

# Genetics & IVF Institute PGD Laboratory Test Request Form (TRF)

## Patient Information

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First MI (MM/DD/YY)  
ID Number/SSN: \_\_\_\_\_

## Specimen Information

### Specimen Type:

- Peripheral Blood Specimen: Date of collection: \_\_\_\_\_ Time of collection: \_\_\_\_\_ # of tubes: \_\_\_\_\_  
(MM/DD/YY)  
 8 cc Lavender top / EDTA (for Single Gene Disorder)  
 8 cc Green top / Sodium Heparin (for chromosomal structural rearrangement)  
 Blastomere(s) for PGD : Date of biopsy: \_\_\_\_\_  
(MM/DD/YY)  
 Trophectoderm for PGD: Date of biopsy: \_\_\_\_\_  
(MM/DD/YY)  
 Other \_\_\_\_\_

### Clinical Indication for test (check all appropriate):

- Advanced Reproductive Age (ARA)  Genetic Disease Prevention  
(Disease Name): \_\_\_\_\_  
 Recurrent Miscarriage  Structural chromosome rearrangement:  
(Abnormal Karyotype): \_\_\_\_\_  
 Gender:  Other (please specify): \_\_\_\_\_

### Consent:

This patient received appropriate information about the nature of the testing process and gives informed consent to have testing performed. In addition, the patient also consents to release relevant information on the outcome of her cycle to this laboratory.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YY)  
Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YY)

## Client Information

Complete Facility Name: \_\_\_\_\_ GIVF Source Code: \_\_\_\_\_  
Ordering Physician Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Reporting Phone Number: \_\_\_\_\_ Facility Fax Number: \_\_\_\_\_  
Reporting Address: \_\_\_\_\_  
Street Address City State Zip Code

## Test(s) Requested

- Gender (2 Probe FISH - X,Y)  
 Gender (3 Probe FISH - X, Y, 21)  
 Aneuploidy Chromosome Microarray  
 Structural Chromosome Rearrangement/Aneuploidy Microarray (**prior approval required**)  
 Single Gene Disorder (**prior approval required**)  
 Single Gene Disorder and Chromosome Microarray (**prior approval required**)

## Lab Use Only

Date specimen rec'd: \_\_\_\_\_ Time specimen rec'd/tech. initials \_\_\_\_\_  
(MM/DD/YY)  
Case #: \_\_\_\_\_ Accession Number: \_\_\_\_\_ Accession Date: \_\_\_\_\_  
(MM/DD/YY)  
Number of tubes/slides: \_\_\_\_\_ Condition:  OK  Other: \_\_\_\_\_

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