

FERTILITY SOLUTIONS INC.



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 Cleveland, Ohio 44120
 216-491-0030 x200 (Telephone)
216-491-0032 (Fax)
 CLIA # 36D0698908

LABORATORY REQUISITION

FOR PATIENT TO COMPLETE

TIME SEMEN COLLECTED _____ am/pm
 TIME RECEIVED IN LAB _____ am/pm
 TIME SINCE LAST EMISSION _____ hours/days
 WAS ANY PART OF SAMPLE LOST OR SPILLED? YES NO
 MEDICATIONS _____

DATE: _____

PATIENT NAME: _____	SOCIAL SECURITY NUMBER: _____
ADDRESS: _____	DATE OF BIRTH: _____
CITY/STATE/ZIP: _____	DAY TELEPHONE: _____
PHYSICIAN: _____	EVENING TELEPHONE: _____
ADDRESS TO: _____	OFFICE TELEPHONE: _____
SEND REPORT: _____	OFFICE FAX #: _____
	ICD-9 CODE(S): _____

ANDROLOGY DIAGNOSTICS

SPERM COUNT AND FUNCTION	
<input type="checkbox"/>	Complete Semen Analysis (Includes Vol., Consistency, Count, Motility, Motion Analysis, Morphology)
<input type="checkbox"/>	Sperm Count Only (Post Vasectomy Screen)
<input type="checkbox"/>	Sperm Motion Analysis Only
<input type="checkbox"/>	Sperm Viability Stain
<input type="checkbox"/>	Sperm Morphology Only (WHO 3 rd Edition and Strict Criteria)
<input type="checkbox"/>	Semen Special Stain: _____
<input type="checkbox"/>	Urine Examination for Retrograde Semen Emission
ANTISPERM ANTIBODY TESTS	
<i>Material for Assay</i>	
<input type="checkbox"/>	Sperm – Direct Immunobead
<input type="checkbox"/>	Seminal Plasma
<input type="checkbox"/>	Serum (No phlebotomy service available from Fertility Solutions Inc. Must be drawn outside)
<input type="checkbox"/>	Cervical Mucus (Must be collect in weighed vial from Fertility Solutions - call for supplies)
<i>Type of testing</i>	
<input type="checkbox"/>	Immunobead Screen, if positive antibody typing will be performed
<input type="checkbox"/>	Immunobead Titer
SEMEN BIOCHEMISTRY	
<input type="checkbox"/>	Fructose, qualitative

Comments or special instructions: _____

Physician's Signature: _____