

*accurate information is necessary for a valid interpretation | please (✓) boxes

PATIENT INFORMATION GENERAL*

REFERRED BY*

Name	Doctor / Hospital / Clinic / Lab - Account Code		
Date of Birth	Sex		
Nationality	QID	Mail Id.	
MRN / File No.	Ph No.	Ph No.	Seal / Signature

TEST REQUESTED

CLINICAL INDICATIONS

PGT-A

Pre-implantation Genetic Testing for **aneuploidy**

- | | |
|--|---|
| <input type="checkbox"/> Advanced Maternal Age | <input type="checkbox"/> Sex-linked Disorder |
| <input type="checkbox"/> Recurrent Miscarriage (No of failures) _____ | <input type="checkbox"/> Male factor |
| <input type="checkbox"/> Recurrent Implantation failure (No of failures) _____ | <input type="checkbox"/> Gender Selection (please specify) |
| <input type="checkbox"/> Aneuploidy testing | <input type="checkbox"/> Male <input type="checkbox"/> Female |

PGT-SR

Pre-implantation Genetic Testing for **chromosomal Structural Rearrangements**

Note: The karyotype of the carrier will be required for PGT-SR

Karyotype(s): Patient Normal Abnormal
 Partner Normal Abnormal
 ISCN of Known Structural rearrangement (Abnormal Karyotype): _____

PGT-M [Monogenic Disease]

Pre-implantation Genetic Testing for **Monogenic Disorders**

Monogenic Disease Prevention (Disease Name): _____
 Gene of interest: _____
 Patient Condition Status: has the condition Carrier Non-carrier
 Partner Condition Status: has the condition Carrier Non-carrier
 Additional family history relating to the condition: _____
 Others (Please Specify): _____

PATIENT ETHNIC GROUP (Please select all that apply)

- Caucasian East Asian South Asian Arab / Middle East Ashkenazi J. Hispanic Romani Afro - _____
 Unknown Other _____

SPECIMEN INFORMATION

Donor Details: Donor eggs Donor sperm No Donor* Egg retrieval date (if using own eggs): _____
 No. of Fertilised eggs: _____ No. of Biopsied embryos: _____
 Fertilisation method: IVF ICSI BLANK PROVIDED: Yes No
 Date of biopsy: Date/time planned for embryo transfer: (Only mandatory for transfers in the same cycle)
 Embryo transfer: Fresh cycle (transfer in the same cycle) Frozen cycle (transfer in other cycle)
 Type of biopsy: Day-3 Blastomere Day 5 / 6 / 7 Trophectoderm

FOR LABORATORY USE ONLY

ACKNOWLEDGEMENT

TRIAGE REMARKS	TRANSPORT TEMPERATURE	SAMPLE COLLECTED / RECEIVED @ LAB	SAMPLE RECEIVED / VALIDATED BY
	<input type="checkbox"/> Ambient Temperature <input type="checkbox"/> Refrigerated (2° to 8°C) <input type="checkbox"/> Frozen (-20°C)		

