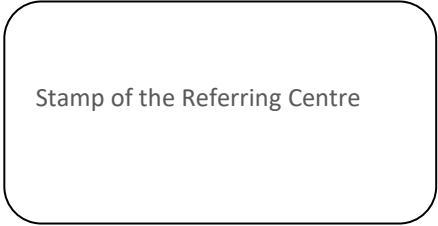


Acceptance form for PGT – NO Mosaicism

Please, send to Eurofins Genoma

Place and date: _____

Referring centre^
IVF centre/department^
Department
Address
Country
City
Referring Physician^
Report recipient^
*email:
^required fields; ^ if different from the contract



Test to be performed

PGT-M	PGT-A	PGT-SR
<input type="checkbox"/> PGT-M	<input type="checkbox"/> PGT-A	<input type="checkbox"/> PGT-SR
<input type="checkbox"/> PGT-M (Exclusion)	<input type="checkbox"/> PGT-A + Poliploidy Panel	<input type="checkbox"/> PGT-SR + Poliploidy Panel
<input type="checkbox"/> PGT-M (Non Disclosure)		
<input type="checkbox"/> PGT-HLA		
<input type="checkbox"/> PGT-M + PGT-A		
<input type="checkbox"/> PGT-M + PGT-SR		
<input type="checkbox"/> PGT-M + PGT-A + Poliploidy Panel		
<input type="checkbox"/> PGT-M + PGT-SR + Poliploidy Panel		
<input type="checkbox"/> Other (as previously agreed with the Eurofins Genoma laboratory, please specify or attach reference documents):		
<u>Indication:</u>		

Data of the couple

Referring centre code:		Eurofins Genoma code:	
Male partner			
Last name*		First name*	
Place of birth*		Date of birth*	
Tax Code:			
Monogenic Disease Carrier [§]			
Variant (Mutation) [§]			
Karyotype result on peripheral blood [#]			
Female partner			
Last name*		First name*	
Place of birth*		Date of birth*	
Tax Code			
Monogenic Disease Carrier [§]			
Variant (Mutation) [§]			
Karyotype result on peripheral blood [#]			

* mandatory information for each type of PGT; § mandatory information in the case of PGT-M; # mandatory information in the case of PGT-A/SR

IVF data

IVF Cycle (referring centre code):					
Procedure	Date	Time		Embryos:	Number
OPU:				Fertilized	
Biopsy				Frozen	
				Survivors	
No. COC				Totals per PGT	
No. MII				Biopsied	

#Embr. (1, 2, etc.)	Embryonic stage (N of day)	Degree (A, B, etc.)	#Blank (BL1, BL2, etc.)	NOTES