REMINDER: Good Start Genetics recommends carrier screening prior to undergoing PGS.

EmbryVu Preimplantation Genetic Screening

Test Requisition Form

Good Start Genetics, Inc.
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solutions@gsgenetics.com; goodstartgenetics.com

Patient Information

Patient Last: _____ **First**: _____ **MI**: ___

Date of Birth: _____ / _____ / _____ **MRN**: _____ ☐ **M** ☐ **F**

Partner Last: _____ **First**: _____ **MI**: ___

Date of Birth: _____ / _____ / _____ **MRN**: _____ ☐ **M** ☐ **F**

Address: _____

City: _____ **State**: _____ **Zip**: _____

Phone: _____

E-Mail: _____

Egg donor cycle? ☐ **Y** ☐ **N** **Age of Donor:** _____

Sperm donor cycle? ☐ **Y** ☐ **N** **Age of Donor:** _____

Billing Information

☐ **Client Bill**

☐ **Self-Pay/Patient Bill**

Client Information

Informed Consent

I attest that this patient/couple has been informed and has given consent for the test I have ordered below under applicable law.

Clinician Signature: _____

Clinical Indication

☐ **Advanced Maternal Age** ☐ **Family Balancing ⟶ MALE / FEMALE** ☐ **Recurrent Pregnancy Loss*** **# of Losses** _____

☐ **Repeat Failed Implantation/Failed IVF Cycles*** **# of Failed Cycles:** _____ ☐ **Routine Aneuploidy Screening**

☐ **Other(Specify)*:** _____

***This PGS test detects loss or gain of chromosomal material; it does not assess all changes within or between chromosomes. Please call Good Start Genetics prior to embryo biopsy to determine if this is the most appropriate test for your patient.

Laboratory Tests

☐ **Aneuploidy with Sex Provided** ☐ **Aneuploidy without Sex Provided**

Sample Type

☐ **Blastocyst / Trophectoderm Biopsy** **Does this case include a re-biopsy of a previously tested embryo(s)?** ☐ **Y** ☐ **N**

Was ICSI Performed? ☐ **Y** ☐ **N*** **If yes, please provide the original GSG PAT#**_____

***Samples derived from non-ICSI'd embryos may have an increased risk for false negative or false positive results.

Transfer Type

☐ **Frozen Embryo Transfer (FET); fresh transfers cannot be accommodated.** ☐ **FET Date (if known):** _____

The Following is Required for Testing

Biopsy Worksheet: A completed Biopsy Worksheet Form must accompany all samples.
Consent Form: A signed PGS Consent Form is required in order to proceed with testing.
Payment: Payment is required in order to proceed with testing.
Test Requisition Form (TRF): The TRF must be completed in order to proceed with testing.

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