

Male Fertility Laboratory Requisition

Phone: 206-598-1001 Fax: 206-598-2807

Email: androl@uw.edu

LAB to affix patient label here

Ordering Physician / Clinician to receive results

Name: _____

Practice/Clinic: _____

Address: _____

Phone: _____ Fax: _____

Clinician Signature: _____

Date: _____ Note: _____

Patient Information:

Name: _____

DOB: _____

Address: _____

Phone: _____

ICD10 Dx Code: _____

Required. Use Z31.41 for Fertility Testing

Semen Analysis, Cryopreservation and IUI

Full Semen Analysis (Includes sperm concentration, manual and computerized motility, strict morphology, and white blood cell / immature germ cell differential if necessary).

With **Swim Out** (test for total number of sperm able to swim out of semen, and an estimate of total motile sperm recovered during preparation for IUI).

Semen Check (A simple test of count & motility, for patients not actively trying to conceive).

Post-Vasectomy Check

Cryopreservation (Sperm are analyzed before and after freezing, and special attention is given to preparation alternatives). Semen Analysis is also ordered. Free one-year storage on-site.

IUI-Ready (Sperm are purified prior to freezing).

Diagnostic IUI (Predict insemination outcome; determine best method of preparing sperm)

Insemination Preparation Fresh semen or Frozen ; Partner or Donor

Follow Up Visit

SA without morphology – if morphology and WBCs are normal on first SA.

Retrograde ejaculation analysis (Post Ejaculatory Urine analysis).

Anti-Sperm Antibodies. Direct (patient's sperm) Indirect (partner's serum)

Sperm Function Tests

Comet (DNA Fragmentation)

Comet with Sperm Purification

Hyperactivation

Acrosome Reaction

Reactive Oxygen Species

Motility Enhancement

Other _____