

Preimplantation Genetic Testing for Aneuploidies

Our new standard of care for embryo testing



PGT-A is a genetic test performed on trophectoderm biopsies from embryos that have been developed through an IVF process.

PGT-A quantifies the number of chromosomes in each embryo biopsy to differentiate between chromosomally normal embryos with 46 chromosomes and chromosomally abnormal embryos with missing or extra chromosomes.



23 chromosomes

23 chromosomes

46 chromosomes

This will help your physician select the best embryo for transfer and improve your chances of achieving an ongoing pregnancy.

Our current technology, **PGT-A**, integrates next-generation sequencing (NGS) with advanced algorithms and machine learning to analyze the genomic data of embryos, delivering highly accurate and reliable results.

However, one limitation is that it cannot detect the ploidy status of the embryos, which refers to the number of complete sets of chromosomes. Consequently, embryos with an apparently normal chromosomal profile may potentially conceal a triploid, or haploid constitution.

In our ongoing efforts to enhance genetic testing for IVF embryos, we have developed and validated an additional targeted SNP (Single Nucleotide Polymorphism) analysis. This advancement expands the diagnostic capabilities and clinical utility of our current PGT-A platform. We refer to this new, more advanced test as PGT-A Plus.

Builiding upon our extensive expertise, our PGT-A with ploidy detection, is a 2-in-1 test significantly increasing accuracy and confidence in selecting the optimal embryo for transfer

PGT-A with ploidy detection

Our advanced 2-in-1 genetic testing solution



PGT-A

Our custom and validated technology that combines next-generation sequencing (NGS) with advanced algorithms and machine learning, enabling the genetic analysis with exceptional accuracy and reliability.



PLOIDY DETECTION AND GENETIC PRONUCLEAR (PN) CHECK

- Detect triploid and haploid embryos, helping reduce the risk of miscarriage and genetic abnormalities by approximately 2–3%.
- Identifies true diploid embryos from those initially classified as 0, 1, 2.1, or 3 PN; increasing the number of viable embryos available for transfer.

How does it work?

Simple test process designed with the patient's and clinician's convenience in mind.



Who should consider PGT-A with ploidy?

While any couple can have an embryo with aneuploidy, the chances can increase with the following factors:

- Female age over 35
- · History of recurrent pregnancy loss
- Previous IVF failure
- Prior child or pregnancy with a chromosome abnormality

PGT-A with ploidy detection is especially recommended for:

- Patients with severe male factor or high rate of diploidy in sperm
- Previous or recurrent triploid pregnancy
- Previous molar pregnancy
- Patients with high quality embryos derived from abnormally fertilised oocytes
- Recurrent or sporadic miscarriage after conventional PGT-A

What makes our PGT-A with ploidy stand out from the rest?



Offers enhanced confidence with robust and accurate results, utilising two independent technologies for DNA analysis.



Strengthened by the power of big data and artificial intelligence, effectively overcoming the limitations of human subjectivity and greatly reducing the risk of human error.



Maximises the likelihood of successful pregnancy by carefully identifying optimal embryos for transfer.



Reduces the risk of miscarriage due to previously undetected abnormalities (e.g. triploidy).



Increases the number of viable embryos available for transfer after rescuing embryos derived from abnormally fertilised oocytes.



