

Requisition form for PGT-A, PGT-SR, Ploidy, PGT-M & MitoScore tests

The fields marked with * are mandatory to perform the test

*ANALYSIS REQUESTED

PGT-A PGT-A +Ploidy PGT-SR (Structural rearrangements) PGT-SR +Ploidy PGT-M

Would you like to request MitoScore? : YES NO

(NOT available for PGT-M)

CLINICIAN INFORMATION

*Clinic/Hospital/Medical Practice: _____

*Referring Doctor: _____

IVF Lab Manager: _____ *Contact person: _____

Email or telephone number: _____ *Email address for delivery of results: _____

Address: _____

City: _____ County/Province/State: _____ Postcode: _____

DETAILS OF PATIENT(S)

*Unique Patient ID: _____ If unavailable, please state NOT APPLICABLE

*Patient's name: _____ *Surname(s): _____ *Date of birth: _____

*Partner's name: _____ *Surname(s): _____ *Date of birth: _____

Patient ethnic group. Please select all that apply.

Caucasian East Asian South Asian Arab/ME Other _____

Ashkenazi J. Hispanic Romani Afro-_____ Unknown

*Karyotype(s) (1): Patient _____ Partner _____

(1): The karyotype of the carrier will only be required if PGT-SR is selected

CYCLE INFORMATION

Own eggs Donor eggs Own sperm Donor sperm *Egg retrieval date (if using own eggs): _____

of Fertilised eggs: _____ # of Biopsied embryos: _____

Fertilisation method: IVF ICSI

*Expected date of biopsy: _____ (Only mandatory if TRF is unaccompanied by biopsy worksheet)

*Date/time planned for embryo transfer: _____ (Only mandatory for transfers in the same cycle)

*Embryo transfer: Fresh cycle (transfer in the same cycle) Frozen cycle (transfer in other cycle)

*Type of biopsy: Day-3 Blastomere Day 5/6/7 Trophectoderm

Clinician authorisation

I certify that the information of the patient and the referring clinician on this form is correct to the best of my knowledge and that I have requested the above test based on my professional judgement. I have explained the limitations of this test and I have answered any questions. I understand that Igenomix may need additional information and I agree to provide this information if necessary.

Clinician's signature _____

Date: ____/____/____

Request form for PGT-A, PGT-SR, PGT-M & MitoScore tests

*Unique Patient ID⁽²⁾: _____ *Patient Name and Surname: _____
(2): If unavailable, please state NOT APPLICABLE

*Indication(s):

<p>PGT-A</p> <p><input type="checkbox"/> Advanced maternal age</p> <p><input type="checkbox"/> Implantation failure (# of failures____)</p> <p><input type="checkbox"/> Recurring miscarriage (# of miscarriages____)</p> <p><input type="checkbox"/> Previous aneuploidy pregnancy</p> <p><input type="checkbox"/> Previous triploid pregnancy</p> <p><input type="checkbox"/> Abnormally fertilised oocytes</p> <p><input type="checkbox"/> Male factor</p> <p><input type="checkbox"/> Abnormal sperm FISH result</p> <p><input type="checkbox"/> Sex-linked disorders</p>	<p>PGT-SR</p> <p>Altered karyotype <input type="checkbox"/></p> <p>Translocation <input type="checkbox"/></p> <p>Inversion <input type="checkbox"/></p> <p>Numerical abnormality <input type="checkbox"/></p> <p>Karyotype: _____</p>
<p>PGT-M</p> <p><input type="checkbox"/> Monogenic diseases (please state): _____</p>	
<p>PGT-A; PGT-SR; PGT-M</p> <p>Other indications (please state here if research/study sample) : _____</p>	

*SAMPLE DETAILS & BIOPSY WORKSHEET

Embryologist 1 full name: _____ Embryologist 3 full name: _____
 Embryologist 2 full name: _____ Embryologist 4 full name: _____
 *Date of biopsy D5 _____ /D6 _____ /D7 _____ Lot no. of wash/tubing buffer used: _____

Embryo ID			Embryo Grade	Origin egg			Origin biopsy		Fertilisation No. of PN and PB		Day of Biopsy	Re-biopsy	Embryologist initials		Ploidy test required	Comments ⁽⁴⁾
Patient initials	Embryo no.	Tube ID ⁽³⁾		Fresh egg	Vitri egg	Donor egg	Fresh blast	Vitri blast	PN	PB			Biopsy	Tubing		

(3) This the number on the side of the tube provided by Igenomix.
 (4) If using donor egg(s), please write the age of the donor in the comments section. Please also note here date for D3 biopsy, if required.

FOR IGENOMIX USE ONLY

Received by: _____	Date/Time: _____
Sample accepted/rejected (provide reason if rejected): _____	