

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 SUPPORT@COOPERGENOMICS.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, Sex, Patient 1 Clinic ID, Patient 2 (Partner) First Name, Last Name, Sex, Patient 2 Clinic ID, Phone, Address, City, Email, State/Prov., Zip Code, Country, Gamete Donor Used? (Egg Donor, Sperm Donor), Donor ID, Billing Information (Bill to Patient, 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, Rebiopsy From Report Date, Rebiopsy Sample ID(s)

TEST INFORMATION

Select Test(s) (PGT-A, PGT-SR, PGT-M), Select Test Upgrade(s) (Select Syndrome Screen, PGT-Complete), Retrospective Options (Report PGT-Complete, Unmask mosaicism, Report sex), Test Preferences (Report with mosaicism, Do not report sex), Notes

IVF CLINIC INFORMATION

IVF Clinic Name, Clinic Code, Address, City, State/Prov., Zip Code, Form Completed By (Print name), Contact Info (Phone/email), Date (Month, Day, Year)

Ordering Provider's Attestation: My signature indicates that I am submitting this requisition, I have informed the patient about the Preimplantation Genetic Test, and that the patient has provided consent for the test ordered. I understand that the ordered test is intended solely as a screening tool, not a definitive diagnostic procedure, and should not replace any clinical guidelines for embryo selection or recommended prenatal diagnostic tests. I further certify that a request for reporting sex of an embryo prospectively or retrospectively complies with the laws of the country that both the clinic and I operate in.

Ordering Physician (First Name, Last Name), Physician Signature

TESTING CAN ONLY BEGIN UPON RECEIPT OF A COMPLETED TRF. PATIENT REPORT WILL NOT BE ISSUED WITHOUT SIGNED PATIENT CONSENT. Note: Testing is performed by CooperGenomics. 1. Visit www.coopersurgical.com/product/select-syndrome-screen-test/ for more information on the syndromes included in our Select Syndrome Screen test. 2. In countries where confirmation of embryo parentage is not permitted, only origin of aneuploidy is reported. 3. Check with us prior to ordering that samples are eligible for retrospective PGT-Complete (parentage testing). If mosaic reporting was masked on initial testing, PGT-Complete (parentage testing) will unmask mosaics. 4. Check with us prior to ordering that samples are eligible for retrospective mosaic reporting. 5. Sex will not be reported in countries where it is not permitted (e.g. UK, Canada, Australia) unless medically indicated. 6. For the UK laboratory, patient consent is only required for PGT-SR and PGT-M testing.