

PGT-M SET-UP Acceptance Form

Place and date: _____

| |
|---|
| <input type="checkbox"/> Referring centre^ |
| IVF centre/department^ |
| Department |
| Address |
| Country |
| City |
| Referring Physician^ |
| Report recipient° |
| *email: |
| ^required fields; °if different from the contract |

Stamp of the Referring Centre

Test to be performed

⇒ PGT-M SET-UP

Data of the couple

Indication:

| Male partner | |
|--|-----------------------|
| Referring centre code: | Eurofins Genoma code: |
| Last name* | First name* |
| Place of birth* | Date of birth* |
| Tax ID Code: | |
| Monogenic Disease Carrier [§] | |
| Variant (Mutation) [§] | |
| Karyotype result on peripheral blood | |
| | |
| Female partner | |
| Referring centre code: | Eurofins Genoma code: |
| Last name* | First name* |
| Place of birth* | Date of birth* |
| Tax ID Code | |
| Monogenic Disease Carrier [§] | |
| Variant (Mutation) [§] | |
| Karyotype result on peripheral blood | |
| | |
| * mandatory information; § mandatory information for PGT-M SET-UP; | |

Samples and Attachments

| | Last name First name | Sex (M/F) | Date of Birth | sample SP=Blood TB=buccal swab A=other | Collection date | Status A=affected C=carrier H= healthy | Report attached (Yes/No) |
|--|--------------------------------------|-----------|------------------|--|--|---|--------------------------------|
| Female partner | | | | | | | |
| Male partner | | | | | | | |
| Family member 1 | | | | | | | |
| Family member 2 | | | | | | | |
| Family member 3 | | | | | | | |
| Family member 4 | | | | | | | |
| Family member 5 | | | | | | | |
| Family member 6 | | | | | | | |
| Family member 7 | | | | | | | |
| Informed consents to the analysis of the subjects undergoing sampling: | <input type="checkbox"/> Attachments | | | | <input type="checkbox"/> Stored by the forwarding MAR centre | | |
| Genetic consultation report: | <input type="checkbox"/> Attached | | | | <input type="checkbox"/> Not available | | |

Pedigree