



Title: User guide Clinics Portal (English version) | Index: 087-ESP-IN-EN | Version: 4.0 | Authorised By: Carlos Marín Valliño | Authorised on: 27 Aug. 2024)

**JUNO GENETICS USER
MANUAL CLINICS
PORTAL**

Juno Genetics Spain
Ronda Guglielmo Marconi, 11-A, 1º22B 46980-Paterna, Valencia, Spain
www.junogenetics.es
USA/UK/SPAIN



Introduction

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How to register?

Once you have entered your e-mail and password, fill in all the details of the clinic.

The screenshot shows the 'PROFESSIONALS' registration page. At the top, there are tabs for 'LOG IN' and 'REGISTRATION'. Below the tabs is a 'Create new account' link. The form contains several input fields: 'Clinic Name', 'Clinic ID' (with '111' as a placeholder), 'Clinic Email', 'Password' (with an eye icon for visibility), 'Address', 'Town/City', 'Post Code', 'Phone Number', 'Mobile Number', and 'Contact Person'.

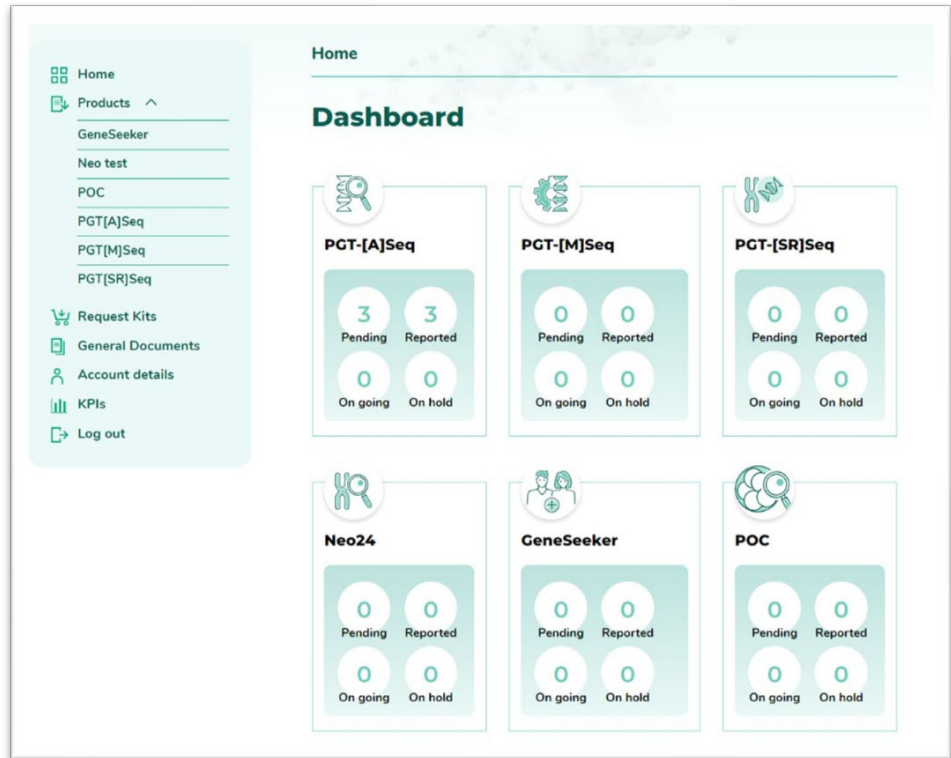
Authorization of persons

You can authorize more people to access the portal, to do this you must fill in the name and email of each person. **IT IS VERY IMPORTANT, THERE CANNOT BE DIFFERENT AUTHORISED PERSONS WITH THE SAME EMAIL ADDRESS.**

Note: Each user only sees the requests and results it generates.

Once the registration is completed, Juno will approve the application and you will receive an e-mail confirming your registration.

