

## Summary and Conclusions

From the result of this study and the studies on the ovarian reserve a number of points could be summarized:

- When predicting the ovarian reserve a single marker is not sufficient and other markers must be considered.
- The female age is the one marker that could be taken in consideration almost in all cases without exception but with the realization that a significant proportion of young women have poorer ovarian response than expected for their chronological age and on the other hand a significant proportion of older women could still have a fertility potential beyond their chronological age.
- The AMH is a good and a reliable marker of the ovarian reserve that could be done at any day of the menstrual cycle.
- There are many known and unknown factors that affect the prognosis of the IVF/ICSI programme other than the ovarian reserve and, therefore, markers of the ovarian reserve (including the AMH) have poor prediction capacity for the success of IVF/ICSI programme.
- The ovarian reserve tests *shouldn't* done on a regular basis for all IVF/ICSI patient.
- And finally if one or more ORTs is(are) done , it(they) must considered as a *screening test* that help in patient management and counseling as regards the probability of success, but exclusion of patients from IVF/ICSI programme because they merely have a poor ORT(s) *should be avoided* specially if the other prospects are good.