

Male Fertility Laboratory Order

4245 Roosevelt Way NE, Seattle WA 98105

Phone: 206-598-1001 Fax: 206-598-2807 email: androl@uw.edu

Fax or mail this order to the lab

Ordering Physician/Clinician to receive results

Name: _____

Practice/Clinic: _____

Address: _____

Phone: _____ Fax: _____

Clinician Signature: _____

Date: _____ **Note:**

Results needed by (if sooner than 7-10 days):

Patient Information

Name: _____

DOB: _____

Address: _____

Phone: _____

*Ask patient to register at 206-598-4388,
then to call lab for appt.*

ICD10 Dx Code: _____

Required. Use Z31.41 for Fertility Testing

Semen Analysis, Cryopreservation and IUI Orders

- Complete Semen Analysis (SA)** - Includes sperm concentration, manual and computerized motility, strict morphology and white blood cell/immature germ cell differential if necessary.
- SA with Swim Out** (test for total number of sperm able to swim out of semen; estimate of total motile sperm recovered during preparation for IUI).
- SA without morphology** - if morphology and WBCs are normal on first SA.
- Semen Check** (simple test of count & motility, for patients not actively trying to conceive).
- Post-Vasectomy SA** - Include Date of Vasectomy
- Cryopreservation** - Sperm are analyzed before and after freezing; special attention given to preparation alternatives. **Also order Semen Analysis.** Free one-year storage on-site.
 - IUI-Ready** (Sperm are purified prior to freezing). **Standing order** (>1 may be needed)
- Diagnostic IUI** - Predict insemination outcome; determine best method of preparing sperm
- Insemination Preparation** Fresh semen or Frozen; Partner or Donor
- Retrograde ejaculation analysis (Post Ejaculatory Urine analysis).**
- Anti-Sperm Antibodies.** Direct (patient's sperm) Indirect (partner's serum)

Sperm Function Test Orders

- COMET (DNA Fragmentation, Semen)** **COMET2 (Semen and Purified Sperm)**
- Hyperactivation** **Acrosome Reaction** **Hyperactivation with Acrosome Reaction**
- Motility Enhancement** semen purified **Oxidative Stress** (ROS & antioxidant capacity)
- Sperm Penetration Assay** (Zona-free hamster oocyte tests) _____
- Sperm Epigenetics** (PATH SpermQT™) **CapScore™** (Androvia) - capacitation test
- Sperm molecules** _____ **Other:** _____

LAB to affix patient label here

LAB comments and appointment notes