



JUNO GENETICS USER MANUAL CLINICS PORTAL

Juno Genetics Spain
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www.junogenetics.es
USA/UK/SPAIN/ITALY

Introduction

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**JUNO
GENETICS**

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 section titled 'PROFESSIONALS' with a sub-header 'Create new account'. The form contains several input fields: 'Clinic Name', 'Clinic ID' (with '111' entered), 'Clinic Email', 'Password' (with an eye icon for toggling visibility), 'Address', 'Town/City', 'Post Code', 'Phone Number', 'Mobile Number', and 'Contact Person'.

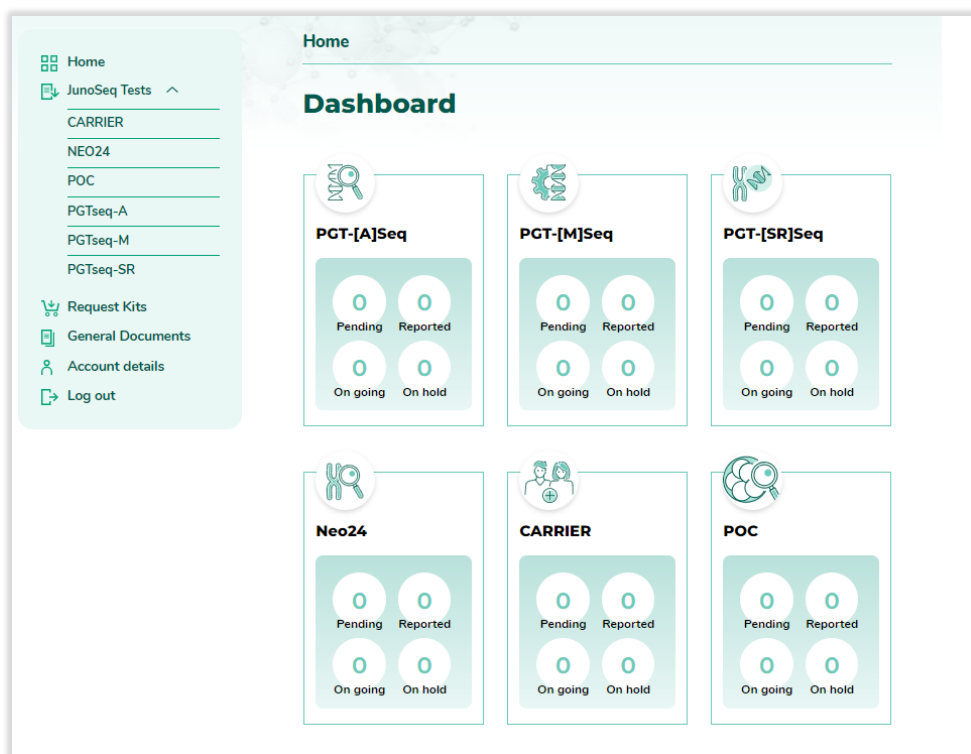
Authorization of persons

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.

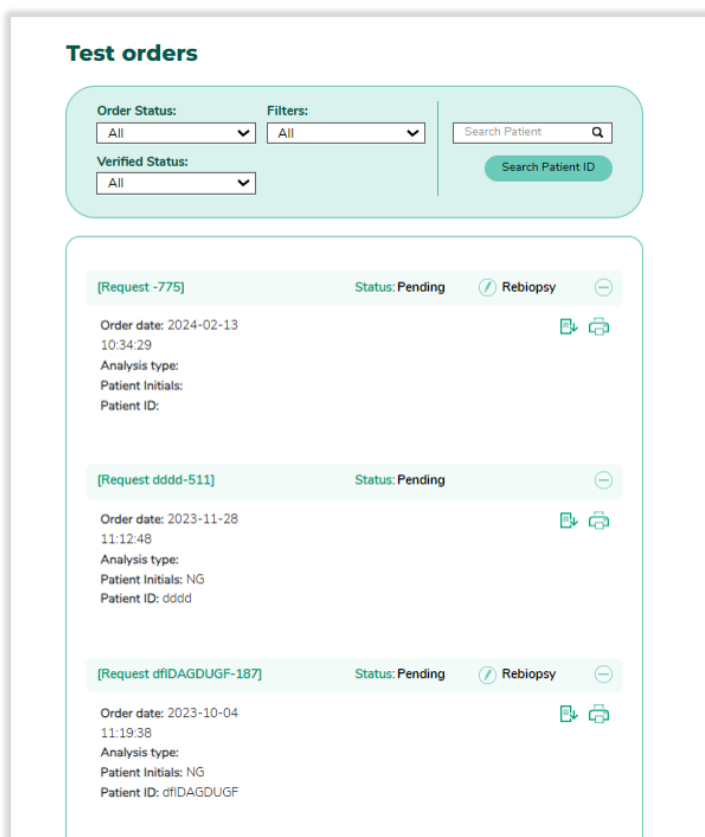
The screenshot shows the 'Authorized persons to use the private area:' section. It features a table with two columns: 'Name' and 'Email'. The first row contains 'Nacho Gómez-Trenor' and 'nacho@ngt.com'. To the right of the table is a 'Delete' link. Below the table is a section titled '+ Add authorized persons' with a light blue background. This section contains two input fields for 'Name' and 'Email', and a button labeled 'Add authorized persons'.



