GENOMA®
Molecular Genetics Laboratory
Direttore: dott. Francesco Fiorentino

Laboratorio Certificato
UNI EN ISO 9001:2000

PGD ACCEPTANCE FORM

Date ______________________

The stamp of the
IVF Centre

Couple Information

Surname and Name of the Male Partner :

____

Surname and Name of the Female Partner:

____

Indication for PGD: ______________________________ *Trial:* ______

N° COC: *N° MII:* *N° Fertilised:* *N° Biopsied Embryos:*

#Embr.	**Stage** (no.of blast.)	**Grade**	**#Blast** (1A, 1B; 2A, 2B; etc,)	**Existence of nucleus**
Negative Controls				

CHIAMATA GRATUITA
NUMEROVERDE 800-501651

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