NEW TRF & REPORT

CooperSurgical®

Alongside the introduction of the new Select Syndrome Screen[SM] test, we're introducing a new Test Requisition Form (TRF) to simplify and standardize the PGT ordering process between our global laboratories. The new TRF replaces regional variations, creating one streamlined form for all customers worldwide.

NEW TRF

Current US TRF

Current INT TRF

Preimplantation Genetic Testing Test Requisition Form

EMAIL COMPLETED FORM PRIOR TO SENDING SAMPLES. LEAVING ANY SECTION BLANK OR INCOMPLETE MAY RESULT IN A DELAY TO TESTING.
FOR THE US LAB: EMAIL COMPLETED FORM TO GENOMICS@COOPERSURGICAL.COM | **FOR THE UK LAB:** EMAIL COMPLETED FORM TO GENOMICSSUPPORT@COOPERSURGICAL.COM
ALL FIELDS IN BOLD MUST BE COMPLETED FOR CASE ACCEPTANCE.

PATIENT INFORMATION
Patient 1 First Name _____ Last Name _____
DOB ___/___/___ (Month/Day/Year) Sex: ○ Female ○ Male ○ Other Patient 1 Clinic ID _____
Patient 2 (Partner) First Name _____ Last Name _____
DOB ___/___/___ (Month/Day/Year) Sex: ○ Female ○ Male ○ Other Patient 2 Clinic ID _____
Phone _____ Address _____ City _____
Email _____ State/Prov. _____ Zip Code _____ Country _____

Gamete Donor Used?:
○ Egg Donor (Age ___)
○ Sperm Donor
Donor ID ___, ___ (Egg / Sperm)

Billing Information | For US and Canada patients only. Please provide a copy of the patient's insurance card (front and back) before testing.
○ **Bill to Patient** *Patient email & phone number must be provided.*
○ **Bill to Clinic**
Insurance/Fertility Benefit Provider: _____
Member ID: _____ ICD-10 Code: _____
Billing Package Options: ○ **Single Cycle** ○ **Multiple Cycles**

MEDICAL HISTORY
Previous Conceptions _____ # Previous Miscarriages _____ # Previous Deliveries _____ # Previous IVF Cycles _____
Primary Diagnosis _____ Male Factor Infertility?: ○ Yes ○ No

SPECIMEN INFORMATION
Estimated Egg Retrieval Date ___/___/___ (Month/Day/Year) ○ Rebiopsy From Report Date ___/___/___ (Month/Day/Year) Rebiopsy Sample ID(s) _____

TEST INFORMATION
Select Test(s)

○ **PGT-A (Including Genetic PN Check)** (Preimplantation Genetic Testing for Aneuploidies)

○ **PGT-SR** (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission. PGT-A (Including Genetic PN Check) is included with PGT-SR.

○ **PGT-M** (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)
Case review and approval are required prior to biopsy submission.
Specify Gene(s): _____ OMIM #: _____
○ HLA Matching
PGT-A (Including Genetic PN Check) is included for all PGT-M samples.
○ Report PGT-A on all *(default)*
○ Report PGT-A on unaffected/carrier embryos only
○ Do not report PGT-A

Select Test Upgrade(s)

○ **Select Syndrome Screen[SM]**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes our select microdeletion and microduplication panel.[1]

○ **PGT-Complete[SM] (parentage testing)**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes parentage confirmation[2] and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.
○ Send parental kits to clinic
○ Send parental kits to patient/partner
○ Do not send kits *(Kits in-house)*

Retrospective Options
○ Report PGT-Complete (parentage testing) from previous cycle[3] Report date: _____
○ Unmask mosaicism from previous report[4] Report date: _____
○ Report sex from previous report Report date: _____
Specify sample ID(s) in notes

○ Report PGT-SR on all *(default)*
○ Report PGT-SR on unaffected/carrier embryos only

Test Preferences

Notice:

KEY CHANGES

NEW TRF

Key Changes

For US and Canada, the billing section is now more comprehensive and clearly marked. Mandatory fields are highlighted, and flexible billing options make it easier to manage patient or clinic payments.

- More comprehensive billing section for US and Canada patients
- Sections in bold are mandatory
  - Bill to patient or clinic
  - Billing package options

CooperSurgical®

Current US TRF

Phone _____ Email _____ Address _____

City _____ State/Prov _____ Postal Code _____

Gamete Donor Used?: ☐ Egg Donor (Age _____)   ☐ PGT Insurance Coverage *(send copy of insurance card/authorization. Ex., Progyny, others)*
                     ☐ Sperm Donor   PGT-A Billing Package Options: ☐ Single Cycle ☐ Multiple Cycles

Medical History

*only applicable for US and Canada

NEW TRF

Email _____ State/Prov. _____ Zip Code _____ Country _____

Gamete Donor Used?:

○ Egg Donor (Age _____)

○ Sperm Donor

Donor ID _____, _____
          Egg   Sperm

Billing Information | For US and Canada patients only. Please provide a copy of the patient's insurance card (front and back) before testing.

○ **Bill to Patient**
  Patient email & phone number must be provided.

