

Preimplantation Genetic Test Application Form (PGT)

To be filled by Geniality	
Code GNY	Reception date:
<input type="text"/>	<input type="text"/>

Applicant Information	
Date of petition:	
Medical Responsible:	
Petition Center:	
IVF Center:	

Information of PGT	
Nº Clinical History of Center:	
Nº Genetics History of Geniality (GNY):	
Birthdate:	
PGT Indication:	PGT-A <input type="checkbox"/> PGT-SR <input type="checkbox"/> PGT-M <input type="checkbox"/> <i>It is essential to send informed consent to PGT</i>
Clinical Indication:	<i>It is essential to send a report of the genetic study or karyotype prior to PGT</i>
Start ovarian stimulation date:	
Follicular puncture date:	
Biopsy date:	D+3 <input type="checkbox"/> D+5/+6 <input type="checkbox"/>
Transfert date:	in the same cycle <input type="checkbox"/> Deferred <input type="checkbox"/>

PGT-A= Preimplantational Genétic Testing of Aneuploidy
 PGT-SR= Preimplantational Genétic Testing of structural rearrangement.
 PGT-M= Preimplantational Genétic Testing of Monogenic