

Request form for PGT

(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:
<input type="checkbox"/> PGT for aneuploidies (PGT-A)	<input type="checkbox"/> Age <input type="checkbox"/> Recurrent miscarriage <input type="checkbox"/> Recurrent IVF failure <input type="checkbox"/> Other:
<input type="checkbox"/> PGT for sex selection	Reason:
<input type="checkbox"/> PGT for structural rearrangements (PGT-SR)	Karyotype and/or ISCN record:
<input type="checkbox"/> PGT for monogenic disorders (PGT-M)	Gene: Inheritance:
<input type="checkbox"/> Other:	Description:
Biopsy:	
<input type="checkbox"/> Trophectoderm	<input type="checkbox"/> Other material (please specify): (by prior arrangement with the laboratory only)
PGT results turnaround time:	
<input type="checkbox"/> STANDARD – in 30 days	<input type="checkbox"/> STATIM PGT-A – in 14 days
Examination conducted 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 sample/request receipt:	Sample/request received by:

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.



