PRIVATE nesiller GENETICS LABORATORY AND CONSULTING	PGT ANALYSIS REQUEST FORM (PGT-A, PGT-M, PGT-SR)	Document No	: FR.51
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Sample and Patient Information			
Patient Name & Surname (Female	:	Patient Name & Surname (Male)	:
Date of Birth (Female)	:	Date of Birth (Male)	:
Embryologists	:	The Number Of Embryos That Have Been Biopsied	:
		Type of Medium	:
Date Sample Received	:	Date and time of biopsy	: ……/…../…. -
Reference Center:	:	Type of Biopsy ☐3rd Day (blastomer)	☐5th Day (trofoektoderm)
Reference Doctor	:	E-mail to send the report	:

Requested Test		
☐ PGT -A	☐ PGT-M	☐ PGT-SR

Indications		
PGT-A	PGT-M	PGT-SR
☐ Advanced Maternal Age (…….)	☐ Mono Gen Disorder	☐ Translocation
☐ Recurrent Implantation Failure (…….)#	☐ Mono Gene Disorder + HLA	☐ **Inversion**
☐ Recurrent Pregnancy Loss (…….) #	☐ HLA	☐ Other Chromosomal Disorders
☐ Male factor	*Please indicate the disease name:*	*Please indicate the disease name:*
☐ X linked diseases …….		
☐ Chromosomal Disorders in Previous Pregnancies		

Embriyo No	Blastomer/Trofoblast No	Embriyo Grade	Nukleus Control	Notes

Delivery Record				
	Date	Hour	Name & Surname	Signature
Submit by				
Submit to				