

Patient and specimen requisition checked in by: _____ @ (time) _____ am / pm Verified specimen labeled



1701 Park Place Ave.
Bedford, TX 76022
(817) 540-1157

1250 8th Ave Ste 365
Fort Worth, TX 76104
(817)924-1572

REFERRING PHYSICIAN ANDROLOGY REQUISITION

Call CARE Fertility to make your appointment. Please refer to collection instructions on back page.

Phone: (817) 540-1157 Fax: (817) 545-2164

Complete and circle responses below:

Patient Name (Please Print): _____ Partner Name (Please Print): _____

Initials _____ DOB _____ Initials _____ DOB _____

Contact phone number(s): _____

Date of collection: _____ Time of collection: _____ am / pm Date of previous ejaculation: _____

Specimen collected: Off-Site / On-Site The specimen cup is completely labeled: YES / NO (*Unlabeled specimens will be discarded*)

I did / did not read and follow the collection instructions on back. If you did not, please explain: _____

TEST RESULTS WILL BE COMMUNICATED TO THE REFERRING PHYSICIANS OFFICE ONLY.

Physician/Physician Designee to fill out the information below:

Referring Physician: (print) _____ Phone: _____

Address: _____ FAX: _____

City / State / Zip: _____

Signed Order: _____ Date: _____

SEMEN ANALYSIS TEST RESULT COMMUNICATION:

Physician Reporting: Request a semen analysis interpretation from a CARE physician to be faxed/mailed with the report: Yes / No

Patient Reporting: Request a semen analysis verbal report be given by a CARE laboratory technician to the patient: Yes / No

ANDROLOGY TESTING DONE AT ALL CENTER FOR ASSISTED REPRODUCTION LOCATIONS:

****ALL FEES ARE SUBJECT TO CHANGE AT ANY TIME****

_____ **COMPLETE SEMEN ANALYSIS - \$100.00** (Computer assisted semen analysis (CASA) for sperm concentration (M/ml) and motility parameters. Manual semen analysis is additionally performed when <20M motile / ml.

_____ **RETROGRADE SEMEN ANALYSIS - \$175.00** Semen analysis of ejaculate (when present) and retrograde urine. (Computer assisted semen analysis (CASA) for sperm concentration (M/ml) and motility parameters. Manual semen analysis is additionally performed when <20M motile / ml.

_____ **STRICT SPERM MORPHOLOGY WITH COMPLETE SEMEN ANALYSIS - \$175.00** (Morphology using Kruger strict criteria)

_____ **PARTNER OR DONOR (circle) SPERM PREPARATION FOR IUI, IVF, ICSI WITH COMPLETE SEMEN ANALYSIS - \$110.00**

_____ **SPERM DNA FRAGMENTATION TEST WITH COMPLETE SEMEN ANALYSIS - \$200.00**

_____ **DIRECT SPERM ANTIBODY TEST WITH COMPLETE SEMEN ANALYSIS - \$175.00**
(Complete semen analysis with direct immunobead sperm antibody testing.)

_____ **SPERM FREEZING FOR STORAGE WITH COMPLETE SEMEN ANALYSIS - \$300.00** (Sperm freezing for short or long term storage)

Note: Patients for Sperm Cryopreservation who do not provide valid (within 1 year) IDS screening for **HIV/Hep B surface antigen/Hep C antibody and RPR/VDRL/Syphilis** prior to the time of the appointment will be required to have screening drawn prior to proceeding at additional cost/expense. IDS results will be faxed to the referring physician's office.

SCHEDULING ALL ANDROLOGY PROCEDURES:

Please call the Center for Assisted Reproduction office of choice to schedule ALL Andrology procedures. Andrology testing times do vary, please call to inquire. **All Andrology procedures require advance scheduling. Unscheduled “walk-ins” may be subject to increased wait times and are UNAVAILABLE on weekends.** The Fort Worth Andrology laboratory is closed on weekends and holidays. The Bedford Andrology hours of operation on weekends and holidays are limited and subject to change based on patient volume.

