

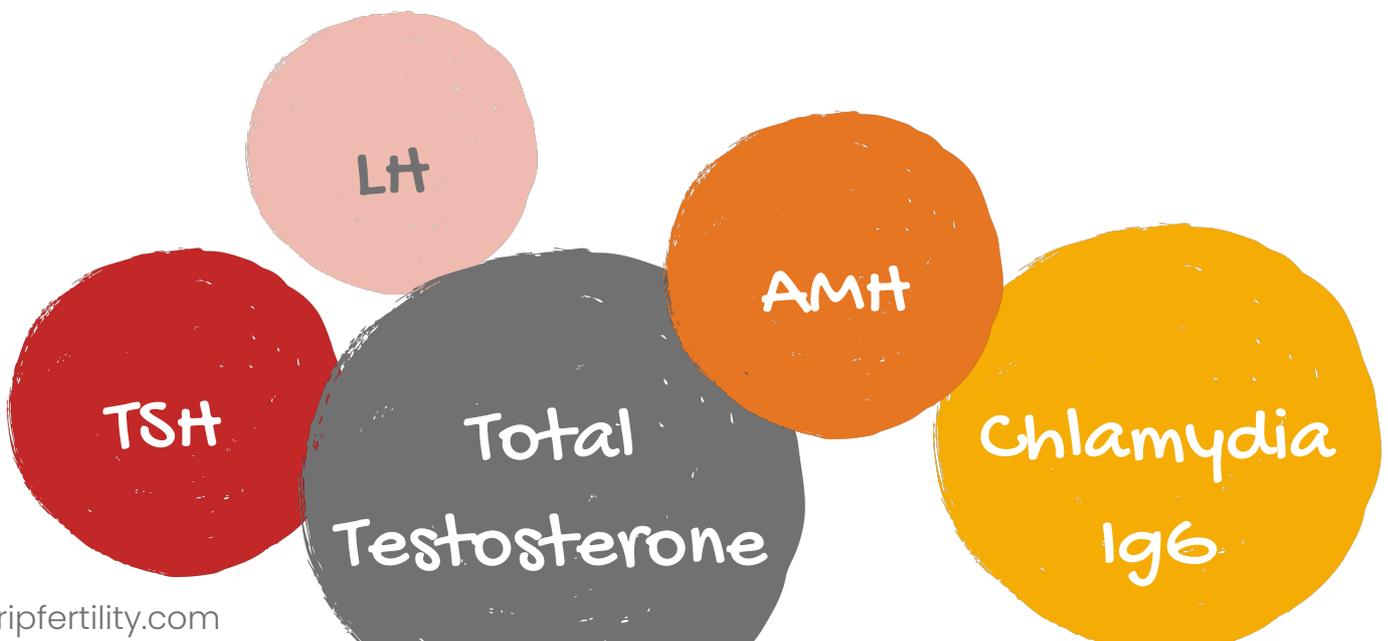
Blocked tubes (example)

GRIP FERTILITY REPORT

About you

- You are 37 years old
- You are not on birth control
- You pricked on day 3 of your cycle
- Your menstrual cycle is regular
- You are not on any medication
- You were tested for the following hormones:
 - AMH (Anti-Mullerian Hormone)
 - Chlamydia IgG
 - TSH (Thyroid Stimulating Hormone)
 - LH (Luteinizing Hormone)
 - Total T (Total Testosterone)

Your blood sample was analyzed on [date].
Your blood was analyzed by an ISO15198 certified lab.
This report has been validated by Drs. Noor Teulings.



Quick Summary

You have a normal amount of eggs for your age.

Based on AMH of 1.1 ng/ml

This is a technical term for "how many eggs you have left". Your range is adjusted to your age. AMH correlates with the number of follicles (small egg sacs) you currently have, and whether this is normal for your age. The number of eggs does not affect your chance of getting pregnant at this time.

You have an increased chance of blocked fallopian tubes.

Based on Chlamydia IgG of 18.2 RU/mL

Blocked fallopian tubes are one of the major causes of impaired fertility. The blockages are often caused by scarring after infections. About 60% of infections are due to chlamydia. A positive test result would mean that you have had a chlamydia infection.

You don't seem to be at risk of PCOS.

Based on AMH of 1.1 ng/ml, Testosterone of 0.9 nmol/L, and LH of 9.4 IU/l

The most common reason women have difficulties conceiving is ovulation problems. Women with PCOS tend to have irregular cycles. One in ten women suffer from Polycystic Ovary Syndrome (PCOS), which is often difficult to diagnose. 75% of women with a high testosterone value, in combination with high AMH and high LH, suffer from PCOS.

Your thyroid seems to be working well.

Based on TSH of 2.86 mU/L

One in six women has thyroid problems, often without knowing it. A fast or slow thyroid makes it difficult to get pregnant because it can interfere with ovulation, and it increases your risk of miscarriage when you are pregnant.