○ **Bill to Clinic**

Insurance/Fertility Benefit Provider: _____

Member ID: _____ ICD-10 Code: _____

Billing Package Options: ○ **Single Cycle** ○ **Multiple Cycles**

MEDICAL HISTORY

Key Changes

CooperSurgical®

- Simplified sections for tests, test upgrades, preferences, and retrospective options.

- PGT-Complete[SM] name updated to 'PGT-Complete[SM] (parentage testing)'.

- PGT-Complete[SM] has been moved from being its own standalone test to being an upgrade that can be added to PGT-A, PGT-SR, or PGT-M.

  - PGT-A or PGT-SR must be selected when ordering PGT-Complete[SM] (parentage testing) alongside PGT-M.

- Select Syndrome Screen[SM] is a test upgrade that can be added to PGT-A, PGT-SR, or PGT-M.

  - PGT-A or PGT-SR must be selected when ordering Select Syndrome Screen[SM] alongside PGT-M

Current US TRF

☐ PGT-A without mosaic reporting

☐ **PGT-Complete**
Includes PGT-A, with Parental QC[1], Parent of Origin and Genetic PN Check. Parental samples are required. Collection of the parental sample is recommended to take place at the clinician's office.

 ☐ Send parental kits to clinic
 ☐ Send parental kits to patient/partner
 ☐ With mosaic reporting *(default)*
 ☐ Without mosaic reporting

Other:
 ☐ Report mosaicism from previous cycle Cycle date: _____
 ☐ Mask sex results (Sex reporting is not available in Canada)[12]

If adding PGT-A, please indicate error and mosaic reporting preferences below:

Specify Gene(s): _____
☐ PGT-M Only
☐ Serial - Perform PGT-M first
☐ Serial - Perform PGT-A first
☐ Simultaneous - Perform PGT-M & PGT-A at the same time
☐ Report mosaicism *(default)*
☐ Do not report mosaicism
☐ PGT-Complete
☐ HLA Matching

☐ **PGT-SR (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required**
Case review and approval are required prior to biopsy submission.

Current INT TRF

☐ **PGT-Complete**
Includes PGT-A, with Parental QC,[1] Origin of Aneuploidy and Genetic PN Check. Parental samples are required. Mosaic reporting is required. Collection of the parental sample is recommended to take place at the clinician's office.

 ☐ Send parental kits to clinic
 ☐ Send parental kits to patient/partner
 ☐ PGT-A with mosaic reporting *(default/required)*
 ☐ Report results from previous cycle
  (with mosaic reporting only)[2]
 ☐ Report Sex (for countries where permissible)

Notes /Comments /Other Requests:

Aneuploidy testing is included with PGT-M, please indicate preference:
☐ Add PGT-A for unaffected/carrier embryo samples *(default)*
☐ Add PGT-A for all embryo samples
☐ Report mosaicism *(default)*
☐ Do not report mosaicism
☐ Report Sex (for countries where permissible)
☐ Report PGT-Complete results (with mosaic reporting only)

☐ **PGT-SR (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required**[1]
Case review and approval are required prior to biopsy submission.
Aneuploidy testing is included with PGT-SR; please indicate reporting preference:
☐ Report mosaicism *(default)* ☐ Do not report mosaicism ☐ UPD Testing[3]

NEW TRF

TEST INFORMATION
Select Test(s)

◯ **PGT-A (Including Genetic PN Check)**
(Preimplantation Genetic Testing for Aneuploidies)

◯ **PGT-SR** (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission.
PGT-A (Including Genetic PN Check) is included with PGT-SR.

◯ **PGT-M** (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)
Case review and approval are required prior to biopsy submission.
Specify Gene(s): _____ OMIM #: _____
 ◯ HLA Matching

PGT-A (Including Genetic PN Check) is included for all PGT-M samples.

◯ Report PGT-A on all *(default)* ◯ Report PGT-SR on all *(default)*
◯ Report PGT-A on unaffected/ ◯ Report PGT-SR on unaffected/
 carrier embryos only carrier embryos only
◯ Do not report PGT-A

Test Preferences

◯ Report with mosaicism *(default)* ◯ Report without mosaicism
◯ Do not report sex[5]

Select Test Upgrade(s)

◯ **Select Syndrome Screen[SM]**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes our select microdeletion and microduplication panel.[1]

◯ **PGT-Complete[SM] (parentage testing)**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes parentage confirmation[2] and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.

 ◯ Send parental kits to clinic
 ◯ Send parental kits to patient/partner
 ◯ Do not send kits *(Kits in-house)*

Retrospective Options

◯ Report PGT-Complete (parentage testing) Report date: _____
 from previous cycle[3]
◯ Unmask mosaicism from previous report[4] Report date: _____
◯ Report sex from previous report Report date: _____
 Specify sample ID(s) in Notes

Notes: _____

IVF CLINIC INFORMATION

NEW TRF

CooperSurgical®

- Simpler ordering: Select mosaicism and sex reporting preferences for the entire case under 'Test Preferences'

Current US TRF

TEST INFORMATION† - Select Test(s)

☐ **PGT-A (Preimplantation Genetic Testing for Aneuploidies)**
  ☐ PGT-A with mosaic reporting *(default)*
  ☐ PGT-A without mosaic reporting

