

Direttore: dott. Francesco Fiorentino Date: _____



PGD ACCEPTANCE FORM

The stamp of the
IVF Centre

IVF unit details

Referring Centre: _____
 Department: _____
 Address: _____
 Country: _____
 City: _____
 Referring physician(s): _____
 Receiver(s) of the report: _____
 e-mail: _____
 Date of scheduled ET: _____ Time: _____

Patients' details:

Patient Name (female partner): _____ DOB: _____
 Patient Name (male partner): _____ DOB: _____
 indication for PGD/PGS: _____
 Other indication: _____

IVF data

IVF cycle Ref.:	OPU date:	Time:	Biopsy date:	Time:
Specimen type:	Date samples shipped:		Time:	
No. COC:	No. MII:	No. Fertilised:	No. thawed embryos:	
No. Survived embryos:	Tot. embryos for PGD:		No. Biopsied embryos:	

#Embr. (1, 2, etc.)	Stage (no. of blast.)	Grade (A, B, etc.)	#Blast (1A, 1B, etc.)	Existence of the nucleus (Y/N)	#Blanks (BL1, BL2, etc.)	Solution in which the cells are tubed (Lysis Buffer or PBS)