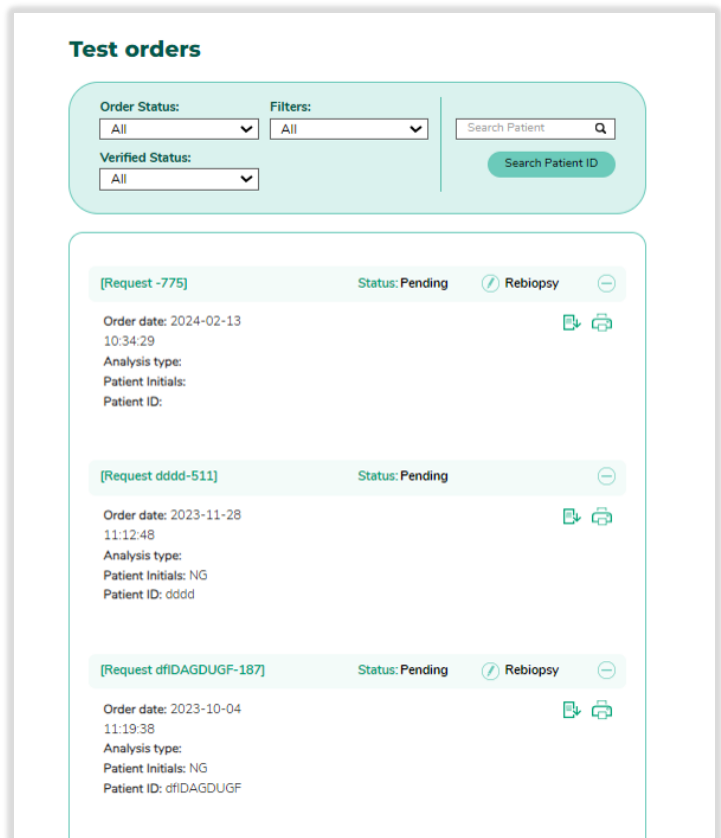
The screenshot shows the 'Authorized persons to use the private area' form. It features a table with two columns: 'Name' and 'Email'. Below the table is a '+ Add authorized persons' button. A light blue box contains a form with 'Name' and 'Email' input fields and an 'Add authorized persons' button.



Home

This screen is where you will find all your account options and information. You can Order Kits, start a TRF of a treatment or view the status and results of the tests you have requested, search by NHC for the request you need.

You will also be able to have the information about your sample, and to know in which state it is in during the laboratory process.



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Order Kits

In this section you only have to enter the quantity you need of each kit; you can order any of them at the same time.

Request Kits

Order the number of kits you need for each test and we will send them to the address you provide:

Neo24

Tubes

GeneSeeker

Individual Kits (1 blood tube):

Kits

Multi-pack Box (5 blood Tubes):

Boxes

PGT

Full Kit (Cooler + Buffer + Biopsy kit):

Full Kit

Buffer:

Buffer

Biopsy kit (tubes and box):

Biopsy Kit

POC

Kits

POC Kits

SUBMIT



Order Kits

Once selected, the next screen will show your selection and the number of kits and the address where they will be sent. If you want to add a different delivery address, you can change it on this screen.

Request Kits

1) Check your order

PGT

Full Kit (Cooler + Buffer + Biopsy kit):

Full Kit

Biopsy kit (tubes and box):

Biopsy Kit

[Modify your order](#)

2) Check your shipping address. You can modify it if you want:

Address

Town/City Post Code

Phone Number Mobile Number

Contact Person Email

When do you want to receive the Kits?*

Periodicity
 1W 2W 3W 4W

SUBMIT

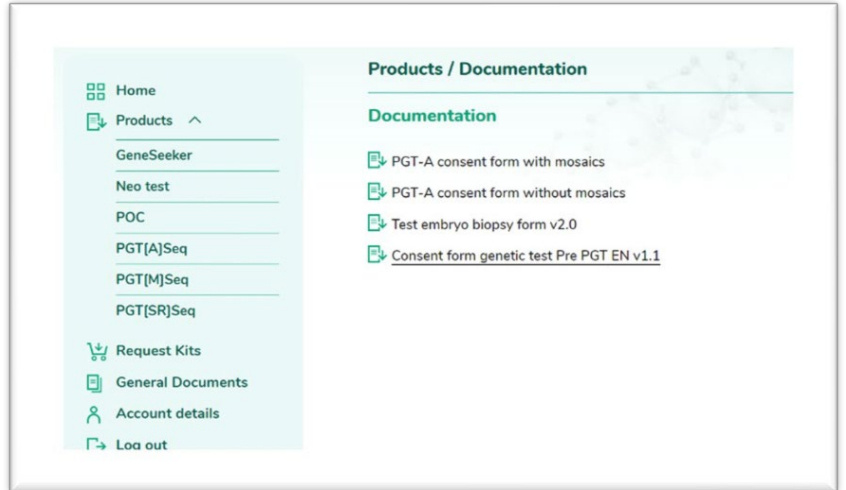


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PGTA DOCUMENTATION

In this section you have all the documents you will need to carry out a PGTA: Consents Biopsy Sheet

At some point in the process, you will be asked to attach these documents to your application.