☐ **PGT-Complete**
Includes PGT-A, with Parental QC¹, Parent of Origin and Genetic PN Check. Parental samples are required. Collection of the parental sample is recommended to take place at the clinician's office.
  ☐ Send parental kits to clinic
  ☐ Send parental kits to patient/partner
  ☐ With mosaic reporting *(default)*
  ☐ Without mosaic reporting

Other:
  ☐ Report mosaicism from previous cycle   Cycle date:
  ☐ Mask sex results (Sex reporting is not available in Canada)²
  ☐ Report PGT-Complete from previous cycle³

PGT-M (Preimplantation Genetic Testing for Monogenic/Single Gene Defects)
Case review and approval are required prior to biopsy submission.
  If adding PGT-A, please indicate order and mosaic reporting preferences below:
  Specify Gene(s): _____
  ☐ PGT-M Only
  ☐ Serial - Perform PGT-M first
  ☐ Serial - Perform PGT-A first
  ☐ Simultaneous - Perform PGT-M & PGT-A at the same time
  ☐ Report mosaicism *(default)*
  ☐ Do not report mosaicism
  ☐ PGT-Complete
  ☐ HLA Matching

☐ **PGT-SR (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required**
Case review and approval are required prior to biopsy submission.
  Aneuploidy testing is included with PGT-SR; please indicate reporting preference:
  ☐ Report mosaicism *(default)*   ☐ Do not report mosaicism
  ☐ PGT-Complete

Current INT TRF

TEST INFORMATION† - Select Test(s)

☐ **PGT-A (Preimplantation Genetic Testing for Aneuploidies)**
  ☐ PGT-A with mosaic reporting *(default)*
  ☐ PGT-A without mosaic reporting
  ☐ Report Sex (for countries where permissible)

☐ **PGT-Complete**
Includes PGT-A, with Parental QC,¹ Origin of Aneuploidy and Genetic PN Check. Parental samples are required. Mosaic reporting is required. Collection of the parental sample is recommended to take place at the clinician's office.
  ☐ Send parental kits to clinic
  ☐ Send parental kits to patient/partner
  ☐ PGT-A with mosaic reporting *(default/required)*
  ☐ Report results from previous cycle (with mosaic reporting only)²
  ☐ Report Sex (for countries where permissible)

Notes /Comments /Other Requests:
_____

☐ **PGT-M (Preimplantation Genetic Testing for Monogenic/Single Gene Defects)¹**
Case review and approval are required prior to biopsy submission.
  Specify Gene(s): _____ OMIM #: _____
  ☐ HLA Matching
  Aneuploidy testing is included with PGT-M; please indicate preference:
  ☐ Add PGT-A for unaffected/carrier embryo samples *(default)*
  ☐ Add PGT-A for all embryo samples
  ☐ Report mosaicism *(default)*
  ☐ Do not report mosaicism
  ☐ Report Sex (for countries where permissible)
  ☐ Report PGT-Complete results (with mosaic reporting only)

☐ **PGT-SR (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) – Karyotype Required¹**
Case review and approval are required prior to biopsy submission.
  Aneuploidy testing is included with PGT-SR; please indicate reporting preference:
  ☐ Report mosaicism *(default)*   ☐ Do not report mosaicism   ☐ UPD Testing³
  ☐ Report PGT-Complete results (with mosaic reporting only)
  ☐ Report Sex (for countries where permissible)

NEW TRF

TEST INFORMATION
Select Test(s)

○ **PGT-A (Including Genetic PN Check)**
(Preimplantation Genetic Testing for Aneuploidies)

○ **PGT-SR** (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission.
PGT-A (Including Genetic PN Check) is included with PGT-SR.

○ **PGT-M** (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)
Case review and approval are required prior to biopsy submission.
  Specify Gene(s): _____ OMIM #: _____
  ○ HLA Matching
  PGT-A (Including Genetic PN Check) is included for all PGT-M samples.
  ○ Report PGT-A on all *(default)*   ○ Report PGT-SR on all *(default)*
  ○ Report PGT-A on unaffected/   ○ Report PGT-SR on unaffected/
     carrier embryos only   carrier embryos only
  ○ Do not report PGT-A

Test Preferences
  ○ Report with mosaicism *(default)*   ○ Report without mosaicism
  ○ Do not report sex⁵

IVF CLINIC INFORMATION

Select Test Upgrade(s)

○ **Select Syndrome Screen**SM
Can be added to PGT-A, PGT-SR, or PGT-M. Includes our select microdeletion and microduplication panel.¹

○ **PGT-Complete**SM (parentage testing)
Can be added to PGT-A, PGT-SR, or PGT-M. Includes parentage confirmation² and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.
  ○ Send parental kits to clinic
  ○ Send parental kits to patient/partner
  ○ Do not send kits *(Kits in-house)*

Retrospective Options
  ○ Report PGT-Complete (parentage testing)   Report date: _____
     from previous cycle³
  ○ Unmask mosaicism from previous report⁴   Report date: _____
  ○ Report sex from previous report   Report date: _____
     Specify sample ID(s) in Notes

Notes: _____
_____

*If a reporting preference is not selected, the default option will be applied

NEW TRF

• Simpler ordering: All retrospective testing options can be ordered under 'Retrospective Options'

  • 'Unmask mosaicism from previous report' and 'Report sex from previous report' have been added as retrospective options

Current US TRF

TEST INFORMATION† - Select Test(s)

