Neuberg DIAGNOSTICS | CENTER FOR GENOMIC MEDICINE

TEST REQUISITION FORM

PREIMPLANTATION GENETIC TESTING

PATIENT DETAILS

Patient's Name _____ Age _____

Sex ☐ Male ☐ Female ☐ Others Ethnicity _____

E-mail ID* _____ Contact No _____

Partner's Name _____ Age _____

Height _____ Weight _____ Blood Type _____

Address _____

REFERRING CLINICIAN

Clinician Name _____

Embryologist Name _____

Hospital _____

E-mail ID* _____ Contact No. _____

E-mail ID of Contact Person* _____ Contact No. _____

*Note - Report will be sent to both Emails

SAMPLE DETAILS

Collection Date _____ Collection Time _____

☐ EDTA Blood (For Pre-PGT-M work up; 4ml) ☐ Couple ☐ Affected Individual

☐ Embryos No of embryos _____ Day of biopsy _____

Donor: ☐ Yes ☐ No If yes ☐ Donor Egg ☐ Donor Sperm

Age of the Donor _____

Rebiopsy: ☐ Yes ☐ No If yes, please provide previous ID of the patient: _____

CYCLE HISTORY

Hyperstimulation: ☐ Yes ☐ No

Fertilisation method: ☐ IVF ☐ ICSI

Date of egg retrieval: ____/____/____

No. of embryos retrieved _____

No. of biopsied embryos: _____

*Date/Time planned for embryo transfer: ____/____/____

GTPL House Lane, Near East Ebony, Sindhu Bhavan Road, Bodakdev, Ahmedabad - 380059 I +91-6357244307 / 079-61618111 | Email : contact@ncgmglobal.com | Website : www.ncgmglobal.com

TEST REQUESTED

- ☐ **Preimplantation genetic testing for aneuploidies (PGT-A)**
- ☐ **Preimplantation genetic testing for structural rearrangements (PGT-SR)** **(attach parental karyotype report)**
- ☐ **Preimplantation genetic testing for monogenic disorders (PGT-M)*** **(Requested for Gene_____ Variant_____)**
  (* Please mention Pre-PGT-M Lab ID_____)
- ☐ **Pre-PGT Work up** **(Mandatory to do before PGT-M, Sample type- 4ml EDTA blood) Attach relevant genetic reports/ Hb electrophoresis report.**

In case of PGT-A

Is Karyotype done for the couple- ☐ Yes (If yes, kindly provide the reports) ☐ No

In case of PGT-SR

Kindly provide parental karyotype reports prior to testing.

In case of PGT-M

Kindly contact NCGM and discuss with the Clinical Geneticist/ Genetic Counsellors regarding the utility of PGT-M for the suspected condition/ reported genetic variant/s.

Indication for the test

☐ Recurrent Pregnancy loss ☐ Advanced maternal age ☐ IVF Failure ☐ Primary Infertility ☐ BOH

☐ Others_____

Reporting of Mosaics

NGS-based PGT-A is able to detect embryo mosaicism. NCGM reports an embryo as "Low mosaic" or "High mosaic". We recommend that all patients with mosaic embryos seek genetic counseling prior to considering transfer. Please indicate your preference regarding the reporting of mosaic embryos:

☐ Yes - indicate embryo mosaicism on PGT-A report ☐ No - designate mosaic embryos as aneuploid

☐ Do not report mosaicism

EMBRYO DETAILS

Tube No	Sample ID	No. of Cell(s)	Grade of Cells	Comments	Type of Cells

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