

Request form for PGT-M preparation – patient (This form is an accompanying document for patient sample needed for karyomapping setup)

Personal data:	Requesting clinician:	
Name and surname:		
Date of birth:		
Sex: Female Male		
Address:		
Diagnosis (ICD):	(name, specialty, address, stamp, signature)	
Sample type:		
Peripheral blood (5 ml of non-coagulating blood in K3EDTA) DNA isolated from:		
Other (please specify):		
Date and time of sampling:	Date and time of request:	
Details of the planned PGT-M (to be completed by the requesting clinician): It is essential to attach a clinical genetic report with the results of the genetic laboratory testing, otherwise PGT-M preparation will not begin.		
PGT-M is prepared for the disease (fill in the name):		
Gene: Heredity: AR AD XR XD		
Mutation carrier: Patient Partner Both partners		
Donated gametes planned in this IVF cycle? NO	YES – oocytes YES – sperm	
Partner and other family relatives who are / will be sent for PGT-M preparation		
(this is for laboratory purposes only, each of them will be sent with a separate request form):		
Name and surname – partner:	Relationship	
Name and surname – relative:	to the patient:	
Name and surname of other relatives and their relationship to the patient:		
Informed consent* – the patient:		
AGREE WITH: DISAGREE	WITH:	
Sample storage Sample	storage	
	*) Requesting clinician confirms by sending this request form that the patient or legal representative has signed an informed consent, which is either part of patient's documentation or is attached to this request form.	
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 the sample/request receipt: Sample/request received by:		



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