



BIOPSY RECORD

Date of biopsy: _____

Patient name: _____

Patient DOB: _____

Biopsy day (circle one): Day 5 Day 6 Day 7

LABELING

- Please label all biopsy samples with the patient’s initials and the embryo number.
- The negative control sample should be labeled “NC”.

	Embryo ID	# of Cells Removed (approx.)	Embryo Grade	Additional Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				