

Genetics & IVF Institute

BIOPSY RECORD

Date of biopsy:

Patient name:

Patient D.O.B.:

Biopsy day (circle one): Day 3 Day 5

Please label all biopsy samples with the patient's initials and the embryo number. The negative control sample should be labeled "NC".

	Sample Type*	Embryo #	# of cells removed (approx.)	Comments
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* Please indicate trophectoderm (TE), Blastomere (B), or Negative Control (NC).