

Direttore: dott. Francesco Fiorentino      Date: \_\_\_\_\_



**PGD ACCEPTANCE FORM**

The stamp of the  
IVF Centre

**IVF unit details**

Referring Centre: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
City: \_\_\_\_\_  
Referring physician(s): \_\_\_\_\_  
Receiver(s) of the report: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Date of scheduled ET: \_\_\_\_\_ Time: \_\_\_\_\_

**Patients' details:**

Patient Name (female partner): \_\_\_\_\_ DOB: \_\_\_\_\_  
Patient Name (male partner): \_\_\_\_\_ DOB: \_\_\_\_\_  
indication for PGD: \_\_\_\_\_  
Other indication: \_\_\_\_\_

**IVF data**

OPU date: \_\_\_\_\_ Time: \_\_\_\_\_ Biopsy date: \_\_\_\_\_ Time: \_\_\_\_\_  
Specimen type: \_\_\_\_\_ Date samples shipped: \_\_\_\_\_  
No. COC: \_\_\_\_\_ No. MII: \_\_\_\_\_ No. Fertilised: \_\_\_\_\_ No. thawed embryos: \_\_\_\_\_  
No. Survived embryos: \_\_\_\_\_ Tot. embryos for PGD: \_\_\_\_\_ No. Biopsied embryos: \_\_\_\_\_

#Embr. (1, 2, etc.)	Stage (no. of blast.)	Grade (A, B, etc.)	#Blast (1A, 1B, etc.)	Existence of the nucleus (Y/N)	#Blanks (BL1, BL2, etc.)	Solution in which the cells are tubed (Lysis Buffer or PBS)

**GENOMA s.r.l.**



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