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.





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:

Neo test (NIPT)

☐ Tubes

Blood samples (CARRIER / prePGT-M)

Multi-pack Box (5 blood Tubes):

☐ Boxes

PGT

Full Kit (1 Cooler + 1 Buffer + 2 Biopsy kit):

☐ Full Kit

Do you want to add individuals componets?

Buffer:

☐ Buffer

Biopsy kit (tubes and box):

☐ Biopsy Kit

Cooler:

☐ Cooler

Embryo Biopsy Box (empty, no tubes):

☐ Box only

QR Labels ☐

POC

Kits

☐ POC Kits

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 (1 Cooler + 1 Buffer + 2 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



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.

Home

JunoSeq Tests ^

CARRIER

NEO24

POC

PGTseq-A

PGTseq-M

PGTseq-SR

Request Kits

General Documents

Account details

Log out

JunoSeq Tests / Documentation

Documentation

012 ESP F PGT EN v3.0 PGT sample collection form (English)

012 ESP F PGT ES v3.0 PGT sample collection form (Spanish)

012 ESP F PGT IT v3.0 PGT sample collection form (Italian)

060 ESP IN EN v3.0 PGT Kit instructions for shipping to JUNO SPAIN lab

155 ESP F PGT EN v1.0 Test embryo biopsy form (English)

155 ESP F PGT IT v1.0 Test embryo biopsy form (Italian)

018 ESP F PGT IT v5.0 PGT Informed consents PRIMARY results Italian

018 ESP F PGT PT v5.0 PGT Informed consents PRIMARY results Portuguese

018 ESP F PGT DE v5.0 PGT Informed consents PRIMARY results German

018 ESP F PGT EN v5.0 PGT Informed consent PRIMARY results English

018 ESP F PGT ES v5.0 PGT Informed consents PRIMARY results Spanish

018 ESP F PGT FI v5.0 PGT Informed consent PRIMARY results English Finnish

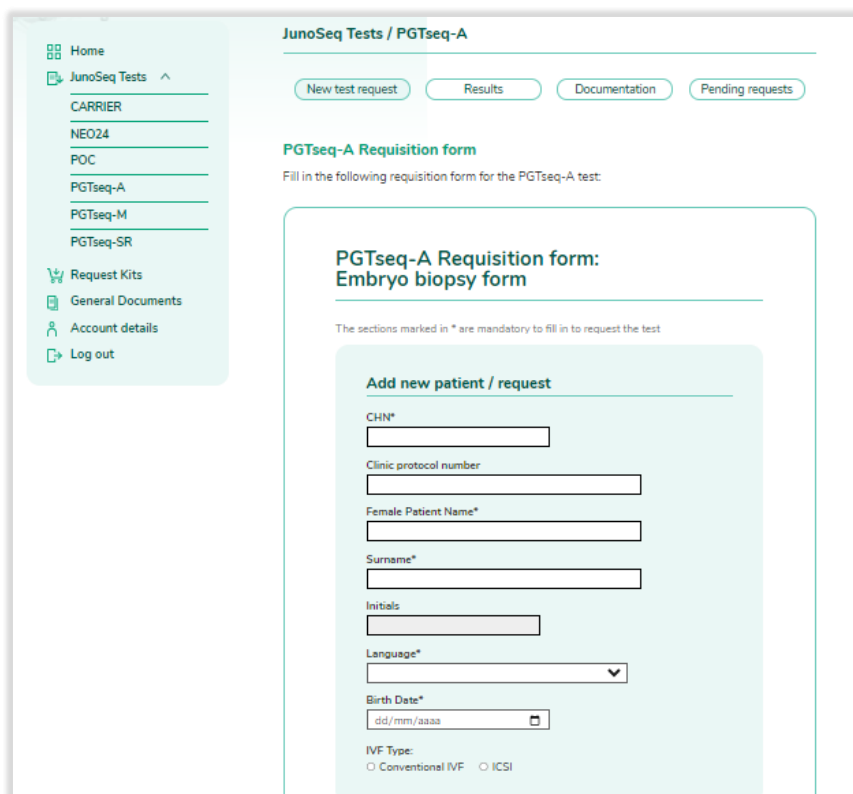
018 ESP F PGT FR v5.0 PGT Informed consents PRIMARY results French

012 ESP F PGT FR v3.0 PGT sample collection form French

012 ESP F PGT PT v3.0 PGT sample collection form Portuguese

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.



