

PREIMPLANTATION GENETIC TESTING

PATIENT DETAILS

(In BLOCK letters)

Patient Name

DOB / / or Age / Ethnicity

Partner's Name DOB / / or Age /

E-mail ID Contact No.

Height cm Weight kg Blood Type

Address

REFERRING CLINICIAN

(In BLOCK letters)

Clinician Name

Embryologist Name

Hospital/ Clinic Name

E-mail ID* Contact No.

E-mail ID of Contact Person* Contact No.

*Note - Report will be sent to both Emails

SAMPLE DETAILS

Sample Collection Date _____ Sample 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: ____/____/____

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