☐ PGT-A (Preimplantation Genetic Testing for Aneuploidies)
  ☐ PGT-A with mosaic reporting *(default)*
  ☐ PGT-A without mosaic reporting

☐ PGT-Complete
  Includes PGT-A, with Parental QC,[1] Parent of Origin and Genetic PN Check. Parental samples are required. Collection of the parental sample is recommended to take place at the clinician's office.
  ☐ Send parental kits to clinic
  ☐ Send parental kits to patient/partner
  ☐ With mosaic reporting *(default)*
  ☐ Without mosaic reporting

  Other:
  ☐ Report mosaicism from previous cycle   Cycle date: _____
  ☐ Mask sex results (Sex reporting is not available in Canada)[2]
  ☐ Report PGT-Complete from previous cycle[3]

PGT-M (Preimplantation Genetic Testing for Monogenic/Single Gene Defects)
Case review and approval are required prior to biopsy submission.
  If adding PGT-A, please indicate order and mosaic reporting preferences below:
  Specify Gene(s): _____
  ☐ PGT-M Only
  ☐ Serial - Perform PGT-M first
  ☐ Serial - Perform PGT-A first
  ☐ Simultaneous - Perform PGT-M & PGT-A at the same time
  ☐ Report mosaicism *(default)*
  ☐ Do not report mosaicism
  ☐ PGT-Complete
  ☐ HLA Matching

☐ PGT-SR (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission.
  Aneuploidy testing is included with PGT-SR; please indicate reporting preference:
  ☐ Report mosaicism *(default)*   ☐ Do not report mosaicism
  ☐ PGT-Complete

Current INT TRF

TEST INFORMATION† - Select Test(s)

☐ PGT-A (Preimplantation Genetic Testing for Aneuploidies)
  ☐ PGT-A with mosaic reporting *(default)*
  ☐ PGT-A without mosaic reporting
  ☐ Report Sex (for countries where permissible)

☐ PGT-Complete
  Includes PGT-A, with Parental QC,[1] Origin of Aneuploidy and Genetic PN Check. Parental samples are required. Mosaic reporting is required. Collection of the parental sample is recommended to take place at the clinician's office.
  ☐ Send parental kits to clinic
  ☐ Send parental kits to patient/partner
  ☐ PGT-A with mosaic reporting *(default/required)*
  ☐ Report results from previous cycle (with mosaic reporting only)[2]
  ☐ Report Sex (for countries where permissible)

Notes /Comments /Other Requests:
_____

☐ PGT-M (Preimplantation Genetic Testing for Monogenic/Single Gene Defects)[1]
Case review and approval are required prior to biopsy submission.
  Specify Gene(s): _____ OMIM #: _____
  ☐ HLA Matching
  Aneuploidy testing is included with PGT-M; please indicate preference:
  ☐ Add PGT-A for unaffected/carrier embryo samples *(default)*
  ☐ Add PGT-A for all embryo samples
  ☐ Report mosaicism *(default)*
  ☐ Do not report mosaicism
  ☐ Report Sex (for countries where permissible)
  ☐ Report PGT-Complete results (with mosaic reporting only)

☐ PGT-SR (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) – Karyotype Required[1]
Case review and approval are required prior to biopsy submission.
  Aneuploidy testing is included with PGT-SR; please indicate reporting preference:
  ☐ Report mosaicism *(default)*   ☐ Do not report mosaicism   ☐ UPD Testing[3]
  ☐ Report PGT-Complete results (with mosaic reporting only)
  ☐ Report Sex (for countries where permissible)

NEW TRF

TEST INFORMATION
Select Test(s)

○ PGT-A (Including Genetic PN Check)
  (Preimplantation Genetic Testing for Aneuploidies)

○ PGT-SR (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission.
PGT-A (Including Genetic PN Check) is included with PGT-SR.

○ PGT-M (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)
Case review and approval are required prior to biopsy submission.
Specify Gene(s): _____ OMIM #: _____
  ○ HLA Matching

PGT-A (Including Genetic PN Check) is included for all PGT-M samples.
  ○ Report PGT-A on all *(default)*   ○ Report PGT-SR on all *(default)*
  ○ Report PGT-A on unaffected/   ○ Report PGT-SR on unaffected/
    carrier embryos only   carrier embryos only
  ○ Do not report PGT-A

Test Preferences
  ○ Report with mosaicism *(default)*   ○ Report without mosaicism
  ○ Do not report sex[5]

IVF CLINIC INFORMATION

Select Test Upgrade(s)

○ Select Syndrome Screen[SM]
Can be added to PGT-A, PGT-SR, or PGT-M. Includes our select microdeletion and microduplication panel.[1]

○ PGT-Complete[SM] (parentage testing)
Can be added to PGT-A, PGT-SR, or PGT-M. Includes parentage confirmation[2] and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.
  ○ Send parental kits to clinic
  ○ Send parental kits to patient/partner
  ○ Do not send kits *(Kits in-house)*

Retrospective Options
  ○ Report PGT-Complete (parentage testing)   Report date: _____
    from previous cycle[3]
  ○ Unmask mosaicism from previous report[4]   Report date: _____
  ○ Report sex from previous report   Report date: _____
    Specify sample ID(s) in Notes

Notes: _____
_____

Requested retrospective data to be indicated in the notes section.

NEW TRF

CooperSurgical®

Reporting options for PGT-M have been standardized. The default is now to report PGT-A on all embryos, with clear alternatives available for specific preferences.

- PGT-A testing is now included in all PGT-M cases, with one per-embryo fee, but will be reported as per the preferred option selected on the new TRF.

- When PGT-SR is ordered alongside PGT-M, 'PGT-SR on all' is the default option, however, 'Report PGT-SR on unaffected/carrier embryos only' can be selected.

- **For US Customers:**
  - The default option on the new TRF is to report PGT-A on all embryos (previously 'Simultaneous'). Other options:
    - Do not report PGT-A (previously 'PGT-M only')
    - Report PGT-A on unaffected/carrier embryos only (previously 'Serial: Perform PGT-M first')
  - Please note that 'Serial: Perform PGT-A first' is no longer available.

Current US TRF

TEST INFORMATION† · Select Test(s)

☐ **PGT-A (Preimplantation Genetic Testing for Aneuploidies)**
  ☐ PGT-A with mosaic reporting *(default)*
  ☐ PGT-A without mosaic reporting

☐ **PGT-Complete**
Includes PGT-A, with Parental QC[1], Parent of Origin and Genetic PN Check. Parental samples are required. Collection of the parental sample is recommended to take place at the clinician's office.
  ☐ Send parental kits to clinic
  ☐ Send parental kits to patient/partner
  ☐ With mosaic reporting *(default)*
  ☐ Without mosaic reporting

PGT-M (Preimplantation Genetic Testing for Monogenic/Single Gene Defects)
Case review and approval are required prior to biopsy submission.
If adding PGT-A, please indicate order and mosaic reporting preferences below:
Specify Gene(s): _____
  ☐ PGT-M Only
  ☐ Serial - Perform PGT-M first
  ☐ Serial - Perform PGT-A first
  ☐ Simultaneous - Perform PGT-M & PGT-A at the same time
  ☐ Report mosaicism *(default)*
  ☐ Do not report mosaicism
  ☐ PGT-Complete
  ☐ HLA Matching

NEW TRF

TEST INFORMATION
Select Test(s)

○ **PGT-A (Including Genetic PN Check)**
(Preimplantation Genetic Testing for Aneuploidies)

○ **PGT-SR (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required**
Case review and approval are required prior to biopsy submission.
PGT-A (Including Genetic PN Check) is included with PGT-SR.

○ **PGT-M (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)**
Case review and approval are required prior to biopsy submission.
Specify Gene(s): _____   OMIM #: _____
  ○ HLA Matching
PGT-A (Including Genetic PN Check) is included for all PGT-M samples.
  ○ Report PGT-A on all *(default)*   ○ Report PGT-SR on all *(default)*
  ○ Report PGT-A on unaffected/carrier embryos only   ○ Report PGT-SR on unaffected/carrier embryos only
  ○ Do not report PGT-A

Test Preferences
○ Report with mosaicism *(default)*   ○ Report without mosaicism

Select Test Upgrade(s)

○ **Select Syndrome Screen℠**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes our select microdeletion and microduplication panel.[1]

○ **PGT-Complete℠ (parentage testing)**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes parentage confirmation[2] and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.
  ○ Send parental kits to clinic
  ○ Send parental kits to patient/partner
  ○ Do not send kits *(Kits in-house)*

Retrospective Options
○ Report PGT-Complete (parentage testing) from previous cycle[3]   Report date: _____
○ Unmask mosaicism from previous report[4]   Report date: _____
○ Report sex from previous report   Report date: _____
Specify sample ID(s) in Notes

Notes:

NEW TRF

• For International Customers:

   • The new default option is to report PGT–A on all embryos. Other options:

      • Report PGT–A on unaffected/carrier embryos only

      • Do not report PGT–A

Current INT TRF

TEST INFORMATION† - Select Test(s)

☐ **PGT–A (Preimplantation Genetic Testing for Aneuploidies)**
- ☐ PGT–A with mosaic reporting *(default)*
- ☐ PGT–A without mosaic reporting
- ☐ Report Sex (for countries where permissible)

☐ **PGT-Complete**
Includes PGT–A, with Parental QC,[1] Origin of Aneuploidy and Genetic PN Check. Parental samples are required. Mosaic reporting is required. Collection of the parental sample is recommended to take place at the clinician's office.

    ☐ Send parental kits to clinic

☐ **PGT–M (Preimplantation Genetic Testing for Monogenic/Single Gene Defects)[1]**
Case review and approval are required prior to biopsy submission.
Specify Gene(s): _____ OMIM #: _____
- ☐ HLA Matching

Aneuploidy testing is included with PGT–M; please indicate preference:
- ☐ Add PGT–A for unaffected/carrier embryo samples *(default)*
- ☐ Add PGT–A for all embryo samples
- ☐ Report mosaicism *(default)*
- ☐ Do not report mosaicism
- ☐ Report Sex (for countries where permissible)

NEW TRF

TEST INFORMATION
Select Test(s)

○ **PGT–A (Including Genetic PN Check)**
(Preimplantation Genetic Testing for Aneuploidies)

○ **PGT-SR** (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission. PGT–A (Including Genetic PN Check) is included with PGT-SR.

