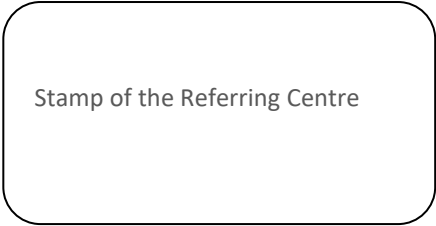


Acceptance form for PGT - with mosaicisms

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): | | |
| Indication: | | |

| 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 |
|------------------------|-------------------------------|------------------------|----------------------------|-------|
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