

PGT-M requisition will be accepted if all mandatory fields- Light Green colours- have been filled completely.

Note: It is essential to inform JUNO genetics if there is any intention to use a sperm or oocyte donor.

| PATIENT DETAILS | | | |
|---------------------|--|-------------------|--|
| Test request date | | Unique Patient ID | |
| Female patient Name | | | |
| Patient DOB* | | | |
| Partner Name | | | |
| Partner DOB | | | |

*DOB: Date of birth

| TEST REQUESTED BY | | | |
|---------------------|--|--------------------|--|
| Referring Clinic | | Counselling Number | |
| Referring Clinician | | Clinician's email | |

CLINICAL CASE INFORMATION

| FEMALE PATIENT DETAILS | | | | |
|---|-----------------------------|-----------------------------|----------|-----------------|
| Surname/Name | | DOB | | |
| Blood-borne infectious disease (If any) | | | | |
| No. | Genetic Disorder | Gene | Mutation | Genetic Status |
| 1 st | OMIM#: <input type="text"/> | OMIM#: <input type="text"/> | | Choose an item. |
| 2 nd | OMIM#: <input type="text"/> | OMIM#: <input type="text"/> | | Choose an item. |

| PARTNER DETAILS | | | | |
|---|-----------------------------|-----------------------------|----------|-----------------|
| Surname/Name | | DOB | | |
| Blood-borne infectious disease (If any) | | | | |
| No. | Genetic Disorder | Gene | Mutation | Genetic Status |
| 1 st | OMIM#: <input type="text"/> | OMIM#: <input type="text"/> | | Choose an item. |
| 2 nd | OMIM#: <input type="text"/> | OMIM#: <input type="text"/> | | Choose an item. |

PGT-M REFERENCE INFORMATION

1st family member as reference

| Surname/Name | | DOB | | |
|---|------------------|---------------------|----------|-----------------|
| Blood borne infectious disease (If any) | | Relation to embryos | | |
| Choose an item. | | Choose an item. | | |
| No. | Genetic Disorder | Gene | Mutation | Genetic Status |
| 1 st | OMIM#: | OMIM#: | | Choose an item. |
| 2 nd | OMIM#: | OMIM#: | | Choose an item. |

2nd family member as reference (if applicable)

| Surname/Name | | DOB | | |
|---|------------------|---------------------|----------|-----------------|
| Blood borne infectious disease (If any) | | Relation to embryos | | |
| Choose an item. | | Choose an item. | | |
| No. | Genetic Disorder | Gene | Mutation | Genetic Status |
| 1 st | OMIM#: | OMIM#: | | Choose an item. |
| 2 nd | OMIM#: | OMIM#: | | Choose an item. |

3rd family member as reference (if applicable)

| Surname/Name | | DOB | | |
|---|------------------|---------------------|----------|-----------------|
| Blood borne infectious disease (If any) | | Relation to embryos | | |
| Choose an item. | | Choose an item. | | |
| No. | Genetic Disorder | Gene | Mutation | Genetic Status |
| 1 st | OMIM#: | OMIM#: | | Choose an item. |
| 2 nd | OMIM#: | OMIM#: | | Choose an item. |

CLINICIAN'S AUTHORISATION

Clinician's/ Genetic counsellor's Authorisation

I certify that, to the best of my knowledge, the patients' and clinical information provided in this form are correct. Based on the clinical indication and my professional expertise, I have requested this test for the patient(s). The limitations of the test, including the fact that PGT-M is not 100% accurate and that prenatal testing is needed to confirm the test result in any pregnancy, have been explained to the patients and all relevant questions have been answered. I agree to provide any additional information requested by Juno Genetics with regard to this particular test.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

JUNO GENETICS USE ONLY

| | |
|------------------------------|---|
| Juno Genetics Number: | |
| Case Status | Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> |
| Comments | |