○ **PGT–M** (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)
Case review and approval are required prior to biopsy submission.
Specify Gene(s): _____ OMIM #: _____
- ○ HLA Matching

PGT–A (Including Genetic PN Check) is included for all PGT–M samples.
- ○ Report PGT–A on all *(default)*
- ○ Report PGT–A on unaffected/carrier embryos only
- ○ Do not report PGT–A
- ○ Report PGT-SR on all *(default)*
- ○ Report PGT-SR on unaffected/carrier embryos only

Test Preferences
- ○ Report with mosaicism *(default)*
- ○ Report without mosaicism

Select Test Upgrade(s)

○ **Select Syndrome Screen℠**
Can be added to PGT–A, PGT-SR, or PGT–M. Includes our select microdeletion and microduplication panel.[1]

○ **PGT-Complete℠ (parentage testing)**
Can be added to PGT–A, PGT-SR, or PGT–M. Includes parentage confirmation[2] and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.
- ○ Send parental kits to clinic
- ○ Send parental kits to patient/partner
- ○ Do not send kits *(Kits in-house)*

Retrospective Options
- ○ Report PGT-Complete (parentage testing) from previous cycle[3]   Report date: _____
- ○ Unmask mosaicism from previous report[4]   Report date: _____
- ○ Report sex from previous report *Specify sample ID(s) in Notes*   Report date: _____

Notes: _____

EXAMPLES: HOW TO USE

NEW TRF

Example Test Selection

Here are examples of how to select tests and upgrades on the new form.
These combinations show how you can tailor reporting to your needs with the new TRF.

CooperSurgical®

> **PGT-A with mosaic reporting, without sex reporting + Select Syndrome Screen**

TEST INFORMATION
Select Test(s)

✓ **PGT-A (Including Genetic PN Check)**
(Preimplantation Genetic Testing for Aneuploidies)

○ **PGT-SR** (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission. PGT-A (Including Genetic PN Check) is included with PGT-SR.

○ **PGT-M** (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)
Case review and approval are required prior to biopsy submission.
Specify Gene(s): _____ OMIM #: _____
  ○ HLA Matching
  PGT-A (Including Genetic PN Check) is included for all PGT-M samples.

○ Report PGT-A on all *(default)*   ○ Report PGT-SR on all *(default)*
○ Report PGT-A on unaffected/   ○ Report PGT-SR on unaffected/
  carrier embryos only   carrier embryos only
○ Do not report PGT-A

Test Preferences

✓ Report with mosaicism *(default)*   ○ Report without mosaicism
✓ Do not report sex[5]

Select Test Upgrade(s)

✓ **Select Syndrome Screen**SM
Can be added to PGT-A, PGT-SR, or PGT-M. Includes our select microdeletion and microduplication panel.[1]

○ **PGT-Complete**SM **(parentage testing)**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes parentage confirmation[2] and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.

  ○ Send parental kits to clinic
  ○ Send parental kits to patient/partner
  ○ Do not send kits *(Kits in-house)*

Retrospective Options

○ Report PGT-Complete (parentage testing)   Report date: _____
  from previous cycle[3]

○ Unmask mosaicism from previous report[4]   Report date: _____

○ Report sex from previous report   Report date: _____
  Specify sample ID(s) in Notes

Notes: _____

_____

IVF CLINIC INFORMATION

IVF Clinic Name _____ Clinic Code _____ Address _____

Example Results

CooperSurgical®

PGT-A with mosaic reporting, without sex reporting + Select Syndrome Screen

RESULTS SUMMARY: 1 SAMPLE MEETS TEST SELECTION CRITERIA

Procedure ID: XXX00-000000

Biopsy Date: 2025-11-11   Biopsy Performed by: Testing LIS   Sample Type: Trophectoderm   Biopsy Sample(s) Received: 2025-11-16

Sample Condition: All samples arrived in good condition.

Sample ID	Sample Barcode	PGT-A Result	Microdeletion/Microduplication Region Impacted	Overall Interpretation
1	000000-000000	EUPLOID	None Detected	NORMAL
2	000000-000000	Aneuploid +16	None Detected	Abnormal
3	000000-000000	Aneuploid +14,+21	None Detected. Non-informative for DGS del	Abnormal
4	000000-000000	Mosaic +2 [mos]	None Detected	Low Level Mosaic

Example Test Selection

Here are examples of how to select tests and upgrades on the new form.
These combinations show how you can tailor reporting to your needs with the new TRF.

> **PGT–A with mosaic reporting, with sex reporting + PGT-Complete (parentage testing) with a request to send parental kits to the patient/partner**

Month | Year   Month | Day | Year

TEST INFORMATION
Select Test(s)

☑ **PGT-A (Including Genetic PN Check)**
(Preimplantation Genetic Testing for Aneuploidies)

◯ **PGT-SR** (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission.
PGT-A (Including Genetic PN Check) is included with PGT-SR.

◯ **PGT-M** (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)
Case review and approval are required prior to biopsy submission.
Specify Gene(s): _____ OMIM #: _____
  ◯ HLA Matching

PGT-A (Including Genetic PN Check) is included for all PGT-M samples.

