cycle:

NASS Patient ID: 1008-10063-1 Date of Birth: 12/12/1983 Optional ID 1: New Optional ID 2: Test
 Cycle ID: 1 Cycle Start Date: 01/05/2013

Patient Medication:

Patient medicated to stimulate follicular development:

Yes No

Medications containing clomiphene:

Yes No

Clomiphene dosage (Total mgs):

Medications containing FSH:

Yes No

FSH medication dosage (Total IUs):

GnRH Protocol (Select only one, if applicable) _____

- GnRH Agonist Suppression
- GnRH Agonist Flare
- GnRH Antagonist Suppression

Donor Medication:

Donor medicated to stimulate follicular development:

Yes No

Donor medications containing clomiphene:

Yes No

Donor clomiphene dosage (Total mgs):

Donor medications containing FSH:

Yes No

Donor FSH medication dosage (Total IUs):

Donor GnRH Protocol (Select only one, if applicable) _____

- GnRH Agonist Suppression
- GnRH Agonist Flare
- GnRH Antagonist Suppression

Complications:

Complications related to ART (Select all that apply) _____

- | | |
|--|--|
| <input type="checkbox"/> Infection | <input type="checkbox"/> Anesthetic complication |
| <input type="checkbox"/> Hemorrhage | <input type="checkbox"/> Psychological stress |
| <input type="checkbox"/> Moderate ovarian hyperstimulation | <input type="checkbox"/> Death of patient |
| <input type="checkbox"/> Severe ovarian hyperstimulation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medication side effect | <input type="checkbox"/> None |

Hospitalization related to a complication _____

---Select--- ▼

Canceled Cycle Data:

Cycle canceled before attempting retrieval (or, if using thawed oocytes/embryos, before proceeding to transfer):

Yes No

Date cycle canceled (mm/dd/yyyy):

Select reason cycle was canceled:






---Select--- ▼

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Retrieval/Manipulation

Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome
Patient & Cycle:						
NASS Patient ID: 1008-10063-1		Date of Birth: 12/12/1983		Optional ID 1: New	Optional ID 2: Test	
Cycle ID: 1		Cycle Start Date: 01/05/2013				
Patient Retrieval Data: Fresh Oocytes 						
Date patient oocyte retrieval performed (mm/dd/yyyy): <input type="text"/>						
Number of patient oocytes retrieved: <input type="text"/>						
Patient Retrieval Data: Frozen/Thawed Oocytes/Embryos 						
Enter date patient oocytes were retrieved from previous cycle for use in current frozen/thawed cycle (mm/dd/yyyy): <input type="text"/> Retrieval date or <input type="checkbox"/> Date unknown						
Note: If multiple thawed patient oocytes/embryos were used, enter the retrieval date from the earliest cycle.						
Donor Retrieval Data: Fresh Oocytes 						
Date donor oocyte retrieval performed (mm/dd/yyyy): <input type="text"/>						
Note: If multiple donors were used, enter the retrieval date that corresponds to the youngest donor.						
Number of donor oocytes retrieved: <input type="text"/>						
Were donor oocytes shared with multiple patients? <input type="radio"/> Yes <input type="radio"/> No						
Donor Retrieval Data: Frozen/Thawed Embryos 						
Enter date donor oocytes were retrieved from previous cycle for use in current frozen/thawed cycle (mm/dd/yyyy): <input type="text"/> Retrieval date or <input type="checkbox"/> Date unknown						
Note: If multiple frozen/thawed donor embryos were used, enter the retrieval date that corresponds to the youngest donor.						
Semen Information: 						
Source of semen used for fertilization: <input type="text" value="---Select---"/>						
Choose the method for obtaining semen: <input type="text" value="---Select---"/>						

(NASS Retrieval/Manipulation page continued below)

(NASS Retrieval/Manipulation page continued)

Manipulation Techniques:

Intracytoplasmic sperm injection (ICSI) performed on oocytes

Yes
 No
 Unknown because embryos thawed from previous cycle

Assisted hatching performed on embryos

Yes
 No

Pre-implantation genetic diagnosis or screening performed on embryos

Yes
 No
 Unknown because embryos thawed from previous cycle

Pre-implantation genetic diagnosis or screening reason (Select all that apply)

