

TEST REQUISITION FORM

BioER – Endometrial Receptivity Test

Sender details

Medical Center / Health Facility		Service/Department	Date
First Name	Family Name	E-mail	
Address		City	
Province/State	Postal Code	Country	Phone

Patient details

First Name	Family Name
Birthdate	Medical Record no.
E-mail	
Province/State	Postal Code
Phone	

Clinical details

- ☐ IVF failure (number of previous failed cycles: ____)
☐ Miscarriage (number of previous miscarriages: ____)

Relevant clinical background: _____

Sample data

Endometrial biopsy method: ☐ Pipette ☐ Curette ☐ Hysteroscopy | Endometrial Thickness: ____ mm

Biopsy date: _____ time: _____ ☐ 1st biopsy / ☐ 2nd biopsy

Cycle type:

<input type="checkbox"/> HRT:	P+__ (e.g. P+5) ¹	First P4 intake:	date_____ time_____
<input type="checkbox"/> Natural:	LH+__ (e.g. P+7) ²	LH surge:	date_____ time_____
	hCG+__ (e.g. hCG+7) ³	hCG injection:	date_____ time_____

¹ Day of the first progesterone intake is P+0.

² Day of the LH surge is LH+0.

³ Day of the hCG injection is hCG+0.

Shipping this sample along with this form to Bioarray implies the acceptance of the previously provided quotation.

The Spanish Law 14/2007 of July 3 of Biomedical Research (LIR), establishes regulation for the performance of genetic analysis with health purposes.

In accordance with Law 41/2002 on Patient Autonomy and Law 3/2018 on the Protection of Personal Data, the applicant must have the patient's consent to carry out the diagnostic tests requested and to process his/her data. In this way, and as information to be provided to the patient, we must inform you that the data collected in this form will be included in a confidential automated file, duly registered in the Spanish Data Protection Agency, in accordance with the terms established in Law 3/2018, whose ownership corresponds to Bioarray, S.L, in order to manage the diagnostic study in the form described, the patient may exercise at any time the rights of access, rectification, cancellation or opposition, recognized by the aforementioned legislation on the protection of personal data, addressing the following address: Bioarray S.L., Parque Científico de la UMH. Edificio Quorum III 03202 Elche (Alicante), email: info@bioarray.es Tel: 966682500 Fax: 966682501