



PGT Requisition Form

www.PacGenomics.com

818-597-1938



Fax to 818-936-0511 or email to info@PacGenomics.com

REFERRING FACILITY INFORMATION		
Referring Physician:	Referring Physician Signature:	
Facility Name:		
Street Address:		
City:	State:	Zip Code:
Fax (to send report):		E-mail (to send report):
Main phone:	IVF Lab phone:	Emergency phone:
Main contact person: Role: <input type="checkbox"/> Physician <input type="checkbox"/> IVF Coordinator <input type="checkbox"/> Embryologist <input type="checkbox"/> Other		

PATIENT INFORMATION			
Patient Name:	DOB: ___ / ___ / ____ (mm/dd/yyyy)		
Partner Name:	Partner Age:		
If egg donor, donor Age:			
Phone number:	Email address:		
Mailing address:			
# previous conceptions:	# previous miscarriages:	# previous deliveries:	# previous IVF cycles:
Date of expected egg retrieval: _____			
Day of expected biopsy: <input type="checkbox"/> Day <u>3</u> biopsy <input type="checkbox"/> Day <u>4</u> biopsy <input type="checkbox"/> Day <u>5</u> biopsy <input type="checkbox"/> Day __ biopsy			
Cycle details:			
<input type="checkbox"/> Per Embryo			
<input type="checkbox"/> Batching			
Turnaround time:			
<input type="checkbox"/> Rush (for fresh transfer)			
<input type="checkbox"/> Routine			
Reasons for requesting PGT test:			
<input type="checkbox"/> Advanced maternal age <input type="checkbox"/> Previous IVF failure (please indicate # of cycles: __) <input type="checkbox"/> Previous miscarriages			
<input type="checkbox"/> Translocation <input type="checkbox"/> Parental aneuploidy <input type="checkbox"/> Family balance and sex selection			
<input type="checkbox"/> Family history (including previous child born with chromosomal and genetic disorder)			
<input type="checkbox"/> Other (please describe: _____)			
Please describe outcome of IVF cycles and previous aneuploidy conceptions:			

TEST REQUESTED:

- PGT-A (for Aneuploidy)
- PGT-SR (for Chromosomal Rearrangement/Unbalanced Translocation)

Special Request

REPORT WILL NOT BE RELEASED WITHOUT SIGNED PATIENT CONSENT FORM ON FILE.