Either genetic parent is a known carrier of a gene mutation or a chromosomal abnormality
 Aneuploidy screening of the embryos
 Other screening of the embryos
 Unknown

Transfer

Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome
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Patient & Cycle:

NASS Patient ID: 1008-10063-1 Date of Birth: 12/12/1983 Optional ID 1: New Optional ID 2: Test
 Cycle ID: 1 Cycle Start Date: 01/05/2013

General Transfer Information:

Transfer of embryos or oocytes attempted even if no embryos transferred

Yes No

Date of transfer (mm/dd/yyyy):

Oocytes/Embryos Thawed:

Number of oocytes/embryos **THAWED** with intent to transfer:

UTERINE Transfers:

Number of embryos transferred to uterus from **FRESH** oocytes:

Number of embryos transferred to uterus from **THAWED** oocytes/embryos:

UTERINE Transfer Detail:

Were **any** embryos (fresh or thawed) transferred to the uterus with ultrasound guidance?

Yes No Unknown

Answer the following question if a total of only one embryo was transferred to the uterus during this cycle (regardless if ultrasound guidance was used):

If **only one** embryo was transferred to the uterus, was this an elective single embryo transfer?

Yes No Unknown

FALLOPIAN TUBE Transfers:

FRESH Transfers to Fallopian Tubes:

THAWED Transfers to Fallopian Tubes:

Number of OOCYTES:

Number of EMBRYOS:

ZIFT and TET Transfer Details:

Answer the following question if a total of only one embryo was transferred to the fallopian tubes during this cycle using ZIFT or TET:

If **only one** embryo was transferred to the fallopian tubes using ZIFT or TET, was this an elective single embryo transfer?

Yes No Unknown

CRYOPRESERVATION:

Number of embryos cryopreserved from **FRESH** oocytes:
 (Do **not** include embryos from thawed oocytes here.)

Number of **THAWED** embryos cryopreserved (re-frozen):

Outcome

Demographics	History	Treatment	Medications Complications	Retrieval Manipulation	Transfer	Outcome
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Patient & Cycle:

NASS Patient ID: 1008-10063-1 Date of Birth: 12/12/1983 Optional ID 1: New Optional ID 2: Test
 Cycle ID: 1 Cycle Start Date: 01/05/2013

Treatment Outcome:

Outcome of treatment cycle: ▼

If pregnant, was ultrasound performed:
 Yes No

Date ultrasound with max. number of fetal hearts observed (mm/dd/yyyy):

Maximum fetal hearts on ultrasound prior to reduction, if any:

Pregnancy Outcome:

Outcome of pregnancy: ▼

Date of pregnancy outcome (mm/dd/yyyy):
NOTE: If multiple births cover more than one date, enter date of first born.

Source of information confirming pregnancy outcome: ▼

Number of infants born: ▼ NOTE: This number includes live-born and stillborn infants.

Birth Section:

No births currently reported for this cycle.

Birth #	Birth Outcome	Gender	Pounds	Ounces	Grams	Weight unknown
1	<input style="width: 60px;" type="text" value="---Select---"/>	<input style="width: 60px;" type="text" value="---Select---"/>	<input style="width: 40px;" type="text"/> lbs	<input style="width: 40px;" type="text"/> oz	<input style="width: 40px;" type="text"/> g	<input type="checkbox"/>
2	<input style="width: 60px;" type="text" value="---Select---"/>	<input style="width: 60px;" type="text" value="---Select---"/>	<input style="width: 40px;" type="text"/> lbs	<input style="width: 40px;" type="text"/> oz	<input style="width: 40px;" type="text"/> g	<input type="checkbox"/>

NOTE: Enter either pounds and ounces, or grams.

Cycle Complete:

Please check this box to indicate that data entry is complete for this patient cycle:

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User: Dannie Ameti (ameti_d)

Reporting Year: 2013

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 - Enter Clinic Profile
- Submit Annual Data**
- Importing**
- Reports**
- Documents**
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- Help**
- System Utilities**
- Free Adobe Reader**
(to view PDF links)
- Logoff**

◆ Clinic Profile >> Enter Clinic Profile >> Name&Address

Clinic Name & Address

Data saved successfully.

Name&Address	Key Staff	Service&Profile	Lab&Certification
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Reporting Year Clinic Name:

This is the name as it is going to appear at the top of the CDC clinic report:

Name 1:

Name 2:

City: State:

Current Clinic Information:

Status:

NOTE: Reorganization is a change in two of three key staff - the Practice, Medical, or Lab Director - or a change in clinic ownership or affiliation.

Name at time of data submission will reflect changes that occurred since the reporting year:

Name 1:

Name 2:

Address 1:

Address 2:

City: State: Zip code (99999-9999):

Phone (999) 999-9999:

Fax (999) 999-9999:

E-mail:

SART ID:

* Use the NASS Next Screen button, not the Internet Forward button to go to the next screen.

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◆ Clinic Profile >> Enter Clinic Profile >> Key Staff

Clinic Key Staff

Name&Address	Key Staff	Service&Profile	Lab&Certification
Choose the key staff role to update by clicking on the associated key staff title underlined in the first column of boxes.			

Key Staff	Staff Name	Degree	Phone	Fax	E-mail
Practice Director					
Medical Director					
Lab Director					
Data Manager					

Key Staff Information:

Medical Director

First Name:

M. I.:

Last Name:

Note: Select the box next to all Medical Director degrees that apply.
Degree(s) selected will be included in the clinic success rate table for the Medical Director verifying the data.

Degree: DO MD PhD

Phone (999) 999-9999:

Fax (999) 999-9999:

E-mail:

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- [+] **System Utilities**
- [-] **[Free Adobe Reader](#)**
(to view PDF links)
- [-] **Logoff**

◆ Clinic Profile >> [Enter Clinic Profile](#) >> Service&Profile

Clinic Services & Profile

Name&Address	Key Staff	Service&Profile	Lab&Certification
Services and Profile:			
SART member			
<input type="radio"/> Yes <input type="radio"/> No			
Do ART services include gestational carriers?			
<input type="radio"/> Yes <input type="radio"/> No			
Are ART services available for single women?			
<input type="radio"/> Yes <input type="radio"/> No			
Does clinic have a donor egg program?			
---Select---			
Does clinic have a donor embryo program?			
<input type="radio"/> Yes <input type="radio"/> No			
Does clinic offer freezing extra embryos?			
<input type="radio"/> Yes <input type="radio"/> No			

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- [-] **What's New in NASS**
- [-] Select Reporting Year
- [+] Select/Add Patient
- [-] Clinic Profile
 - [-] Enter Clinic Profile
- [+] Submit Annual Data
- [+] Importing
- [-] Reports
- [+] Documents
- [+] User's Manuals
- [+] Help
- [+] System Utilities
- [-] [Free Adobe Reader](#)
(to view PDF links)
- [-] Logoff

◆ [Clinic Profile](#) >> [Enter Clinic Profile](#) >> Lab&Certification

Clinic Labs & Certification

Name&Address	Key Staff	Service&Profile	Lab&Certification
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Embryo Lab Information:

Total number of embryo labs: NOTE: Enter the total number of embryo labs currently used by your ART program.

Lab Summary:

No labs have been added for this reporting year.

New Lab

Current Embryo Lab Information:

Name 1:
Name 2:
Address 1:
Address 2:
City: State: Zip Code (99999-9999):
Phone (999) 999-9999: Fax (999) 999-9999:
E-mail:

Current Embryo Lab Certification Status (Select a status for each accrediting body below):

College of American Pathologists Reproductive Laboratory Accreditation Program (CAP):

The Joint Commission:

New York Tissue Bank Program (NYSTB):

* Use the NASS Previous Screen button, not the Internet Back button to go to the previous screen.

National ART Surveillance System (NASS)

Clinic ID: 1008
Clinic Reporting Name:

User: Dannie Ameti (ameti_d)
Reporting Year: 2013

- What's New in NASS
- Select Reporting Year
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[Submit Annual Data](#) >> Submit Annual Data

Submit Annual Data

Reporting Year 2013 is open for submission.

Steps 1–6 below must be completed before proceeding to submit NASS data to CDC. After completing each step, check the corresponding *Step Completed* box. To save completed steps, select the *Save Completed Steps* button at end of grid (this will not submit your data). After completing and saving Steps 1–6, go to submission box at bottom of page to submit final data to CDC.

For detailed instructions, refer to submission guide in the *Submission Guide* sub-menu, under *Submit Annual Data* in the NASS main menu. You may also contact the **NASS Help Desk at 1-888-650-0822 or NASS@westat.com.**

Step	Submission Guide Section	Step Instruction	Activity Link	Step Completed
Step 1	Section 1	Locate NASS Key Code (required to complete submission) - Confirm Medical Director has your clinic's NASS 4-letter key code. - If needed, request from NASS Help Desk (1-888-650-0822 or NASS@westat.com).		<input type="checkbox"/>
Step 2	Section 2	Verify Lab Information and Clinic Address - Use Step 2 Link to review current accreditations and clinic address. - NOTE: You must provide hardcopy proof for all accreditations listed. - Make any corrections in NASS and repeat Step 2 to confirm corrections. Accessible HTML Version	Step 2 Link: Lab Accreditation & Clinic Address Verification (PDF)	<input type="checkbox"/>
Step 3	Section 3	Gather Proof of Laboratory Accreditation - Gather accreditation proof to mail to NASS Processing Center by the CDC submission deadline (address at end of page).		<input type="checkbox"/>
Step 4	Section 4	Check for Open Cycles - Use Step 4 Link to review list of cycles not marked complete in NASS. - Ensure all data are entered for cycles on list. - Mark each cycle complete and repeat Step 4 until there are no open cycles. Accessible HTML Version	Step 4 Link: Open Cycles Report (PDF)	<input type="checkbox"/>
Step 5	Section 5	Review Edits - Use Step 5 Link to identify mandatory data to correct and unlikely data to check. - Make necessary corrections in NASS and repeat Step 5 until data are accurate. - NOTE: You should <u>not</u> mail in a hardcopy edit report anymore. Accessible HTML Version	Step 5 Link: Comprehensive Edits Report (PDF)	<input type="checkbox"/>
Step 6	Section 6	Review Clinic Table - Use Step 6 link to review NASS clinic table for CDC's annual report. - Make any corrections in NASS and repeat Steps 4-6 until data are final. - NOTE: You should <u>not</u> mail in a hardcopy clinic table anymore. Accessible HTML Version	Step 6 Link: Clinic Table (PDF)	<input type="checkbox"/>

If you complete some steps and want to finish later, select the *Save Completed Steps* button (this will not submit your data). All steps must be completed and saved before submitting final annual data.

FINAL SUBMISSION BOX

To submit, the Medical Director must certify the statement below, and type his/her name and NASS 4-letter key code in fields indicated. Then select *Submit Final Annual Data* button.

NOTE: Your annual NASS data will be read-only after completing submission.

To request key code or if submitted in error, contact the NASS Help Desk (1-888-650-0822 or NASS@westat.com).

By typing my name, I certify that I am the Medical Director of the clinic submitting NASS data to CDC and that my typed name represents my legal binding signature and verification of the final NASS-generated clinic table, which I have reviewed as part of the NASS submission process. This electronic submission is the officially binding document regarding this report, to be referred to in any future legal claim or dispute of fact. Any hard copy submissions or previous electronic submissions are null and void.

I certify this statement:

Type Medical Director Name (First, MI, Last):

Type 4-Letter Key Code:

Send laboratory accreditation proof to the following address using trackable service (e.g., FedEx, Priority USPS):

NASS Processing Center
Westat
1450 Research Boulevard, Room TC1021F
Rockville, MD 20850-3195
Phone (if required by overnight courier): 1-888-650-0822