

# Test Requisition Form

EMAIL COMPLETED FORM TO ENROLL@COOPERGENOMICS.COM  
OR FAX TO 973-532-4794 PRIOR TO SENDING SAMPLES  
LEAVING ANY SECTION BLANK OR INCOMPLETE MAY RESULT IN A DELAY OF TESTING

## PATIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male  Other \_\_\_\_\_  
 Partner First Name \_\_\_\_\_ Partner Last Name \_\_\_\_\_  
 Partner DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male  Other \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Gamete Donor Used?:  Egg Donor (Age \_\_\_\_\_)  Sperm Donor  
 Preauthorization Number (If applicable) \_\_\_\_\_  
 PGT-A Package Options:  Single Cycle  Multiple Cycles

## Medical History

# Previous Conceptions \_\_\_\_\_ # Previous Miscarriages \_\_\_\_\_ # Previous Deliveries \_\_\_\_\_ # Previous IVF Cycles \_\_\_\_\_  
 Primary Diagnosis (ICD-10 Code) \_\_\_\_\_ Male Factor Infertility?:  Yes  No

## SPECIMEN INFORMATION

Estimated Egg Retrieval Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Testing/Referral \_\_\_\_\_  
 Sample Type:  D3 Blastomere  D5/6 Trophoctoderm  Rebiopsy  
 (Select all that apply) Anticipated Cycle Type:  Fresh Transfer  Freeze All Cycle  
 (Select all that apply)

## TEST INFORMATION† - Select Test(s)

**PGT-A (Preimplantation Genetic Testing for Aneuploidies)**

PGT-A via PGTai<sup>SM</sup> analysis platform with mosaic reporting (default)  
 PGT-A via PGTai<sup>SM</sup> analysis platform without mosaic reporting

Other:

Report mosaicism from previous cycle  
 Mask sex results (Sex reporting is not available in Canada)\*

Notes / Comments / Other Requests:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PGT-M (Preimplantation Genetic Testing for Monogenic/Single Gene Defects)**  
 Case review and approval are required prior to biopsy submission.

PGT-M Only Specify Gene(s): \_\_\_\_\_  
 If adding PGT-A, please indicate order and mosaic reporting preferences below:

Serial - Perform PGT-M first  
 Serial - Perform PGT-A first  
 Simultaneous - Perform PGT-M & PGT-A at the same time  
 Report mosaicism (default)  
 Do not report mosaicism  
 HLA Matching

**PGT-SR (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required**  
 Case review and approval are required prior to biopsy submission.

Aneuploidy testing is included with PGT-SR; please indicate reporting preference:  
 Report mosaicism (default)  Do not report mosaicism

## IVF CENTER INFORMATION

IVF Center Name \_\_\_\_\_ Center Code \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Form Completed by (Print name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Ordering Physician \_\_\_\_\_ Physician Signature \_\_\_\_\_

**REPORT WILL NOT BE RELEASED WITHOUT A SIGNED PATIENT CONSENT FORM ON FILE.**  
 All PGT-A & SR cases are performed via Next-Generation Sequencing (NGS). † Testing is performed by Reprogenetics, Recombine, Genesis Genetics, or other clinical laboratories affiliated with CooperGenomics. | \*For samples from Canada, sex will not be reported except to prevent, diagnose, or treat a sex-linked disorder or disease.