PGTA TRF

To make a Request in PGTA you have to start filling in the fields (remember that there are mandatory fields). Once you have filled in the patient's data you have two options.

The screenshot shows the 'Products / PGT[A]Seq' page. On the left is a navigation menu with options: Home, Products (expanded), GeneSeeker, Neo test, POC, PGT[A]Seq, PGT[M]Seq, PGT[SR]Seq, Request Kits, General Documents, Account details, and Log out. The main content area has tabs for 'New test request', 'Results', 'Documentation', and 'Pending requests'. Below the tabs is the 'PGT[A]Seq Requisition form' section, which includes a note: 'Fill in the following requisition form for the PGTA test.' The form itself is titled 'PGT[A]Seq Requisition form: Embryo biopsy form' and contains a note: 'The sections marked in * are mandatory to fill in to request the test'. The 'Add new patient / request' section includes fields for CHN* (text), Female Patient Name* (text), Surname* (text), Initials (text), Language* (dropdown), Birth Date* (calendar), and IVF Type (radio buttons for Conventional IVF and ICSI).

The screenshot shows the 'Partner Details' and 'New PGT-A' sections of the form. The 'Partner Details' section includes fields for Partner CHN (text), Partner Name (text), Partner Surname (text), Partner DOB (calendar), and Partner Gender (dropdown). The 'New PGT-A' section includes a 'Request' sub-section with fields for Type (dropdown with 'PGTA' selected), Clinic/ Centre (dropdown with 'CALIDAD' selected), Requesting Clinician* (text), and Clinician Email* (text with 'blai.cuallado@junogenetics.com' entered).



PGTA TRF

Biopsy Form

Once you have filled in the form, you can print out the biopsy sheet and complete it in the laboratory.

Indications

Check one or more options as appropriate:

Advanced maternal Age (>35) Aneuploidy study
 Recurrent Implantation Failure Recurrent miscarriage
 Male factor Other

Other

Donor Gamete used:
 No Yes

Case Type:

Print out the biopsy form so that you can fill it in at the laboratory, attach it to the samples and upload it in the online request.

[Print Biopsy Form](#)

How do you prefer to continue?

I want to continue filling in the online form
 I prefer to upload the form already completed in pdf

[SAVE](#)




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PGTA TRF

Biopsy Form

This is the example of the biopsy sheet. Once printed you can fill in the data for each embryo and paste the QR codes from each tube in place to identify the embryo.

This sheet can be uploaded online and attached to the sample submission.



PGT Biopsy Form

Clinic protocol number

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

The sections marked with () are mandatory to fill in to request

Female Patient Information		Partner Information		Referring Clinic Details	
Name*	NG	Name*		Referring clinic*	NGT Spain
Patient Clinic Number*		Patient Clinic Number*		Referring clinician*	NGT
Date of birth (DD/MM/YYYY)*	2023-06-05	Date of birth (DD/MM/YYYY)*		Contact E-mail*	nacho@ngt.es

Test Information*	Case type	Donor Gamete Used?
<input checked="" type="checkbox"/> PGT-A <input type="checkbox"/> PGT-SR <input type="checkbox"/> PGT-M <input type="checkbox"/> <small>Confirmed that relevant consent form(s) collected</small>	<input type="checkbox"/> Batching <input type="checkbox"/> Immediate analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Egg <input type="checkbox"/> Sperm <small>Age(years):</small>

IVF TYPE Conventional IVF ICSI

CLINICAL INDICATION
 AMA
 RIF
 RPL
 Male Factor
 Aneuploidy study
 Other

BIOPSY DETAILS

Wash buffer Lot No.			RE-BIOPSIED EMBRYO(S) <input type="checkbox"/> YES				
Embryo #	Unique Tube ID (stick label)	Embryo Grade	Biopsy Day	Biopsy Date	Biopsy By	Loading By	Notes

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008-ESP-F-PGT-EN v1.0 Page 1

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Page 10 of 25



PGTA TRF

Option 1: Online Form

If you do not want to print the biopsy sheet and you want to continue with the online biopsy procedure, select this option and the online biopsy form will be displayed where you have to fill in all the data.

