

**Reproductive Biologists Professional Group
Reproductive Laboratory Technologists Professional Group**

2004 Survey of 2004 Compensation

DESCRIPTION OF YOU

Education: MT, BS, MSc, PhD, MD (circle all that apply)

Gender: Male, Female

U.S. Residence status: Citizen, Green card, Other

Years of experience: _____

Years with current employer: _____

DESCRIPTION OF YOUR POSITION

Write your clinical job title:

Services your institution offers (Andrology, embryology, endocrinology, genetics, other)

Type of medical facility (Hospital, HMO/group provider clinic, Private)

Employer (Hospital, University, HMO/group provider clinic, Private)

DESCRIPTION OF YOUR FACILITY

ART procedures offered by your institution:

<input type="checkbox"/> Assisted Reprod. Tech (IVF, GIFT, ZIFT TET)	<input type="checkbox"/> Intrauterine Insemination
<input type="checkbox"/> Oocyte cryopreservation	<input type="checkbox"/> Cryopreservation of semen/sperm
<input type="checkbox"/> Embryo cryopreservation	<input type="checkbox"/> Gender selection (via sperm separation.
<input type="checkbox"/> Preimplantation Genetic Diagnosis	<input type="checkbox"/> Andrology/Sperm function testing

What best describes your Laboratory Director education: BS, Msc, PhD, MD, Other _____

Does the Lab Director perform laboratory procedures? Yes, No.

Number of employees devoted to andrology/embryology: _____.

Number of embryo transfers (GIFT + ZIFT + TET + IVFET + Frozen ET) performed in 2002: _____

Number of semen analysis and other andrology diagnostic procedures performed in 2002: _____

What is your program's charge for:

An IVF Cycle (patient monitoring + retrieval + transfer:\$ _____
include: physician and laboratory fees only. Exclude medications

Embryo cryo-preservation :\$ _____

ICSI\$ _____

DESCRIPTION OF THE LOCATION OF YOUR PROGRAM

Geographical location of your program (circle one using the guide below): (1), (2), (3), (4), (5), (6), (7).
(1): WA, OR, CA, NV, AR, ID, HI; (2): MT, WY, UT, CO, ND, SD, MN; (3): AZ, NM, TX, AR, LA;
(4): KS, IA, MO, IL, WI; (5): MS, AL, GA, FL, TN, NC, SC; (6): VA, WVA, IN, OH, MI, KY;
(7): ME, NH, NY, VT, MA, RI, PE, CN, PE, NJ, MD, DE)

Population of the area you serve.

(1) > 5 million (M) (2) 2 – 5 M (3). 1 -2 M (4) 0.5 – 1 M (5). 0.25 – 0.5 M (6) < .250 M

Benefits (circle all that apply)

Health care (self)/(family);
Dental Care (self)/(family)

Benefits

Health care (% paid by the employer) _____;
Dental care (% paid by the employer) _____;
Life Insurance (face value) _____;
Disability insurance (\$ amount paid to you/month if you need it) _____;
Retirement plan / Profit sharing plan (Yearly contribution): _____;

Are you permitted to offer independent consulting? Yes, No

The figures requested below should be included as dollar amount paid on a yearly basis:

Compensation

Salary \$ _____
Overtime \$ _____
Profit distribution \$ _____
Incentives \$ _____
Bonus \$ _____

How many professional membership societies does your employer pay for you? _____

This represents a dollar amount of: \$ _____

In 2004 how many vacation days you were entitled to? _____;

How many sick days? _____

Holidays? _____

Family leave? _____

Professional meetings you attended? _____

Thank you for your help. We would be happy to read your opinion or comments on how to improve this questionnaire.

Comments:

Please complete and mail or fax no later than Nov. 15, 2004 to:

American Society for Reproductive Medicine

Attn: Pat McCormack/Salary Survey

1209 Montgomery Highway

Birmingham, AL 35216-2809

Fax (205) 978-5005