

**ATTACHMENT C3.**

**PRE-IMPLANTATION GENETIC DIAGNOSIS (PGD) NATIONAL ART  
SURVEILLANCE SYSTEM SCREENS**

NASS screen shot for the PGD question before modification:

**Semen Information:**

Source of semen used for fertilization:

Choose the method for obtaining semen:

**Manipulation Techniques:**

**Intracytoplasmic sperm injection (ICSI) performed on oocytes:**

Yes

No

Unknown because embryos thawed from previous cycle

**Assisted hatching performed on embryos:**

Yes

No

**Pre-implantation genetic diagnosis (PGD) performed on embryos:**

Yes

No

Unknown because embryos thawed from previous cycle

**PGD Reason (Select all that apply):**

PGD for prevention of genetic disorders

PGD screening of embryos for aneuploidy

Other PGD

Unknown

NASS screen shot for the PGD question after modification:

<b>Semen Information:</b>	
Source of semen used for fertilization:	<input type="text" value="---Select--"/>
Choose the method for obtaining semen:	<input type="text" value="---Select--"/>

  

<b>Manipulation Techniques:</b>
<b>Intracytoplasmic sperm injection (ICSI) performed on oocytes:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown because embryos thawed from previous cycle
<b>Assisted hatching performed on embryos:</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Pre-implantation genetic diagnosis or screening performed on embryos:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown because embryos thawed from previous cycle
<b>Pre-implantation genetic diagnosis or screening reason (Select all that apply):</b> <input type="checkbox"/> Either genetic parent is a known carrier of a gene mutation or a chromosomal abnormality <input type="checkbox"/> Aneuploidy screening of the embryos <input type="checkbox"/> Other screening of the embryos <input type="checkbox"/> Unknown