How do you prefer to continue?

- I want to continue filling in the online form
- I prefer to upload the form already completed in pdf

PGTA TRF

Saving a Draft

Once you have completed the data, you can continue with the process or save it for later.

You can retrieve this request by accessing the Pending Request button.

Clinician Authorisation*

I certify that the patient details provided in this form are accurate to the best of my knowledge. I have explained the test and its limitations to the patient(s) and answered any related questions to the best of my abilities. I agree to provide any additional information requested by Juno Genetics if necessary.

Date*

dd/mm/yyyy

+ Add Informed Consent PDF*

No se ha seleccionado nin...

SAVE

NEXT

Products / PGT[A]Seq

New test request

Results

Documentation

Pending requests

PGT[A]Seq Requisition form

Fill in the following requisition form for the PGTA test:

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www.junogenetics.es

USA/UK/SPAIN



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PGTA TRF

Option 1: Online Form

Once you have filled in all the fields, you have to upload the PDF of the patient's consent and click Next.

You will see the same screen with all the data filled in and the consent form attached. Please check that everything is ok and press the submit button. This process generates a PDF, please print it and paste the QR codes we have provided into the TRF that match the embryo and tube you have biopsied.

You can delete an Embryo by selecting the delete option.

How do you prefer to continue?

I want to continue filling in the online form
 I prefer to upload the form already completed in pdf

Biopsy Details*

Wash buffer Lot No. Type of cycle

Total Number of embryos*

Biopsy Information

Embryo #

Sample details	Biopsy details		Tubing details	
Unique Tube ID(stick label)	Embryo grade	Biopsy day	Re-biopsy?	Cells visualized in tube?
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>

Biopsy date Biopsy by Loading by

Notes

[Delete embryo sample](#)

+ Add embryo sample

Clinician Authorisation*

I certify that the patient details provided in this form are accurate to the best of my knowledge. I have explained the test and its limitations to the patient(s) and answered any related questions to the best of my abilities. I agree to provide any additional information requested by Juno Genetics if necessary.

Date*

+ Add Informed Consent PDF*

SAVE

NEXT



PGTA TRF

Option 1: Online Form

This is the document generated by the portal once the online process is finished. You have to print it and paste the QR codes on each biopsied embryo. Must be enclosed with the sample in your shipment.

PGT[A]Seq Requisition form

Add new patient / request		Partner Details	
Patient Name*	Language*	Partner Name	
Surname*	CHN*	Partner Surname	
Initials	Birth Date*	Partner DOB 2022-09-23	Partner Gender female

Request			
Type PGTA	Clinic/Centre Test	Requesting Clinician*	Clinician Email*

Biopsy Details	
Indications	
malefactor,	
Other:	
Biopsy Details	
Wash buffer Lot No. 12445r	Type of cycle frozen
Total Number of embryos* 3	
Donor Gamete used: No	Egg / Sperm?
Age (years):	Case Type: Immediateanalysis

PGT[A]Seq Requisition form

Biopsy Information					
Embryo # 1	Unique Tube ID (stick label) PRU000001	Embryo grade OK	Biopsy day Day 5	Re-biopsy? no	Cells visualized in tube? yes
Biopsy date 2022-09-23	Biopsy by ngt	Loading by hy			
Notes					
Embryo # 2	Unique Tube ID (stick label) PRU000002	Embryo grade OK	Biopsy day Day 6	Re-biopsy? yes	Cells visualized in tube? yes
Biopsy date 2022-09-22	Biopsy by ngt	Loading by hy			
Notes					
Embryo # 3	Unique Tube ID (stick label) PRU000003	Embryo grade OK	Biopsy day Day 5	Re-biopsy? no	Cells visualized in tube? yes
Biopsy date 2022-09-23	Biopsy by ngt	Loading by hy			
Notes Todo Ok					



PGTA TRF

Option 2: Biopsy Form

If you choose the option of uploading the Biopsy form, you must have it completed and scanned in order to upload it to the platform.

How do you prefer to continue?

I want to continue filling in the online form

I prefer to upload the form already completed in pdf

Upload pdf document

+ Add Embryo biopsy form PDF

No se ha seleccionado nin...

