

Seamless Integration, Effortless Control

Streamline your workflow with eWitness and EmbryoScope

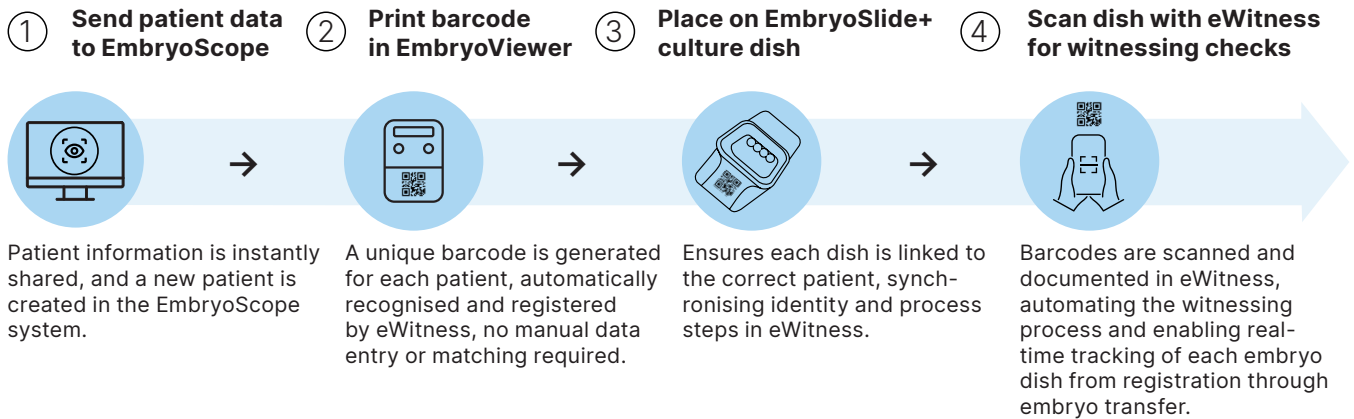
As patient volumes rise and regulations tighten, IVF laboratories face growing pressure to deliver more cycles while upholding the highest safety, compliance, and audit standards. Manual data entry and fragmented records heighten the risk of errors, compromising outcomes and regulatory adherence¹.

Integrating eWitness with EmbryoScope™ addresses these challenges by automating patient registration and synchronising data. Patient information is exchanged between eWitness and EmbryoScope, enabling quick selection, barcode generation within EmbryoViewer, and traceable dish labelling in eWitness. This streamlined workflow reduces manual input errors and ensures complete traceability for audit-ready laboratory management.



Your 4-Step Journey

How the integration works:



What This Means for Your Lab

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Error-free patient registration through automation
 Less manual entry errors through automated and synchronised patient registration across EmbryoScope and eWitness provides more reliable records and improved safety
- 
Maximise workflow efficiency
 Automated patient registration and barcode linking synchronises data across systems, significantly improving workflow efficiency by saving time and optimising laboratory operations.
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Complete traceability for every EmbryoSlide Dish
 Every EmbryoSlide dish is uniquely tracked at every step of the workflow, ensuring full traceability, a continuously audit-ready process, and regulatory compliance.



[Contact our team to find out how seamless integration can transform your lab.](#)

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*eWitness and EmbryoScope are currently not available in all markets.
Please contact your local representative for more information..*

[1] ESHRE Guideline, 2021 "Good Practice Recommendations for IVF Laboratory Procedures" Finding: The European Society of Human Reproduction and Embryology (ESHRE) stresses the importance of clear traceability systems and advocates electronic witnessing as the procedure volume rises.