

Place Invitae barcode sticker here

Preimplantation Genetic Testing Biopsy Worksheet Form

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|--------------------|------------|---|
| Patient name | | Date of birth (MM/DD/YYYY) |
| Ordering physician | Clinic | |
| IVF lab phone # | Buffer lot | Re-biopsy included in case? <input type="radio"/> Yes <input type="radio"/> No |

| Embryo # | Morphology | # of cells removed | Biopsy performed by | Biopsy date |
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- All negative controls should be labeled NC1, NC2, etc. If sending multiple negative controls, please specify which embryo samples correspond to each NC.
- If sending a sample that is a re-biopsy of a previously tested embryo, please identify the re-biopsied embryo in the table above and provide the original PAT number in the comments section below.

PGT dry run

Embryologist email address: _____