Clinician Authorisation*

I certify that the patient details provided in this form are accurate to the best of my knowledge. I have explained the test and its limitations to the patient(s) and answered any related questions to the best of my abilities. I agree to provide any additional information requested by Juno Genetics if necessary.

Date*


dd/mm/aaaa

+ Add Informed Consent PDF+

No se ha seleccionado nin...

SAVE

NEXT







PGT Sample Submission Form

Clinic protocol number:
000-00

Optional: Affix patient details sticker below

FEMALE PATIENT DETAILS	PARTNER DETAILS	CLINIC DETAILS
Last Name: Test Test	Last Name:	Referring clinic: Clinic Test
First Name: Test	First Name:	Referring clinician: Dr. Test
Clinic ID: xxxxxx	Clinic ID:	Contact E-mail: @test
Date of birth (DD/MM/YYYY): 23/09/2022	Date of birth (DD/MM/YYYY):	

TEST DETAILS	CASE TYPE	DONOR GAMETE USED?
<input checked="" type="checkbox"/> PGT-A <input type="checkbox"/> PGT-SR <input type="checkbox"/> PGT-M <input type="checkbox"/> Relevant consent form(s) collected	<input type="checkbox"/> Batching <input checked="" type="checkbox"/> Immediate analysis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Egg <input type="checkbox"/> Sperm Age(years): _____
Clinical indication: <input checked="" type="checkbox"/> AMA <input type="checkbox"/> RIF <input type="checkbox"/> RPL <input type="checkbox"/> Male Factor <input type="checkbox"/> Aneuploidy study Other:	IVF TYPE <input type="checkbox"/> Conventional IVF <input checked="" type="checkbox"/> ICSI	
Juno Procedure No. (for Juno Use only): PGT - _____		

BIOPSY DETAILS							
Wash buffer lot number: _____				RE-BIOPSIED EMBRYO(S): <input type="checkbox"/> YES			
Embryo #	Unique Tube ID (stick label)	Embryo Grade	Biopsy Day	Biopsy Date	Biopsy By	Loading By	Notes
T1	 PRU000001	AA	D5	23/09/22	xx	zz	
T2	 PRU000002	BB	D5	23/09/22	xx	zz	
T3	 PRU000003	AB	D5	23/09/22	xx	zz	
T4	 PRU000004	CB	D5	23/09/22	xx	zz	
			--				
			--				

SAMPLE BIOPSY SHEET

Option 2:
 This is an example of a Biopsy sheet filled in with the QR codes identifying each embryo.
 This sheet is the sheet to be uploaded to the platform.

This sheet should also go in the refrigerator with the sample.



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PGTA TRF

Option 2:

With the Biopsy form completed and the informed consent form signed, you must attach it to each section and move on to the next step, which is where you will review all the data before submitting the application.

How do you prefer to continue?

I want to continue filling in the online form

I prefer to upload the form already completed in pdf

Upload pdf document

+ Add Embryo biopsy form PDF

Clinician Authorisation*

I certify that the patient details provided in this form are accurate to the best of my knowledge. I have explained the test and its limitations to the patient(s) and answered any related questions to the best of my abilities. I agree to provide any additional information requested by Juno Genetics if necessary.

Date*

+ Add Informed Consent PDF *



NEXT



1

Once you have received the report from the laboratory indicating which embryo needs to be re-biopsied, you look for the re-biopsy button in the request and access it:

Test orders

Search: Order Status: Filters:

[Request 32441541-163] Status: Pending  Rebiopsy 

Order date: 2023-11-10 09:15:02 Request PGTA-32441541-163  

Analysis type: PGTA

Patient Initials: NG

NHC: 32441541

2

Once you have entered the request, the first thing you have to do is to print the Biopsy form.

Print out the biopsy form so that you can fill it in at the laboratory, attach it to the samples and upload it in the online request.

[Print Biopsy Form](#)

3

Once you have all the data of the embryo to be re-biopsied, you must enter them: you can only edit the batch number data in case it is a different one and the data of the embryo to be re-biopsied.

Biopsy Details*

Wash buffer Lot No.

