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CANADIAN FERTILITY AND ANDROLOGY SOCIETY
SOCIÉTÉ CANADIENNE DE FERTILITÉ ET D'ANDROLOGIE

CANADIAN FERTILITY AND ANDROLOGY SOCIETY
ART LAB SPECIAL INTEREST GROUP

CERTIFICATION PROGRAMME FOR ASSISTED REPRODUCTIVE TECHNOLOGY LABORATORY PROFESSIONALS IN CANADA

Prepared by the Committee on Professional Standards of the CFAS ART Lab Special Interest group

LOGBOOK

Approved by CFAS ART Lab SIG Executive
May 2016

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APPLICATION FORM

Family Name:	First Name:	CFAS membership number:

Academic Qualifications:

Degree/Diploma	Subject	Institution	Year obtained

Correspondence Address:

Street and Number:	City:	Province:
Postal Code:	Email address:	

Clinic Information:

Name:	Street and Number:	
City:	Province:	Postal Code:

Proposed Supervisor:

Name	Position in Clinic
Academic Qualifications (list all degrees/diplomas):	
Years of experience in human ART:	

SUPERVISOR AGREEMENT

I confirm that I agree to supervise the named candidate on this application for certification as an ART Laboratory Professional. Furthermore I understand that I must ensure that the techniques that the candidate completes for their logbook comply with the competencies outlined in the CFAS ART Laboratory Competency Standards.

Name:_____Signature:_____Date:_____
NB***: For noncertified lab/scientific directors, a current copy of your laboratory training manual must be submitted with the application to ensure that the training programme conforms to the competencies as outlined in the Guidelines for the Evaluation and Development of Competencies (CFAS 2009).***

Technical Competency Module:

I am currently employed in an ART Centre and wish to complete the Technical Competency module (Logbook). Please indicate whether you wish to complete Full Module (Embryology and Andrology) **or** Andrology Only module. (Check one)

- ☐ Full Module
- ☐ Andrology Only

NB: For this element the clinic Laboratory or Scientific Director must complete and sign the section above.

Academic Competency Module: (NB - this module is unavailable at this time. It will become available only when the examination process is finalized).

I wish to register to sit the examination for certification. Please indicate whether you wish to complete the Full examination (Embryology and Andrology) **or** Andrology Only examination. (Check one)

- ☐ Full Examination
- ☐ Andrology Only

NB: In order to take the examination it is not necessary to be currently employed in an ART centre. In order to be eligible to take the examination at the next CFAS annual meeting, this application must be received by the CFAS office by the 1st June preceding the CFAS meeting. Otherwise you will be scheduled for the next sitting of the examination.

APPLICANT AGREEMENT

I confirm that the information contained in this application form is correct. I agree to abide by the regulations pertaining to the certification programme for ART Laboratory Professionals. I understand that the decision of the CFAS Board regarding my application, the involvement of my proposed supervisor and any aspect of the certification process is final.

Name:_____ Signature:_____ Date: _____

Administration Use Only

Date Application Received:	
Authorized for programme by:	**Date Authorized:**
Candidate issued with Logbook (date):	**Candidate registered for Examination (date):**

Appendix II

LOGBOOK

All activities in this logbook must be completed according to the competences outlined in the Guideline for the Evaluation and Development of Competencies (CFAS 2009). For each activity the assigned supervisor must sign to confirm that the activity was completed.

Name:	**Candidate CFAS Membership Number:**
Supervisor Name:	**Clinic Name:**

Certification type:

- ☐ Andrology Only – Complete Andrology Module only
- ☐ Full Module – Complete all sections

Note: All the procedures listed in this logbook must have been competently completed by the candidate (as laid out in Guidelines for the Evaluation and Development of Competencies, CFAS 2009). Procedures that form part of the training of the candidate *cannot be used* for demonstration of competence since by definition; an ART Laboratory Professional in training has not yet attained competency.

Completed application and logbooks can be submitted to info@cfas.ca

ANDROLOGY MODULE

Semen Analysis in the ART Laboratory involves the functional assessment of semen or sperm samples. The preparation of semen for treatment includes the assessment of a semen sample (fresh semen, frozen semen and surgically retrieved sperm sample) and selection of an appropriate washing method according to the laboratory's Standard Operating Procedures (SOP).

Semen Analysis

Competency in functional Semen Analysis includes assessment of volume, colour, viscosity, pH, concentration, motility and progression, vitality and morphology.

Procedure Number	Date (dd/mm/yy)	Preparation method used	Candidate's signature	Supervisor's signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Sperm Preparation- Freshly Ejaculated Semen

Procedure Number	Date (dd/mm/yy)	Preparation method used	Candidate's signature	Supervisor's signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Sperm Preparation- Frozen Semen

Procedure Number	Date (dd/mm/yy)	Preparation method used	Candidate's signature	Supervisor's signature
1.				
2.				
3.				
4.				
5.				

Sperm Preparation- Surgically retrieved sperm

Procedure Number	Date (dd/mm/yy)	Preparation method used	Candidate's signature	Supervisor's signature
1.				
2.				
3.				
4.				
5.				

