

Pre-implantation Genetic testing for Aneuploidy (PGT-A)

What is pre-implantation genetic testing (PGT-A)?

PGT-A is a form of genetic testing that is performed on embryos after In-Vitro Fertilisation (IVF). PGT-A is performed to identify embryos with abnormal chromosomal numbers (missing or extra chromosomes).

As a woman grows older, the proportion of her eggs that are chromosomally abnormal rises.¹

- Ages 35-39: 50-60% of embryos affected
- Ages 40+: Over 70% of embryos affected

How does PGT-A help?

It helps identify the healthiest embryo to transfer, leading to higher pregnancy rates and lower miscarriage rates. PGT-A improves your chances but does not guarantee pregnancy.

Important considerations for PGT-A

- **Risk of fewer or no embryos:** Only fully developed embryos (5 - 6 days old) can be tested, so you may end up with fewer or no embryos that end up suitable for testing.
- **Longer wait time:** Embryos must be frozen during testing, which can delay your pregnancy timeline.

Who is suitable for PGT-A?

One of the following criteria **needs** to be met before PGT-A can be performed:

- Two or more miscarriages
- Two or more failed embryo transfers
- 35 years old and older

Choosing PGT-A is an individual decision and it depends on a variety of factors including the number of embryos you are likely to obtain; hence it is best to discuss with your doctor.

How is PGT-A done?

PGT-A is performed after the creation of embryos through IVF.

1. Embryos are grown for five to six days until they reach the blastocyst stage.
2. A few cells are gently removed from the outer shell of the embryo (trophectoderm).
3. These cells are sent for analysis to check for aneuploidy (abnormal chromosomes).
4. After the biopsy, the embryos are frozen while awaiting results of the genetic testing.

There are three possible outcomes:

Euploid	The cells have normal chromosomal number. The embryo is suitable for transfer.
Aneuploid	The cells have abnormal chromosomal number. The embryo is NOT suitable for transfer.
No diagnosis	At least one cell has abnormal chromosomal number. The embryo is NOT suitable for transfer.

If there is an embryo that is chromosomally normal, your fertility specialist will then discuss with you regarding embryo transfer.

Do I still need to do aneuploidy screening once pregnant?

Yes, you should still go for your first trimester antenatal screening for aneuploidy even after a normal embryo transfer as there is a very low chance that the few cells tested may not represent the entire embryo accurately.

How much does PGT-A cost?

*MOH funding may cover up to 50% of the PGT-A costs for eligible patients. Final costs may vary depending on your treatment.

Service	Estimated cost
Embryo biopsy	<ul style="list-style-type: none">• 1st embryo: \$2,950.00• Subsequent embryos (up to a maximum of 7 embryos): \$1,200.00 per embryo
PGT-A testing*	\$3,300.00
Embryo freezing and storage	<ul style="list-style-type: none">• 1 - 4 embryos: \$1,800.00• 5 - 8 embryos: \$2,200.00• \$500.00 for every 4 subsequent frozen embryos
Yearly storage renewal	\$950.00 per batch of frozen embryos

Note: There are other types of pre-implantation genetic testing.

PGT-M is performed when a couple is at risk of transmission of a known inheritable condition.

PGT-SR is performed when either partner has a chromosomal abnormality that increases the risk of miscarriage, failure of embryo implantation or having a child with a congenital defect.

Reference

¹ Matorras R, Sierra S, Pérez-Fernández S, Malaina I, Santos-Zorroza B, Prieto B, Quintana F, Ferrando M, Rubio C, Gantxegi M. Influence of parental age on chromosomal abnormalities in PGT-A embryos: exponentially increasing in the mother and completely null in the father. *J Assist Reprod Genet.* 2025 Jun;42(6):1833-1844. doi: 10.1007/s10815-025-03462-0.

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