REFERRALS:

All referral Andrology testing requires a signed order from the referring physician or equivalent order. The laboratory **WILL NOT** perform any Andrology testing without a signed order. All tests must be scheduled at least 24 hours in advance.

IUI REQUIREMENTS:

All specimens for IUI must be accompanied by a signed IUI Consent. No IUI will be processed without an IUI Consent signed by both female patient and partner (if applicable) and dated within 3 months. All specimens must be scheduled and delivered at least 1.5 hours before the IUI.

SPERM FREEZE REQUIREMENTS:

All specimens for sperm cryopreservation must be accompanied by a NOTARIZED sperm freeze consent, current infectious disease blood work (within 1 year), and payment in full. All tests must be scheduled at least 24 hours in advance.

SEMEN ANALYSIS TEST RESULTS:

Referral patient test results will be faxed and mailed to the referring physicians’ office of record. Test results will be released within 2-3 business days.

RETROGRADE SEMEN ANALYSIS:

Collection for retrograde semen analysis must be performed on-site at one of 2 CARE locations. Patients will need to arrive at appointment time having urinated within the last 30-45 minutes. Patients who have not urinated may be subject to increased wait times.

Semen Collection Instructions

1. **Call CARE Fertility to make your Appointment. (817)-540-1157 All Andrology procedures require advance scheduling. Unscheduled “walk-ins” may be subject to increased wait times and are UNAVAILABLE on weekends.**
2. Complete the label on the sterile specimen cup provided by the lab. (**Unlabelled specimens will be discarded**)
3. Fill out the top section of the lab requisition on the front page of this form completely.
4. Specimens are to be collected by masturbation only (**Do not use any type of lubricant or saliva**)
 - For a **Semen Analysis, Sperm Cryopreservation, and Sperm Antibody testing** it is recommended to collect a specimen 2-5 days after the last ejaculation.
 - **Due to time restraint, Center policy DOES NOT allow the partner to assist during collection for IVF cycles on the day of egg retrieval.**
5. Collect the entire amount of semen in the sterile container provided by the lab. **In the event you do not collect the entire specimen in the cup, please indicate on the front of the requisition form to notify the laboratory.**
6. Recap the lid tightly and place the cup in the supplied plastic biohazard bag.
7. Place the plastic biohazard bag in the white paper bag.
8. Do not place this form in the bag with the specimen cup.
9. Semen specimens need to be examined **within 1 hour** after collection. This ensures an accurate determination of count and motility. You may collect on site or deliver to our office promptly after collection. Do not attempt to cool or warm the semen sample. In the cool weather, please keep the specimen inside your jacket, sweater or purse.
10. After collection, bring this form and your specimen directly to the **front office/check-out counter.**
11. At the time of specimen drop off, the front office will review the requisition for completeness and notify the laboratory.
 - For **IUI, IVF or Sperm Cryopreservation procedures,** you will maintain possession of your specimen until a laboratory staff member speaks with you. The laboratory will escort the patient to the laboratory. The patient or partner will be asked to sign and/or initial the specimen slide used for semen analysis. The technician will apply the semen specimen to the slide in the presence of the patient (partner). No semen analysis or interpretation will be done in front of the patient (partner).
 - For **Semen Analysis or Sperm Antibody Procedures,** the front office will verify your information and a lab tech will take the specimen from you and bring it to the lab.
12. **Any patients or partner who refuse to stay and leaves after being informed of the CAR lab policy for IUI, IVF or Sperm Cryopreservation and/or prior to speaking with a laboratory staff member will not have their specimen processed as per the physician's discretion and current policy in force.**
13. Weekday patients for IUI, IVF or Sperm Cryopreservation may be required to wait up to 30 minutes but normally this validation procedure should take less than 15 minutes from time of check in. Weekend patients may experience a longer time interval as required.