



Reproductive Genetic Innovations
 2910 MacArthur Blvd, Northbrook, IL 60062
 P: (847) 400-1515 F: (847) 400-1516 E: info@rgiscience.com

MICROMANIPULATION RECORD

Tube Labeling Legend: Embryo # on top of the tube; patient initials on the side of the tube NC- Negative Control

IVF Center: _____ Ordering Physician: _____	
Patient Name: _____ (Last name, First name)	ICSI performed: <input type="checkbox"/> Yes <input type="checkbox"/> No
DOB: _____	Batching @ RGI: <input type="checkbox"/> Yes <input type="checkbox"/> No (Batched samples will be stored at RGI and will NOT be tested until instructed)
Partner Name: _____ (Last name, First name)	
DOB: _____	
Testing Requested (Select all that apply): <input type="checkbox"/> PGT- A <input type="checkbox"/> PGT-M <input type="checkbox"/> PGT-SR <input type="checkbox"/> PGT-HLA Disease/Gene: _____	Notes (describe alternative labeling system here, if applicable):

Please complete all the information above

Embryo #	Aspiration Date	Embryo Grade	Date of Biopsy (mm/dd/yyyy)	# Of Cells Removed	Biopsy Performed By	Re-biopsy	Cycle #	# Verified By
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Total TE #:								

* Please note, testing of samples cannot begin without this completed "micromanipulation record" form.

Ship To: RGI, 2910 MacArthur Blvd, Northbrook, IL 60062 | Tracking info: _____
 Please retain the top portion of the provided return shipping label for tracking purposes