Male Fertility Laboratory Order

4245 Roosevelt Way NE, Seattle WA 98105  
Phone: 206-598-1001 Fax: 206-598-2807 email: [androl@uw.edu](mailto:androl@uw.edu)

*Fax or mail this order to the lab*

**Ordering Physician/Clinician** to receive results

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice/Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Clinician Signature****:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Date****:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note:  
Results needed by (if sooner than 7-10 days):

**Patient Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 SpermQTTM) ❏ **CapScore**TM (Androvia) – capacitation test

❏ **Sperm molecules** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAB to affix patient label here