BLASTOGEN

Biopsy Worksheet Form for Polar Bodies, Blastomere or Trophectoderm 24 Chromosome Aneuploidy Screening with aCGH

Patient Information		
Patient Last Name :	First Name:	Birth Date:
Partner Last Name :	First Name :	Birth Date:

IVF Clinic Information					
Name of IVF Clinic					
Referring Physician					
Street Address					
City, State, Zip code					
Main Phone		Lab Phone		Fax Number	
Emergency Contact:		Emergency Contact Phone:			

Biospy Information					
Egg Retrieval Date:	# Fert:	#Biopsied:	Fert. Method Used : IVF ☐ ICSI ☐		
Day of Biopsy	☐ Day 3 ☐ Day 5 (# Embryo biopsied:) ☐ Day 6: (# Embryo biopsied:)				
Day of Biopsy	☐ 1st Polar Body ☐ 2nd Polar Body				
Specify D3&D5/6 embryo grading system :	Highest Quality:		Lowest Quality:		
Biopsy Performed by:			Biopsy Date:		
Planned date/time of Embryo Transfer:					
Main Phone		Lab Phone		Fax Number	

Embryo ID#	**Embryo Grade (Day3,Day5/6)**	**Cell stage (Day3)**	**Cell Condition (Day 3, or PB)** Intact(I) / Lysed(L)	**Day of Biospy (PB1, PB2, D 3, D5 or D6)**	**Nucleus Seen (Day 3)** (Y/N)	**Comments**