

Department of Obstetrics and Gynaecology	Document No.	OGRM223
	Issue Date	April 2020
Subject Information on PGT-A English	Next review date	July 2022
	Approved by	HKU-QMH-KWH CARE
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Information on Preimplantation Genetic Testing (PGT) for Aneuploidy

1. Nature

This method aims at determining the chromosomal number of embryos before they are transferred to the womb. It allows selection and transfer of embryos with normal number of chromosomes.

2. Indications

☐ History of recurrent miscarriages without any obvious causes	
☐ History of repeated failure in IVF cycles without any obvious cause	es
☐ Advanced age of women undergoing IVF	
☐ Sex chromosome aneuploidy (wife / husband)	
☐ Other, specify:	

3. Procedure

In addition to IVF procedures, the following steps are involved:

- Fertilization by intracytoplasmic sperm injection
- Removal of 3-5 trophectoderm cells from blastocysts and each blastocyst individually frozen
- Genetic study of the cells by next generation sequencing (NGS)
- Transfer of a blastocyst with normal chromosomal number to the womb in subsequent frozen-thawed transfer cycles.

4. Risks

The biopsy of cells from blastocysts carried less adverse effect on the pregnancy rate, compared with those from embryos.

5. Test accuracy and limitations

- PGT has <5% misdiagnosis.
- NGS CANNOT detect point mutations, small chromosomal aberrations (<20 Mb) nor polyploidies (e.g. 69,XXX).
- False result can be attributed to mosaicism of embryos.



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6. Follow up

After successful conception, conventional prenatal diagnosis may still be needed if clinically indicated.

After delivery, it is advisable to follow up the development of the baby.

7. Alternative

Note:

The alternative is to try natural conception (in case of idiopathic recurrent miscarriages) or to undergo IVF without PGT. After conception, prenatal diagnosis may be performed if clinically indicated.

There is no clear evidence so far to confirm an improvement in pregnancy outcomes after PGT in idiopathic recurrent pregnancy loss and repeated failure in IVF cycles.

Please use contraception during the treatment cycle.		
We will proceed to the blastocyst biopsy if there is even one blastocyst.		
Please make sure that you can be contacted by telephone during the		
treatment cycles.		
There may NOT be any blastocyst transfer after PGT if all blastocysts		
have abnormal chromosomal number.		
We CANNOT disclose the sex of the blastocyst, unless medically indicated		
Only one blastocyst will be replaced in each transfer after PGT.		

(Affix label)
Wife's name &
ID number

Date: _____

(Affix label) Husband's name & ID number

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Signature of Wife:	Signature of Husband: