# REVIEWER COMMENTS FORM

|  |  |
| --- | --- |
| **RECOMMENDATIONS:** | **Preimplantation Genetic Testing**  |
| **Review period:** | **10 June 2019 – 10 July 2019** |

**Contact information of the reviewer**

|  |  |
| --- | --- |
| Name: | **………………………………………………………………………………………** |
| Country: | **………………………………………………………………………………………** |
| E-mail address: | **………………………………………………………………………………………** |
| Organization[[1]](#footnote-1): | **………………………………………………………………………………………** |

**Statement of Confidentiality**

As a reviewer of this ESHRE document you have been or may be exposed to certain confidential and/or proprietary information, materials or data. It is important to the integrity of the writing process and final work that this information should be kept strictly confidential and not disclosed at any time under any circumstance.

I will not disclose any confidential and/or proprietary information, materials or data related to Working Group’s work to any third party, but keep this information strictly confidential.

I will keep any confidential and/or proprietary information, materials or data in my possession in a safe and secure place to protect against inadvertent disclosure.

I will not use any confidential information and/or proprietary information, materials or data for any purpose other than participating in the review procedure.

#### By submitting this document, you agree with the statement of confidentiality

**Comments to the document:**

**PAPER 1 – Organisation of PGT**

|  |  |  |
| --- | --- | --- |
| Page | Line | Comment |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PAPER 2 - Polar body and embryo biopsy for PGT**

|  |  |  |
| --- | --- | --- |
| Page | Line | Comment |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PAPER 3 - Detection of monogenic disorders (PGT-M)**

|  |  |  |
| --- | --- | --- |
| Page | Line | Comment |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PAPER 4 - Detection of structural and numerical chromosomal aberrations (PGT-A/SR)**

|  |  |  |
| --- | --- | --- |
| Page | Line | Comment |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*(1 comment per line - Add more lines if you need to)*

**Please send completed forms (as word-document or pdf, not handwritten) to** *nathalie@eshre.eu* **before 10 July 2019.**

*All comments will be revised by the working group and assessed. If the comment is accepted by the working group, it will result in a modification of the document. If not, the working group will formulate a reply to the reviewer. The details of the review procedure, the comments, modifications and replies will be summarized in a review report which will be available online.*

*For more information on the review, you can contact* *nathalie@eshre.eu**.*

1. *if you are responding as an individual, please leave blank* [↑](#footnote-ref-1)