Sperm Cryopreservation

Competency in Sperm Cryopreservation includes the selection of an appropriate cryopreservation method according to the laboratory SOP, the correct labeling and identification of the samples as well as the correct indication of their location once cryopreserved. The technique of cryopreservation should be carried out according to the laboratory SOP.

Procedure Number	Date (dd/mm/yy)	Preparation method used	Candidate's signature	Supervisor's signature
1.				
2.				
3.				
4.				
5.				

Sperm Thawing

Competency in Sperm Thawing includes the correct identification of the samples and the selection of an appropriate thawing method according to the lab SOP or the recommended protocol of the associated sperm bank.

Procedure Number	Date (dd/mm/yy)	Preparation method used	Candidate's signature	Supervisor's signature
1.				
2.				
3.				
4.				
5.				

EMBRYOLOGY MODULE

Oocyte Collection

Competency in Oocyte Collection includes assessment of follicular fluid to retrieve oocyte- cumulus complexes (OCC) from an identified patient, washing of OCC and transfer to correctly labeled culture dishes and the replacement of those culture dishes into the correct location in an incubator. It also includes the correct entry of information regarding the oocyte collection into the patient's record (electronic or paper).

Procedure Number	Date (dd/mm/yy)	Number of COCs collected	Candidate's signature	Supervisor's signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Insemination

Insemination refers to the insemination of collected OCCs with the designated washed sperm sample, without the use of microinjection techniques. Competency in the process of insemination includes the assessment of sperm concentration and adjustment as required to obtain optimal fertilization without polyspermic fertilization, and the insemination of oocytes with sperm with sterile techniques.

Procedure Number	Date (dd/mm/yy)	Candidate's signature	Supervisor's signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Intracytoplasmic Sperm Injection (ICSI)

ICSI involves the microinjection of a correctly identified spermatozoon into a correctly identified Metaphase II oocyte. Competency in ICSI includes demonstration of the set-up of the ICSI microscope and manipulators as well as the appropriate selection of a suitable spermatozoon for injection. The injection of Metaphase II oocytes should result in a level of fertilization in accordance with the laboratory's standards and a level of degeneration post-injection that does not exceed 10%.

Competency includes at least five cases using surgically retrieved sperm.

Procedure Number	Date (dd/mm/yy)	Number of MII oocytes injected	Sperm source	Candidate's Signature	Supervisor's Signature
1.			Ejaculate		
2.			Ejaculate		
3.			Ejaculate		
4.			Ejaculate		
5.			Ejaculate		
6.			Ejaculate		
7.			Ejaculate		
8.			Ejaculate		
9.			Ejaculate		
10.			Ejaculate		
11.			Surgically retrieved sperm		
12.			Surgically retrieved sperm		
13.			Surgically retrieved sperm		
14.			Surgically retrieved sperm		
15.			Surgically retrieved sperm		

Oocyte, Zygote and Embryo Evaluation

Competency in Oocyte, Zygote and Embryo Evaluation includes the assessment of oocytes for maturity prior to ICSI as well as abnormalities (e.g. smooth endoplasmic reticulum, organelle grouping, cytoplasmic pitting, etc), the assessment of normal and abnormal fertilization and the assessment of embryo development (e.g. blastomere quality, multinucleation, binucleation, micronucleation) according to the laboratory's SOP. **One table must be completed for each type of assessment (oocyte, zygote and embryo).** Assessment of all of a patient's gametes or embryos is a single procedure.

Procedure Number	Date (dd/mm/yy)	Evaluation of Oocyte/Zygote /Embryo	Number assessed	Candidate's Signature	Supervisor's Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Embryo transfer

Competency in Embryo Transfer involves the assessment and selection of the appropriate embryo(s) for transfer, demonstration of the correct process of patient and embryo identification prior to the transfer, the appropriate loading of the embryo into the transfer catheter and handover to the physician according to the laboratory and clinical SOPs.

Procedure Number	Date (dd/mm/yy)	Candidate's signature	Supervisor's signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Embryo / Oocyte Cryopreservation and Thawing/Warming

Competency in Embryo/Oocyte Cryopreservation includes either the vitrification or slow freezing of oocytes and embryos according to the laboratory's SOP. The candidate must also demonstrate the appropriate labeling of sample receptacles and location of sample storage.

Competency in Embryo/Oocyte Thawing/Warming includes selection of the appropriate protocol according to the method of cryopreservation, location and identification of the appropriate stored samples, and application of the protocol according to the laboratory SOP.

Cryopreservation method: _____

Procedure Number	Date (dd/mm/yy)	Candidate's signature	Supervisor's signature
1.			
2.			
3.			
4.			
5.			

Warming/thawing method: _____

Procedure Number	Date (dd/mm/yy)	Candidate's signature	Supervisor's signature
1.			
2.			
3.			
4.			
5.			

CASE REPORT

In addition to completing the techniques indicated in the logbook it is necessary to complete a short case report. This report should be on a case that you have seen which you found interesting. In the case report you should indicate the details of the case, the outcome and any other pertinent information. You should use a literature review to explain the outcome of the case and/or suggest alternative treatment for future cycles that may resolve any issues that were seen.

Please attach the case report to your logbook when submitting for review. Ensure that your name and CFAS membership number are clearly indicated on the case report. The case report should be a maximum of 1000 words.