PGT sample collection form

Don't write in this grey area. For Juno Genetics internal use only	Juno Genetics number	Date of reception	Received by

**Sample collection form will be accepted if all mandatory fields marked with (*) have been filled completely. ** In addition, in case of further samples, reuse this form*

TEST TYPE which the sample(s) are related to:	
☐ PGT-M	☐ PGT-A Incidental Findings ☐ PGT-SR Incidental Findings
☐ Other: _____	

REFERRING CLINIC DETAILS	
Clinic name *	
Referring clinician *	
Contact email *	

SAMPLE 1			
Surname/Name *		DOB *	DD/MM/YYYY
Clinic ID *		Gamete donor *	☐ Yes ☐ No
Gender *	☐ Male ☐ Female	Sample collection date *	
Sample type *	☐ Blood ☐ Saliva/ buccal swab ☐ DNA ☐ Other:_____		
Relationship to **pre-embryos** for PGT *	☐ Mother/Father ☐ Grandparent ☐ Sibling ☐ Uncle/ aunt ☐ Other:_____	Select one or both options: ☐ Maternal affiliation ☐ Paternal affiliation	

SAMPLE 2			
Surname/Name *		DOB *	DD/MM/YYYY
Clinic ID *		Gamete donor *	☐ Yes ☐ No
Gender *	☐ Male ☐ Female	Sample collection date *	
Sample type *	☐ Blood ☐ Saliva/ buccal swab ☐ DNA ☐ Other:_____		
Relationship to **pre-embryos** for PGT *	☐ Mother/Father ☐ Grandparent ☐ Sibling ☐ Uncle/aunt ☐ Other:_____	Select one or both options: ☐ Maternal affiliation ☐ Paternal affiliation	

SAMPLE 3			
Surname/Name *		DOB *	DD/MM/YYYY
Clinic ID *		Gamete donor *	☐ Yes ☐ No
Gender *	☐ Male ☐ Female	Sample collection date *	
Sample type *	☐ Blood ☐ Saliva/ buccal swab ☐ DNA ☐ Other:_____		
Relationship to **pre-embryos** for PGT *	☐ Grandparent ☐ Sibling ☐ Uncle/ aunt ☐ Other:_____	Select one or both options: ☐ Maternal affiliation ☐ Paternal affiliation	

Title: PGT sample collection form (English) | Index: 012-ESP-F-PGT-EN | Version: 3.0 | Authorised By: Carlos Marin Vallejo | Authorised: 25-Jan-2024