

Clinic protocol number: \_\_\_\_\_

Optional: Affix patient details sticker below

FEMALE PATIENT DETAILS	PARTNER DETAILS	CLINIC DETAILS
Last Name: First Name:	Last Name: First Name:	Referring clinic:
Clinic ID:	Clinic ID:	Referring clinician:
Date of birth (DD/MM/YYYY):	Date of birth (DD/MM/YYYY):	Contact E-mail:

TEST DETAILS	CASE TYPE	DONOR GAMETE USED?
<input type="checkbox"/> PGT-A <input type="checkbox"/> PGT-SR <input type="checkbox"/> PGT-M <input type="checkbox"/> Relevant consent form(s) collected	<input type="checkbox"/> Batching <input type="checkbox"/> Immediate analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Egg <input type="checkbox"/> Sperm    Age(years):_____
<b>Clinical indication:</b> <input type="checkbox"/> AMA <input type="checkbox"/> RIF <input type="checkbox"/> RPL <input type="checkbox"/> Male Factor <input type="checkbox"/> Aneuploidy study Other: _____	<b>IVF TYPE</b> <input type="checkbox"/> Conventional IVF <input type="checkbox"/> ICSI	
<b>Juno Procedure No. (for Juno Use only):</b> PGT - _____		

### BIOPSY DETAILS

Wash buffer lot number: \_\_\_\_\_      RE-BIOPSIED EMBRYO(S):  YES

Embryo #	Unique Tube ID (stick label)	Embryo Grade	Biopsy Day	Biopsy Date	Biopsy By	Loading By	Notes

FOR JUNO GENETICS INTERNAL USE ONLY	
Date and time of receipt	Received by
<input type="checkbox"/> Genetic report received for PGT-SR <input type="checkbox"/> Request on the database	
Date of receipt of entire case: _____	