Type of cycle

Total Number of embryos*

4

In this example we are going to re-biopsy embryo number 3. To do this we will select the option where we are asked if it is a re-biopsy and we will tick yes and put the new ones.
embryo data

Sample details		Biopsy details		Tubing details
Unique Tube ID(stick label)	Embryo grade	Biopsy day	Re-biopsy?	Cells visualized in tube?
<input type="text"/>	OK	Day 6 ▾	Yes ▾	Yes ▾
Biopsy date	Biopsy by	Loading by		
10/11/2023 🗓	Elena ▾	Elena ▾		
Notes				
<div style="border: 1px solid #ccc; height: 100px;"></div>				

5

Once you have filled in the data, click on send the request as usual.

If you go back to the request, you will see that a new embryo has been added to the request, which is what the re-biopsy indicates.

Once the laboratory has the re-biopsy report ready, you will receive it on the portal, and you will be able to identify it by the letter "R" at the end of the file

[Request 34455654737-164] **Status: Reported**  **Rebiopsy** 

Order date: 2023-11-10 11:00:06 Request PGTA-34455654737-164  

Analysis type: PGTA

Patient Initials: NG

NHC: 34455654737

Report date: 2023-11-10 **[Report PGTA-34455654737-164-R]**  

Report date: 2023-11-10 **[Report PGTA-34455654737-164]**  



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GENE SEEKER

Select GeneSeeker:

In the main menu you will find three options. Click on the documentation option and there you will find the Informed Consents for Testing. You have the option of Patient Consent or Donor Consent (essential) Download the one you need to use, fill it in and sign it, as you will need it later.

Products / Geneseeker Test

New test request

Results

Documentation



GENE SEEKER

New Application:

Please fill in all the fields of the form properly.

Geneseeker Test Requisition form

Fill in the following requisition form for the Geneseeker test:

Geneseeker Test requisition form:

The sections marked in * are mandatory to fill in to request the test

Add new patient / request

Patient Name*

Surname*

Initials

Patient CHN

Language*

Birth Date*

Sex*



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GENE SEEKER

New Application:

It is very important that you indicate on which day the blood sample has been or will be taken.

New Geneseeker

Request

Panel*

Clinic/ Centre

Requesting Clinician*

Clinician Email*

Date of the blood draw*

Test Details

Type of specimen*

Indication *

Ethnic origin



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GENE SEEKER

New Application:

Once you have finished filling in the fields, please attach the informed consent form for the test.

Once you have clicked NEXT, the completed application form will be displayed for you to review.

Once you have reviewed it CLICK ON SUBMIT BUTTON.

Print out the form that has been generated for you in your Home and attach it together with the sample.

Observations

Clinician Authorisation*

I certify that the patient details provided in this form are accurate to the best of my knowledge. I have explained the test and its limitations to the patient(s) and answered any related questions to the best of my abilities. I agree to provide any additional information requested by Juno Genetics if necessary.

Date*

+ Add Informed Consent PDF*

No se ha seleccionado nin...

NEXT

Solicitud de ID: 440

Estado: En curso



Fecha del pedido: 2022-11-09 13:57:36

440

Tipo Análisis: Geneseekeer

Iniciales del paciente: NG



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NEW FUNCTION

Add Drs. And Embryologists in drop down list

The portal allows you to create a list of people involved in the patient's treatment to facilitate further referral, you could present it as follows:

Doctors Embryologist

This list provides an overview of the persons involved in the patient's treatment and will facilitate reference to their names in future communications. Ensure that the names are accurate and updated according to the medical staff currently assigned to the case.

ACCESS YOUR COMPANY PROFILE

At the bottom you will find a drop-down list of people you can add.

1

Authorized persons to use the private area:

+ Add authorized persons

Enter the names of the people who are involved in the clinic so that you can choose them later when you make the request.

Doctors:

+ Add more doctors

Embryologists:

+ Add more embryologists

2

Doctors:

+ Add more doctors

Name

Add doctor

SAVE CHANGES

3

Embryologists:

+ Add more embryologists

Name

Add embryologist

SAVE CHANGES

4

Enter the names of the people who are involved in the clinic so that you can choose them later when you make the request.

Doctors:

Name

Delete

Name

Delete

Name

Delete

+ Add more doctors

SAVE CHANGES

5

Enter the names of the people who are involved in the clinic so that you can choose them later when you make the request.

Embryologists:

Name

Delete

Name

Delete

Name

Delete

SAVE CHANGES

+ Add more embryologists

6

Once you have saved your changes, each time you make a request, you will be able to choose the person involved in each process with a drop-down menu.

Request

Type

Clinic/ Centre

Requesting Clinician*

- Nacho
- Carlos
- Filiberto