

ORDERS FOR FERTILITY LAB SERVICES



Information requested below is necessary for consultaion and insurance.
Please print or type legibly.

| | | | | |
|--------------------|-----------------|---------|-----------|--------------------|
| Date | Hospital/Clinic | Address | Physician | Code |
| Patient Name: Last | | First | MI | Medical Record No. |
| | | | Sex | Birthdate |

| | | | | |
|---------------------|------|------|-----------|----------------------------------|
| SEND BILL TO | Name | | | DO NOT WRITE IN THIS AREA |
| | | | | Patient No. |
| Address: Street | | City | State/Zip | MR No. |

| | | | | |
|------------------|---------------|---------------|----------------------|-----------------|
| INSURANCE | Medicare No. | Medicaid No. | Other Ins. (specify) | Patient Type |
| | ID/Policy No. | Policy Holder | HCO No. | PCO No. Group |
| | | | | Financial Class |

| | |
|-----------|--------------------------------|
| Diagnosis | Physician Signature (required) |
|-----------|--------------------------------|

Test Requested:

_____ Semen Analysis, Est. Morph [SEMEN SCRNI]

_____ Wash and Spin with Counts [WASH / COUNT]

_____ Vasectomy Check [VASECT CK]

_____ Sperm Chromatin Assay

_____ Other (specify) _____

- Protocol for an acceptable specimen includes:**
- 1) Abstain from sexual activity and/or masturbation for 2-5 days prior to producing the sample.
 - 2) The preferred sample is produced by masturbation. Coitus interruptus is not recommended. If a condom is used, a non-spermicidal condom must be used. Avoid the use of lubricants.
 - 3) Collect sample in a clean container.
 - 4) The specimen should be the complete sample - the entire ejaculation must be submitted.
 - 5) The sample may be collected either at our facility or at home. If collected at home, the specimen should be transported at body temperature and should be received at the lab within 30 minutes by 1300.
 - 6) Testing is only performed Monday through Friday, or Saturday and Sunday with prior approval.

PATIENT, PLEASE FILL IN THIS INFORMATION:

Name: _____ Date: _____

Partner: _____ Time of Collection: _____

Days of Abstinence: _____ (number of days since last ejaculate)

Method of Collection:

_____ Masturbation

_____ Collection Condom

_____ Other (specify) _____

Collection Location: On Site _____ At Home _____

Did any of the ejaculate miss the sterile specimen container during collection? Yes _____ No _____

If yes, which part of the ejaculate was missed?
First Part _____ Middle Part _____ Last Part _____

Did you experience any difficulties during the collection or transport of the specimen? _____

Please list any medications you may be taking: _____

| | |
|--|-------------------------------|
| Sample Given to: _____ (tech) by: _____ (phlebotomist) | Time Received in Lab: _____ |
| Elapsed Time: _____ Appearance: _____ Liquified: _____ Volume: _____ | Wash & Spin |
| Progressive Motility: _____ Non-Progressive Motility: _____ Total Motility: _____ | PreWash: % mot: _____ |
| pH _____ Count: _____ million/ml; SupraVital Stain(Viability): _____ Fructose: _____ | Grade: _____ |
| Estimated Morphology: _____% Normal: _____% Abnormal: _____ WBC/100 sperm | Count: _____ |
| Completed by (tech initials): _____ | PostWash: % mot: _____ |
| | Grade: _____ |
| | Count: _____ |