PGT Sample Submission Form

Clinic protocol number:

Don't write in this grey area. For Juno Genetics internal use only	Juno Genetics number	Date of reception	Received by

**The sections marked with (*) are mandatory to fill in to request*

Female Patient Information		Partner Information		Referring Clinic Details	
Name *		Name *		Referring clinic*	
Surname*		Surname*			
Patient Clinic Number *		Patient Clinic Number *		Referring clinician*	
Date of birth (DD/MM/YYYY)*	Click or tap to enter a date.	Date of birth (DD/MM/YYYY)*	Click or tap to enter a date.	Contact E-mail*	

Test Information*	Case type	Donor Gamete Used?
☐ PGT-A ☐ PGT-SR ☐ PGT-M	☐ Batching ☐ Immediate analysis	☐ Yes ☐ No ☐ Egg ☐ Sperm Donor age (years):____

IVF TYPE	☐ Conventional IVF ☐ ICSI

CLINICAL INDICATION	☐ AMA ☐ RIF ☐ RPL ☐ Male Factor ☐ Aneuploidy study ☐ Other:_____

BIOPSY DETAILS

Wash buffer lot number: _____ **RE-BIOPSIED EMBRYO(S):** ☐ **YES**

Embryo #	Unique Tube ID (stick label)	Embryo Grade	Biopsy Day	Biopsy Date	Biopsy By	Loading By	Notes
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Title: Test embryo biopsy form. ed CLINICS PORTAL (English) | Index: 155-ESP-F-PGT-EN | Version: 1.0 | Authorised By: Carlos Marin Vallejo | Authorised: 11-Oct-2023}