JunoSeq Tests / PGTseq-A

Home
JunoSeq Tests
CARRIER
NEO24
POC
PGTseq-A
PGTseq-M
PGTseq-SR
Request Kits
General Documents
Account details
Log out

New test request Results Documentation Pending requests

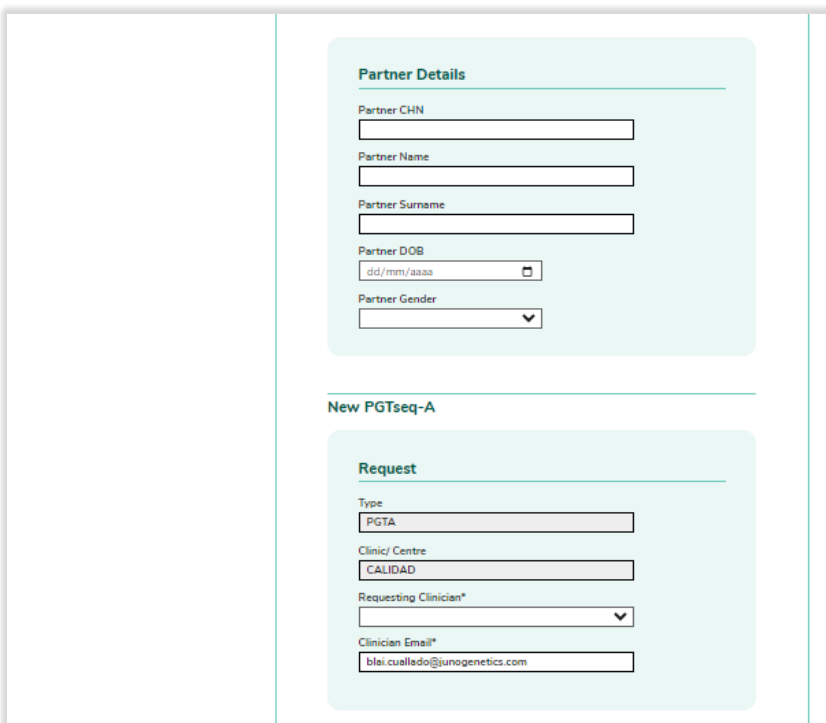
PGTseq-A Requisition form
Fill in the following requisition form for the PGTseq-A test:

PGTseq-A Requisition form: Embryo biopsy form

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

Add new patient / request

CHN*
Clinic protocol number
Female Patient Name*
Surname*
Initials
Language*
Birth Date*
IVF Type:
Conventional IVF ICSI



Partner Details

Partner CHN
Partner Name
Partner Surname
Partner DOB
Partner Gender

New PGTseq-A

Request

Type
Clinic/ Centre
Requesting Clinician*
Clinician Email*

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

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.

[illegible]

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

JunoSeq Tests / PGTseq-A

New test request

Results

Documentation

Pending requests

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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?

No

Biopsy date

Biopsy by

Loading by

dd/mm/yyyy

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*

dd/mm/yyyy

+ Add Informed Consent PDF*

Ninguno archivo sel...

SAVE

NEXT


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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

Patient Name*	Language*
Surname*	CHN*
Initials	Birth Date*

Partner Details

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

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

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.

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*

dd/mm/yyyy

+ 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:

All

All

[Request 32441541-163]

Status: Pending

Rebiopsy

Order date: 2023-11-10 09:15:02

Request PGTA-32441541-163

Analysis type: PGTA

Download

Print

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.

3141

Type of cycle

Fresh

Total Number of embryos*

3

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.

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></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 name.

[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]		



CARRIER

Select CARRIER:

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. Download the one you need to use, fill it in and sign it, as you will need it later.

Products / CARRIER Test

New test request

Results

Documentation

CARRIER

New Application:
Please fill in all the fields of the form properly.

CARRIER Test Requisition form

Fill in the following requisition form for the CARRIER test:

CARRIER 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 MRN*

Language*

Date of birth*

Gender*

Gamete donor*

☐ No ☐ Yes



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CARRIER

New Application:

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

New CARRIER

Request

Panel*

▼

Basic

Essential

Expanded

Requesting clinician

Requesting clinician

▼

Clinician Email*

Date of the blood draw*

dd/mm/yyyy

Test Details

Type of specimen*

▼

Indication *

▼

Ethnic origin

▼



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CARRIER

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*

dd/mm/aaaa



+ Add Informed Consent PDF*

Ninguno archivo selec.

NEXT

Solicitud de ID: 440

Estado: En curso



Fecha del pedido:

Tipo Análisis:

Iniciales del paciente: |

440



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

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

Name

Delete

Name

Name

Delete

Name

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