GENNET

PGT request form

(PGT – Preimplantation Genetic Testing)
Part 1 – to be filled by the clinician requesting PGT

Personal data - female	**Personal data - male**
Name and surname: Date of birth: Address: Diagnosis (ICD):	Name and surname: Date of birth: Address: Diagnosis (ICD):
Requesting clinician:	
   (name, specialty, address, stamp, signature)	
Type of preimplantation testing:	**Indication:**
☐ PGT for aneuploidies (PGT-A)	☐ Age ☐ Recurrent miscarriage ☐ Recurrent IVF failure ☐ Other:
☐ PGT for sex selection	Reason:
☐ PGT for structural rearrangements (PGT-SR)	Karyotype and/or ISCN record:
☐ PGT for monogenic disorders (PGT-M)	Gene: Inheritance:
☐ Other:	Description:
Biopsy:	
☐ Trophectoderm	☐ Other material (please specify): (by prior arrangement with the laboratory only)
PGT results turnaround time:	
☐ STANDARD – in 30 days	☐ STATIM PGT-A – in 14 days
Examination is performed by: GENNET, s.r.o., GENNET Laboratories, Pekařská 635/6, 158 00 Praha 5 – Jinonice, Tel: 226 231 691	
Laboratory records: Date and time of receipt of the sample / request form:	Signature:

The requesting clinician confirms that the patients have signed Informed consent form that is either stored in their records or is attached to this form and that all legal requirements for PGT are met.

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PGT Biopsy Report

Part 2 – to be filled by the embryology lab carrying out the trophectoderm biopsy

Patient (female):
Date of birth:

Embryology laboratory: (department, IVF clinic)
Number of biopsied embryos:
Date of biopsy:
Biopsy performed by:

Filled by PGT laboratory	**Filled by embryology laboratory**	
Lab sample ID	Embryo ID	Note / other communication

Accepted by:	**Issued by:**
Date:	Date:
Signature:	Signature: