

Scheduled date for biopsy:

D D / M M / Y Y Y Y

Number of patient's biopsy / barcode



## Clinician referral to PGD / PGS

### Patient

Surname:

Name:

Date of birth:

D D / M M / Y Y Y Y

Sex:

Female

Age:

Patient's karyotype:

Social Security Number:

### Partner

Surname:

Name:

Date of birth:

D D / M M / Y Y Y Y

Sex:

Male

Age:

Patient's karyotype:

Social Security Number:

Date and Time of material collection:

Place of result pick up:

Type of material:

Type of cycle:  Fresh cycle  Frozen cycle

Referring unit:

Referring physician:

Payer:

Coordinator:

Place of collection:

IVF/Embriologist:

### Indications for treatment.

- |  |  |
|--|--|
| <input type="checkbox"/> PGS NGS aneuploidy of all chromosomes                         | <input type="checkbox"/> Structural chromosomal PGD aberrations    |
| <input type="checkbox"/> PGS NGS diagnostics of chromosomal translocations - Robertson | <input type="checkbox"/> PGD-HLA HLA diagnostics                   |
| <input type="checkbox"/> PGD of monogenic diseases – for one disease                   | <input type="checkbox"/> PGD of monogenic diseases + HLA Selection |
| <input type="checkbox"/> PGD of monogenic diseases – for two diseases                  | <input type="checkbox"/> Others:                                   |

Disease classification:

disease for which diagnosis should be made

Referring physician's signature and stamp



## The report of material biopsy for PGD / PGS for INVICTA Genetic Laboratory

### Instructions for filling in the biopsy report:

- a. The lid - the first letter of patient's name and a two-digit sample number e.g. 01 corresponding to the number of embryo
- b. The wall of the tube - the last 3 digits of the barcode from the Order No column in the same row (included in the kit)
- c. Category of material - M-patient's material ; C-control (sample containing only buffer)
- d. Type of material - put symbols identifying the type of cells collected from the embryo:
  - a. PB1 - first polar body
  - b. PB2 - second polar body
  - c. B - blastomere
  - d. T - trophectoderm
- e. Morphology of the embryo prior to biopsy - embryo morphology according to the nomenclature used in a specific IVF laboratory
- f. Number of collected cells - the number of cells collected during biopsy of cells from the embryo
- g. Visible kernel - information about the visibility of the nucleus in a collected cell: Y=yes, N=no
- h. Intact material - whether the obtained cells have a compact structure, lack of lysis T=yes, N=no
- i. Order No. - barcodes identifying each sample are already provided in the INVICTA Biopsy Kit.

**Each biopsy report has to be filled in for a single patient only. It is unacceptable to place in one report samples from multiple patients.**

**One sample from the collection kit is reserved for control test- control is added to one model of material collected from a single patient.**

### REMEMBER!

- Always work with the collected material using a laminar flow cabinet
- Use disposable tips and needles
- Always attach a control specimen for the purpose of verification of the quality of the collected material
- Attach the biopsy report with the description of the collected material
- Remember to include in the report the description of the morphology of the embryo/s from which the material has been collected
- This document consists of 4 pages. The document transmitted in incomplete version is invalid.



## The report of material biopsy for PGD / PGS for INVICTA Genetic Laboratory

<b>CODE/name of clinic:</b>
<b>Type of PGD diagnosis:</b> <input type="checkbox"/> PGS NGS chromosomal aneuploidy of 24 chromosomes <input type="checkbox"/> PGD-NGS for monogenic diseases
<b>Disease entity</b> <small>disease for which diagnosis should be made</small>

<b>Patient's data:</b>	Surname:	Name:	social security number/date of birth
<b>Patient's/partner's data:</b>	Surname:	Name:	social security number/date of birth

### Data on the sampled material:

<b>Date of biopsy:</b>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<b>Date of scheduled transfer:</b>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
<b>Buffer INVICTA:</b>			
<input type="checkbox"/> Freshcycle <input type="checkbox"/> Frozencycle			

<b>Place of material collection (IVF lab):</b>	<b>tel:</b>
<b>Embryologist performing biopsy:</b>	<b>Embryologist preparing biopsy:</b>
<b>Date and time of shipment</b>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
<b>Type of transport:</b> <input type="checkbox"/> DHL / Courier <input type="checkbox"/> Own	
<b>The person packing the parcel:</b>	<b>The person receiving the parcel from IVF lab:</b>



Pl ease stick the barcode

Number of patient's biopsy/ barcode

### Material description - Part 1

no	a		b		c	d	e	f	g	h	i							
	description of the tube											Material / Control	Type of material	Morphology of the embryo prior to biopsy	Number of collected cells	Visible nucleus	Material intact	Order No.
	lid		wall															
1	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
2	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
3	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
4	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
5	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
6	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
7	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
8	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
9	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
10	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						



Pl ease stick the barcode

Number of patient's biopsy/ barcode

### Material description - Part 2

no	a		b		c	d	e	f	g	h	i							
	description of the tube											Material / control	Type of material	Morphology of the embryo prior to biopsy	Number of collected cells	Visible nucleus	Material intact	Order No.
	lid		wall															
11	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
12	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
13	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
14	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
15	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
16	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
17	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
18	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
19	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						
20	-	#	#	#	#	#	<input type="checkbox"/> M <input type="checkbox"/> C	<input type="checkbox"/> PB1 <input type="checkbox"/> PB2 <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	pl ease stick the barcode						