◯ Report PGT-A on all *(default)*   ◯ Report PGT-SR on all *(default)*

◯ Report PGT-A on unaffected/ carrier embryos only   ◯ Report PGT-SR on unaffected/ carrier embryos only

◯ Do not report PGT-A

Test Preferences

☑ Report with mosaicism *(default)*   ◯ Report without mosaicism

◯ Do not report sex[5]

Select Test Upgrade(s)

◯ **Select Syndrome Screen**SM
Can be added to PGT-A, PGT-SR, or PGT-M. Includes our select microdeletion and microduplication panel.[1]

☑ **PGT-Complete**SM **(parentage testing)**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes parentage confirmation[2] and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.

  ◯ Send parental kits to clinic

  ☑ Send parental kits to patient/partner

  ◯ Do not send kits *(Kits in-house)*

Retrospective Options

◯ Report PGT-Complete (parentage testing) from previous cycle[3]   *Report date:* _____

◯ Unmask mosaicism from previous report[4]   *Report date:* _____

◯ Report sex from previous report
Specify sample ID(s) in Notes   *Report date:* _____

Notes: _____

IVF CLINIC INFORMATION

IVF Clinic Na...   Clini...   ...ddress

NEW TRF

Example Results

PGT-A with mosaic reporting, with sex reporting + PGT-Complete (parentage testing) with a request to send parental kits to the patient/partner

RESULTS SUMMARY: 1 SAMPLE MEETS TEST SELECTION CRITERIA

Procedure ID: XXX00-000000

Biopsy Date: 2025-11-11   Biopsy Performed by: Testing LIS   Sample Type: Trophectoderm   Biopsy Sample(s) Received: 2025-11-16

Sample Condition: All samples arrived in good condition.

Sample ID	Sample Barcode	Parentage	PGT-A Result	Sex	Chromosomes Impacted	Interpretation
1	000000-000000	Match	EUPLOID	XX		NORMAL
2	000000-000000	Match	Aneuploid	XX	+16 [mat]	Abnormal
3	000000-000000	Match	Aneuploid	XY	+14 [mat],+21 [mat]	Abnormal
4	000000-000000	Match	Mosaic	XY	+2 [mos]	Low Level Mosaic

NEW TRF

Example Test Selection

Here are examples of how to select tests and upgrades on the new form.
These combinations show how you can tailor reporting to your needs with the new TRF.

CooperSurgical®

PGT-M with PGT-A on all, with mosaic reporting, with sex reporting + Select Syndrome Screen

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| Month | Year | | Month | Day | Year |

TEST INFORMATION
Select Test(s)

Select Test Upgrade(s)

○ **PGT-A (Including Genetic PN Check)**
(Preimplantation Genetic Testing for Aneuploidies)

○ **PGT-SR** (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission.
PGT-A (Including Genetic PN Check) is included with PGT-SR.

✔ **PGT-M** (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)
Case review and approval are required prior to biopsy submission.
Specify Gene(s): HTT   OMIM #: 613004
○ HLA Matching

PGT-A (Including Genetic PN Check) is included for all PGT-M samples.

✔ Report PGT-A on all *(default)*   ○ Report PGT-SR on all *(default)*
○ Report PGT-A on unaffected/carrier embryos only   ○ Report PGT-SR on unaffected/carrier embryos only
○ Do not report PGT-A

Test Preferences

✔ Report with mosaicism *(default)*   ○ Report without mosaicism
○ Do not report sex[5]

✔ **Select Syndrome Screen**[SM]
Can be added to PGT-A, PGT-SR, or PGT-M. Includes our select microdeletion and microduplication panel.[1]

○ **PGT-Complete**[SM] **(parentage testing)**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes parentage confirmation[2] and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.

○ Send parental kits to clinic
○ Send parental kits to patient/partner
○ Do not send kits *(Kits in-house)*

Retrospective Options

○ Report PGT-Complete (parentage testing) from previous cycle[3]   *Report date:* _____

○ Unmask mosaicism from previous report[4]   *Report date:* _____

○ Report sex from previous report   *Report date:* _____
Specify sample ID(s) in Notes

Notes: _____

_____

IVF CLINIC INFORMATION

IVF Clinic Na...   Clin...   ...dress

NEW TRF

Example Results

CooperSurgical®

PGT-M with PGT-A on all, with mosaic reporting, with sex reporting + Select Syndrome Screen

RESULTS SUMMARY: 1 EMBRYO MEETS TESTS SELECTION CRITERIA

Procedure ID: XXX00-000000, XXX00-000001

Biopsy Date: 2025-11-24   Biopsy Performed by: Test Client   Sample Type: Trophectoderm   Biopsy Sample(s) Received: 2025-11-27

Sample Condition: All samples arrived in good condition.

Sample ID	Sample Barcode	HTT-related disorder PGT-M Result	PGT-A Result	Sex	Microdeletion/Microduplication Region Impacted	Overall Interpretation
1	000000-000000	UNAFFECTED	EUPLOID	XX	None Detected	NORMAL
2	000000-000000	Affected	Aneuploid +16	XY	WHS del	Abnormal
3	000000-000000	Unaffected	Aneuploid +2,+16	XX	None Detected	Abnormal
4	000000-000000	Affected	Low level mosaic +21[mos]	XY	None Detected. Non-informative for DGS	Abnormal

Example Test Selection

Here are examples of how to select tests and upgrades on the new form.
These combinations show how you can tailor reporting to your needs with the new TRF.

