

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)
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Test Requested:

_____ Semen Analysis, Est. Morph [SEMEN SCRN]

_____ 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.

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: _____	Wash & Spin
Volume: (ml) _____ pH: _____ Count: _____ million/ml	PreWash: % mot: _____
Motility: _____ % Grade: _____ Supravital Stain: _____ Fructose: _____	Grade: _____
Estimated Morphology: _____ % Normal: _____ % Abnormal: _____ WBC/100 sp	Count: _____
Completed by (tech initials): _____	PostWash: % mot: _____
	Grade: _____
	Count: _____