

## Request form for genetic examination – GERT

Patient's Personal Data (Label):		Referring physician:		
Name and surname: Insurance number: Date of birth: Insurance company:                      Self-payer Address:  Diagnosis (ICD):	(Name, specialty, establishment ID number, workplace, stamp, signature)			
Sample Information:				
<b>Sample Type:</b> endometrial biopsy	<b>Biopsy Method:</b> Pipelle      Hysteroscopy      Other:			
Instructions for Collection and Transport:				
<ul style="list-style-type: none"> <li>• The collected endometrial tissue should be clean, free of blood clots, and at least 8mm<sup>3</sup> in size (2 mm width × 2 mm depth × 2 mm height)</li> <li>• Place the endometrial tissue in a tube with RNA sample storage buffer and invert the tube up and down 10 times</li> <li>• Store and transport the sample in RNA storage buffer at 2-8°C (do not freeze) and deliver it to the laboratory within 1 week</li> </ul>				
Cycle Type:				
HRT: P+..... (e.g., P+5)      Date of first progesterone administration1:.....      Time: ..... Natural Cycle: LH+..... (e.g., LH+7)      Date of LH peak1: .....      Time: ..... hCG+..... (e.g., HCG+7) Date of hCG injection1: ..... Time: ..... (Ovulation +36h: Date ..... Time: .....) 1 - The first day of progesterone administration is P+0. The day of the LH peak is LH+0. The day of hCG administration is hCG+0.				
Biopsy Information:				
Date of Biopsy: .....      Time: ..... Endometrial Thickness: .....mm				
Indication for the Test:				
Implantation failure – number of unsuccessful attempts..... Recurrent miscarriages				
Informed consent* - examined person:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>AGREES</b>                       with the examination of the sample                       with storing the sample                       with the use of the sample for research purposes                       requests sample disposal after examination                 </td> <td style="width: 50%; vertical-align: top;"> <b>DISAGREES</b>                       with storing the sample                 </td> </tr> </table>			<b>AGREES</b>  with the examination of the sample  with storing the sample  with the use of the sample for research purposes  requests sample disposal after examination	<b>DISAGREES</b>  with storing the sample
<b>AGREES</b>  with the examination of the sample  with storing the sample  with the use of the sample for research purposes  requests sample disposal after examination	<b>DISAGREES</b>  with storing the sample			
*) By submitting the request, the referring physician confirms that the patient or legal representative has signed the Informed Consent, which is either stored in the patient's documentation or attached to this request.				
Examination conducted by: GENNET, s.r.o, GENNET Laboratories, Pekařská 635/6, 158 00 Prague 5 - Jinonice, Tel: 226 231 691				
Laboratory records:				
Date and time of sample/request receipt:		Sample/request received by:		

