

niPGT-A Acceptance form

Place and Date: _____

Referring Centre[^]

IVF Centre[^]:

Department :

Address:

City:

Country:

Referring Physician[^]:

Report recipient[°]:

e-mail:

[^]required fields; [°]if different from the contract

Stamp of the Referring
Centre

Test to be performed

☐ niPGT-A

☐

☐

☐

☐

☐ 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: | |
| <i>Male Partner</i> | | | |
| Last Name [*] | | First Name [*] | |
| Place of birth [*] | | Date of birth [*] | |
| Tax code: | | | |
| Peripheral blood Karyotype result | | | |
| <i>Partner femminile</i> | | | |
| Last Name [*] | | First Name [*] | |
| Place of birth [*] | | Date of birth [*] | |
| Tax code: | | | |
| Peripheral blood Karyotype result | | | |

^{*} mandatory information

Eurofins Genoma Group S.r.l a socio unico / sole shareholder

Sede Legale / Registered Office
Via di Castel Giubileo, 11
00138 Roma
C.F. e P.Iva 05402921000
REA 883.995
Isr. Reg. Impr. 369761/1197

Laboratorio e Studi Medici/ Laboratories
Rome - Milan
+ (39) 06.164161500
info@laboratorigenoma.eu

 www.laboratorigenoma.eu

COMPANY WITH
QUALITY SYSTEM
CERTIFIED BY DNV
ISO 9001

IVF data

| | | | | |
|-------------------------------------|--------------------------|-----------------|-------------------------|-------|
| IVF Cycle code: | OPU Date: | Time: | ICSI Date: | Time: |
| Date of wash and change medium | | Time: | Medium collection date: | Time: |
| No. COC: | No. MII: | No. Fertilized: | No. thawed Embryos: | |
| No. Survived embryos sopravvissuti: | Tot. medium for niPGT-A: | | No. Medium collected: | |

[illegible]