PGT–M with PGT–SR on unaffected/carrier embryos only, with mosaic reporting, with sex reporting + Select Syndrome Screen

TEST INFORMATION
Select Test(s)

○ **PGT-A (Including Genetic PN Check)**
(Preimplantation Genetic Testing for Aneuploidies)

○ **PGT-SR** (Preimplantation Genetic Testing for Chromosomal Structural Rearrangements) - Karyotype Required
Case review and approval are required prior to biopsy submission.
PGT-A (Including Genetic PN Check) is included with PGT-SR.

☑ **PGT-M** (Preimplantation Genetic Testing for Monogenic/Single-Gene Defects)
Case review and approval are required prior to biopsy submission.
Specify Gene(s): HTT   OMIM #: 613004
○ HLA Matching

PGT-A (Including Genetic PN Check) is included for all PGT-M samples.

○ Report PGT-A on all *(default)*   ○ Report PGT-SR on all *(default)*
○ Report PGT-A on unaffected/carrier embryos only   ☑ Report PGT-SR on unaffected/carrier embryos only
○ Do not report PGT-A

Test Preferences
☑ Report with mosaicism *(default)*   ○ Report without mosaicism
○ Do not report sex[5]

IVF CLINIC INFORMATION
IVF Clinic Na...   Clini...   ...ddress

Select Test Upgrade(s)

☑ **Select Syndrome Screen**[SM]
Can be added to PGT-A, PGT-SR, or PGT-M. Includes our select microdeletion and microduplication panel.[1]

○ **PGT-Complete**[SM] **(parentage testing)**
Can be added to PGT-A, PGT-SR, or PGT-M. Includes parentage confirmation[2] and parental origin of aneuploidy. Requires collection of parental samples. Mosaic reporting required.

○ Send parental kits to clinic
○ Send parental kits to patient/partner
○ Do not send kits *(Kits in-house)*

Retrospective Options

○ Report PGT-Complete (parentage testing) from previous cycle[3]   Report date: _____

○ Unmask mosaicism from previous report[4]   Report date: _____

○ Report sex from previous report   Report date: _____
Specify sample ID(s) in Notes

Notes: _____

CooperSurgical®

Example Results

PGT-M with PGT-SR on unaffected/ carrier embryos only, with mosaic reporting, with sex reporting + Select Syndrome Screen

RESULTS SUMMARY: 1 EMBRYO MEETS TESTS SELECTION CRITERIA

Procedure ID: XX00-000000, XX00-000001

Biopsy Date: 2025-11-24   Biopsy Performed by: Test Client   Sample Type: Trophectoderm   Biopsy Sample(s) Received: 2025-11-27

Sample Condition: All samples arrived in good condition.

Sample ID	Sample Barcode	HTT-related disorder PGT-M Result	PGT-SR Result	Sex	Microdeletion/Microduplication Region Impacted	Overall Interpretation
1	000000-000000	UNAFFECTED	EUPLOID	XX	None Detected	NORMAL OR BALANCED
2	000000-000000	Affected	Not tested		Not Tested	Abnormal
3	000000-000000	Unaffected	Aneuploid +2,+16	XX	None Detected	Abnormal

NEW XIFIN REPORT

NEW XIFIN REPORT TEMPLATES

CooperSurgical®

Alongside the new TRF, we're updating the report templates to make results clearer and more comprehensive. These changes ensure that new options like Select Syndrome Screen are fully integrated and that interpretations are easier to understand.

Report example when PGT–A (Including Genetic PN Check), Select Syndrome Screen℠, and PGT–Complete℠ (parentage testing) are ordered with sex and mosaic reporting

1. 'Parental QC' updated to 'Parentage'

2. 'Chromosomes Impacted' appears under the PGT–A result when Select Syndrome Screen is ordered

3. NEW column for the Select Syndrome Screen result

4. 'Overall Interpretation' column when Select Syndrome Screen is ordered

RESULTS SUMMARY: 1 SAMPLE MEETS TEST SELECTION CRITERIA

Procedure ID: XXX00-000000

Biopsy Date: 2025-11-11   Biopsy Performed by: Testing LIS   Sample Type: Trophectoderm   Biopsy Sample(s) Received: 2025-11-16

Sample Condition: All samples arrived in good condition.

Sample ID	Sample Barcode	Parentage	PGT-A Result	Sex	Microdeletion/Microduplication Region Impacted	Overall Interpretation
1	000000-000000	Match	EUPLOID	XX	None Detected	NORMAL
2	000000-000000	Match	Aneuploid +16 [mat]	XX	DGS del	Abnormal
3	000000-000000	Match	Aneuploid +14 [mat],+21 [mat],-22 [pat]	XY	None Detected	Complex Abnormal
4	000000-000000	Match	Mosaic +2 [mos]	XY	None Detected. Non-informative for WHS del	Low Level Mosaic
5	000000-000000	Match	Mosaic +16 [mos]	XY	None Detected	High Level Mosaic
6	000000-000000	Match	Aneuploid dup(9)(pter-q11) [pat]	XX	None Detected	Abnormal
7	000000-000000	Match	Aneuploid All [pat]	XXY	Not Tested	Polyploid
8	000000-000000	Not Tested	No Result		Not Tested	No Intact DNA

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