Your fertility

Ovarian reserve

AMH (Anti-Mullerian Hormone)

1.1 ng/mL



YOU SEEM TO HAVE A NORMAL AMOUNT OF EGGS

You seem to have a normal amount of eggs for your age. The median AMH (which is the most common value) for a woman of 37 years is 2.0 ng / ml (ref 1). A value of 1.1 ng / ml means that you are around the 40th percentile, which means that 60% of 39 year-old women have a higher amount of eggs and 30% a lower amount of eggs. An AMH <1.0 means a diminished ovarian reserve, and an AMH <0.4 ng/ml would mean we'd worry.

The average age of women hitting menopause with is 51. Based on your AMH value, you are likely to hit menopause around the average age. As such, we have no reason to assume that you will hit early menopause (ref 2). AMH isn't a perfect predictor as the interval of age that it predicts you going into menopause is wide and additionally its predictive value decreases the older you get. It's always good to check when your mother entered menopause and whether your periods are regular, too.

WHAT DOES THE TEST NOT TELL YOU?

Remember: AMH cannot predict whether you will become pregnant. An example: 75% of the women aged 35-37 with an AMH <0.7 will be pregnant within 12 months, vs 64% of women with an AMH of 0.7-8.4 (ref 8). To get pregnant you not only need enough eggs, but also good quality eggs. Unfortunately, there is not (yet) a single test that can tell us anything about the quality of your eggs. In addition, the predictive value of AMH for the timing of menopause is also not perfect and there may be variation (ref 2).

OK, SO WHAT'S NEXT?

Even though your AMH level is normal, it can be nice to know if there is something you can do to keep it that way. The most important things that can affect your ovarian reserve are your age and your genes, but your lifestyle can also have an effect. The biggest lifestyle change that will benefit your ovaries is to quit smoking (if you smoke), even if your AMH levels are in the normal range (ref 3). There is insufficient evidence that your weight or diet can affect AMH.

AMH

Your fertility

PCOS

AMH (Anti-Mullerian Hormone)

1.1 ng/mL



LH (Luteinizing Hormone)

9.4 IU/L

This is to be tested on the 3rd day of your period, during the follicular phase.



Total T (Total Testosterone)

0.9 nmol/L

This is to be tested on the 3rd day of your period, during the follicular phase.



YOU DON'T SEEM TO HAVE PCOS

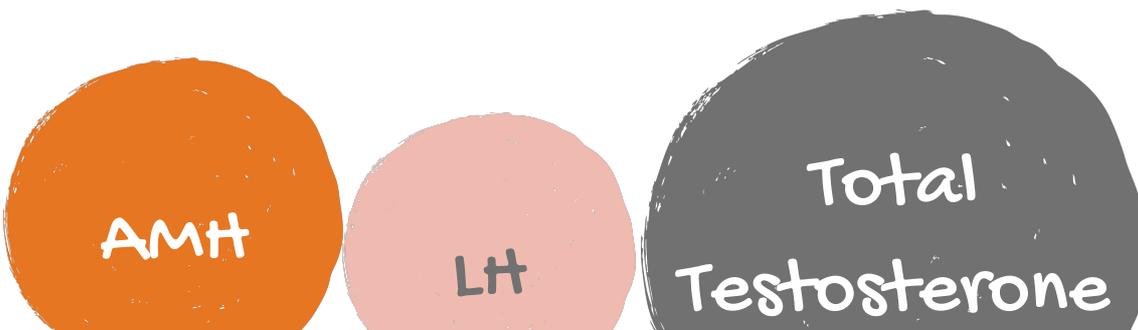
Your AMH, LH and testosterone are all in the normal range, so we have no reason to believe you have ovulation problems. The most common ovulation disorder is Polycystic Ovary Syndrome (PCOS), but we find no evidence in your hormones that you are suffering from it. PCOS is a complicated syndrome that is difficult to diagnose, but if you have irregular period, a high AMH value, and a high T value, the chance of PCOS is about 75% (ref 4)

WHAT DOES THE TEST NOT TELL YOU?

The most reliable predictor for ovulation problems is an irregular cycle (a normal cycle lasts 23-35 days and does not differ more than 3 days in length per month). If you suffer from this, it is always wise to talk to your doctor. The Grip test does not measure your actual ovulation. This is only possible with a (daily) ultrasound at the gynecologist.

OK, SO WHAT'S NEXT?

These results make it much less likely that you have PCOS, but if you suffer from an irregular cycle, it is wise to speak to your doctor.



Your fertility

Blocked fallopian tubes

Chlamydia IgG

18.2 RU/mL

Positive

Negative



YOU HAVE AN INCREASED RISK OF BLOCKED FALLOPIAN TUBES

Your Chlamydia IgG test is positive, indicating that you've been through a chlamydia infection. This does not mean that you currently have an active Chlamydia infection - it is only a reflection of historical infections. 70% of women who have had Chlamydia do not experience any symptoms. Your body may have fought off the infection on its own or antibiotics may have cleared the infection (consciously or unconsciously). After 5 years, an infection is normally no longer visible in your blood. This result either means that you've recently had chlamydia (<5 years ago) or that you've had a serious infection.

