Photo / Gambar
Passport size /
Ukuran Paspot

TUNKU AZIZAH FERTILITY FOUNDATION

APPLICATION FORM / BORANG PERMOHONAN

Photo / Gambar
Passport size /
Ukuran Paspot

Please enclose certified photostated copies of the following for both husband and wife. / Sila sertakan salinan yang telah disahkan bagi kedua-dua suami dan isteri untuk perkara seperti berikut :-

i) NRIC OR Military Identification Card / Kad Pengenalan ATAU Kad Pengenalan Tentera.
ii) Marriage Certificate / Sijil Nikah.
iii) Payslip (last 2 months) OR J Form OR EA Form. If payslip is not available (eg: housewife, pensioner or self employed), please get comfirmation either from Village Chief or Commissioner of Oaths stated with average income / Slip gaji (2 bulan terakhir) ATAU Borang J ATAU Borang EA. Jika tidak mempunyai slip gaji (contohnya : suri rumah tangga, bekerja sendiri), sila dapatkan pengesahan dari Ketua Kampung ATAU Pesuruhjaya Sumpah dengan menyatakan pendapatan bulanan secara purata.

iv) Copy of treatment / fertility test done (or report). / Salinan keputusan rawatan atau ujian yang berkaitan dengan kesuburan (atau laporan).

v) Section C is COMPULSORY to be filled by Certified Gynaecologist before submission to TAFF. / Seksyen C adalah WAJIB diisi oleh Pakar Sakit Puan yang BERTAULIAH sebelum dihantar kepada TAFF.

A. Identification Data / Maklumat Peribadi

Husband / Suami

Name / Nama

National Registration Identity Card /
Nombor Kad Pengenalan

Age/Umur

Years/Tahun

Wife / Isteri

Name / Nama

National Registration Identity Card /
Nombor Kad Pengenalan

Age/Umur

Years/Tahun

Home Address / Alamat Rumah _____

_____

State / Negeri _____

Postcode / Poskod

Contact Number / Nombor Telefon

House / Rumah

Office / Pejabat

Suami / Isteri

Mobile /
Telefon Bimbit

Suami / Isteri

Maklumat Bersama

Date of Marriage / Tarikh Perkahwinan

Monthly joint income / Pendapatan bulanan bersama (gross/kasar)

RM

Monthly/Sebulan

Occupation / Pekerjaan

Husband / Suami : _____

Wife / Isteri : _____

Addres Of Workplace / Alamat Tempat Kerja

Husband / Suami : _____

_____

Wife / Isteri : _____

_____

Highest Level of Education Attained / Tahap Pelajaran Tertinggi Yang Dicapai

	Husband / Suami	Wife / Isteri
Primary School/Sekolah Rendah		
Secondary School / Sekolah Menengah		
Cerificate / Diploma / Degree / Sijil / Diploma / Ijazah		
Master / PhD / Sarjana / Doktor Falsafah		

B. Other Information / Maklumat Lain

	Yes / Ya	No / Tidak
1. Have you filled up this form before? Adakah anda pernah mengisi borang permohonan TAFF sebelum ini?		
2. Have you had a child / children before including in previous marriages? Adakah anda mempunyai anak sebelum ini termasuk di dalam perkahwinan dahulu?		

3. If yes, how old are they now? Sekiranya ya, berapakah umur anak sekarang?
   1.
   2.

4. Have you adopted a child / children? / Adakah anda mempunyai anak angkat? If yes, how old are they now? / Jika ya, berapakah umur mereka sekarang?
   1.
   2.

	Yes / Ya	No / Tidak
5. Have you undergone any Assisted ReproductiveTechnique before? (IVF, GIFT, ICSI) Adakah anda pernah melalui rawatan yang Assisted Reproductive Technique sebelum ini?		

6. If yes, what have you undergone? When? Jika ya, apakah rawatan yang diperlukan dan bila

	Year/Tahun
1.	
2.	
3.	
4.	

C. Compulsory To Be filled by Certified Gynaecologist before submission / Wajib diisi oleh Pakar Sakit Puan yang bertauliah sebelum dihantar

1. Summary of problems

2. Past History (Medical, Surgical, Gynaecology, Obstetric, Psychiatric, STC, STI)

_____

_____

_____

_____

3. Previous investigation for infertility.

4. Previous treatment for infertility

5. Physical examination and related positive findings
   Please state why in your opinion ART treatment and not other treatment is most suitable for this couple

i)

ii)

iii)

iv)

v)

I hereby declare that to the best of my knowledge all information on the assessment above are true and correct

Signature _____

Name _____

I/C No _____

_____
Official Stamp

D. Declaration/Akuan

I / Saya _____and / dan

_____declare / mengaku :-

i) All data given are true and correct.
   Semua maklumat yang diberi adalah betul dan benar.

ii) If approved, TAFF will cover the total cost of the treatment of a cycle of ART. Additional cost such as freezing of excess embryos. frozen embryo transfer, surgical aspiration of sperm, blood tests, treatment for complication antenatal trealment will not be paid by TAFF but will be paid by us (the undersigned). Transport and accomodation during treatment will be borne by the couple.
Jika diluluskan, TAFF akan membiayai kos rawatan IVF. Kos rawatan hanya meliputi kos ubat-ubatan kesuburan / rawatan IVF, kos lawatan susulan semasa IVF, kos pembedahan IVF / makmal IVF. Kos pengangkutan, pemeriksaan / ujian awal kesuburan, kos hospital dan peninapan semasa lawatan susulan ditanggung oleh kami sendiri.

Section C has to be signed by a Consultant Doctor / Obstetric and Gynaecology Speclalist.
Bahagian C hendaklah ditandatangan oleh Doktor Pakar di dalam Bidang Obstetriic dan Gynaecology

Preliminary Test and Pre IVF Treatment information Required are :
Husband - a) Semen Analysis
Wife - a) Hormones - FSH, LH, E_2 TSH on third day of menses
b) Pelvic Ultra Sound Scan - any fibroids
- any cysts
c) Insulin Levels
d) HSG / Hysteroscopy / Laparoscopy

Maklumat Mengenai Ujian Berikut Sebagai Prasyarat Rawatan IVF Adalah Diperlukan:-
Suami - a) Analisa Semen
Isteri - a) Hormon - FSH, LH, E_2 TSH pada hari ketiga putaran haid
b) Scan Ultra Sound Pelvic untuk mengesan ketumbuhan
c) Level insulin
d) HSG / Hysteroscopy / Laparoscopy

_____	_____
Signature of husband / Tandatangan suami	Signature of wife / Tandatangan isteri
_____	_____
Name / Nama	Name / Nama
_____	_____
NRIC / No. Kad Pengenalan	NRIC / No. Kad Pengenalan
_____	_____
Date / Tarikh	Date / Tarikh