A recent study attempted to create a model to predict the likelihood of developing blocked fallopian tubes after a Chlamydia infection. With all the data now available, this risk is estimated to be 0-4% if you have had an infection without symptoms. This increases to 10-20% if you have had a PID (an infection of your uterus and fallopian tubes, which has caused you major complaints such as fever and abdominal pain).

WHAT DOES THE TEST NOT TELL YOU?

We cannot tell whether your fallopian tubes are blocked on the basis of this test. 60% of all blocked tubes are the result of scarring due to chlamydia infections, but that obviously doesn't mean that this is the case for you. Blocked tubes can only be demonstrated / ruled out with a foam ultrasound or an HSG test; surgery in which the gynecologist injects dye into your fallopian tubes and checks if the dye comes out on the other side of your fallopian tubes. This result could be a reason to talk to your doctor if you're trying to get pregnant.

OK, SO WHAT'S NEXT?

Unfortunately, we can't do much about the historical Chlamydia infection you have been through, but for the future we would like to emphasize that "safe sex" is important. The risk of contracting Chlamydia every time you have unsafe sex is ~1%, but since Chlamydia is one of the most common STDs, we recommend that you always use a condom until you are sure it is safe.

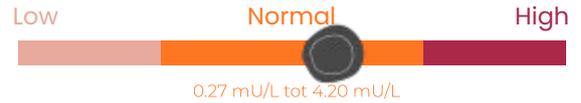
Chlamydia
IgG

Your fertility

Thyroid

TSH (Thyroid Stimulating Hormone)

2.86 mU/L



YOUR THYROID SEEMS TO BE WORKING WELL.

Your TSH level is normal, which gives us no reason to worry about your thyroid's functionality. Your thyroid is not only important for your fertility, but also plays an important role in your metabolism.

WHAT DOES THE TEST NOT TELL YOU?

Your thyroid hormones work closely with each other and your TSH is only one part of that. TSH is a good first indication that something is wrong, but more tests are needed to identify a problem (if there is one). Given that your TSH is normal, the chances of any of the other thyroid hormones being abnormal are very small, but we can't exclude the possibility 100%.

OK, SO WHAT'S NEXT?

Always stay alert to symptoms that suit an under- or overactive thyroid: hypersensitivity to temperature (always cold, always warm), fatigue, depression, bowel problems (constipation or diarrhoea), heart palpitations and unwanted weight gain or loss.

TSH

OK, SO WHAT'S NEXT?



TALK TO YOUR DOCTOR

We recommend you to share your results with your doctor or gynecologist. Even if everything looks good, it's a good time to talk to your doctor about your fertility.

Your doctor can also tell you more about freezing eggs or other treatments.

COMPLIMENTARY VIDEO CALL WITH GRIP'S DOCTORS

Drs. Noor Teulings is one of the co-founders of Grip. She completed her PhD in maternal cardiovascular health at the University of Cambridge and medical doctoral at University of Utrecht.

If you have questions about your results, or if you want to make a plan how to proceed, you can make an appointment for a free video call with her. You can email her at noor@gripfertility.com, or book a consultation at <https://gripfertility.com/consult>.



JOIN OUR PRIVATE CHAT GROUP

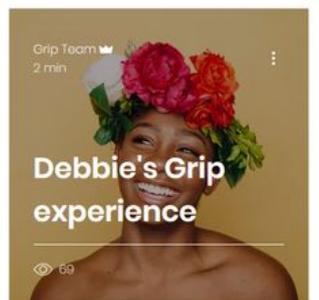
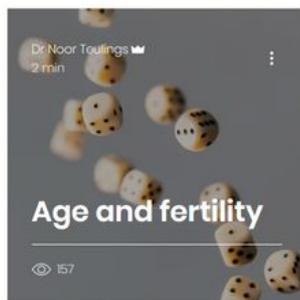
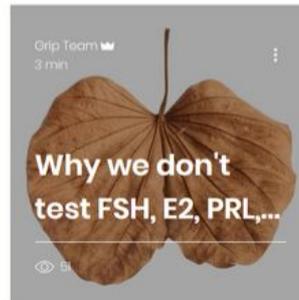
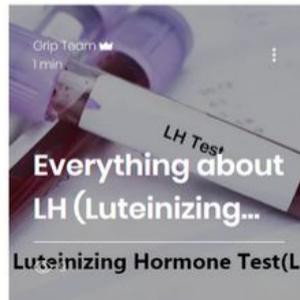
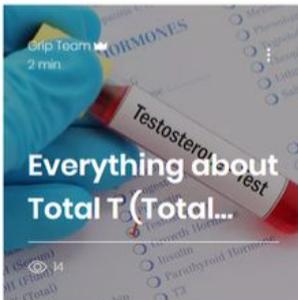


If you are not yet a member of our Slack group, now is the time to do so! Grip is not just a test, but a community of women who have taken matters into their own hands.

You should have an invitation to join our private Slack group in your mailbox. Email us if you have any questions.

Read more

New insights & stories on our blog every week.



www.gripfertility.com/blog

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