

## ANDROLOGY REQUEST FORM

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

Date of Request: \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

PLEASE HAVE PATIENT CALL THE FRONT DESK FOR APPOINTMENT (865)777-0088

Please note the charges for each test listed below. THIS MUST BE PAID ON THE DATE OF SERVICE BEFORE THE SPECIMEN IS PROCESSED. CHECK OR DEBIT/CREDIT CARDS ONLY.

Make all checks payable to Southeastern Fertility

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> Routine Semen Analysis (Count, motility and strict (Kruger) morphology) | \$195.00 (Repeat Test \$125) |
| <input type="checkbox"/> Immunobead (Serum)  | \$285.00                     |
| <input type="checkbox"/> Immunobead (Direct)   | \$285.00                     |
| <input type="checkbox"/> Immunobead (both)   | \$405.00                     |

Ordering Clinician (Print): \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_

Please send report to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### SEMEN ANALYSIS

An integral part of the infertility evaluation is examination of the male's semen. This is commonly referred to as a sperm count, but this term is misleading, because much more is examined than simply the number of sperm. A semen analysis is a precise measurement of not only the number of sperm, but their motility, movement patterns, shape, and many other parameters. This is the single most important test in the evaluation of the male partner. Because a man's semen analysis may vary greatly from one time to another, two or more analyses may be recommended.

### PATIENT INSTRUCTIONS FOR COLLECTION OF A SPECIMEN

See Attached Information Sheet

## INSTRUCTIONS FOR COLLECTION AND TRANSPORT OF SEMEN FOR LABORATORY ANALYSIS

**In order to avoid delays and the increased cost of repeat testing, please follow these instructions for preparing for the semen analysis and for properly collecting the semen specimen.**

1. You must have an appointment in order to have your semen specimen evaluated. To schedule an appointment please call the front desk at (865) 777-0088.
2. You must have abstained (no ejaculation) for a period of 2-5 days (ideally 3 days) before you collect the sample unless otherwise advised by your physician.
3. If collecting at the laboratory, you will collect in a private room adjacent to the testing area.
4. If you collect your specimen outside the laboratory collection room, you **MUST**
  - Keep the sample near body temperature (25-40 degrees C or 77-104 degrees F)
  - Deliver your sample to the laboratory within 45 minutes of collection.

### COLLECTION METHOD

You must collect either by masturbation or by intercourse with a special condom sheath available at our office. Do **not** use saliva as a lubricant. The **only** acceptable lubricant is mineral oil or liquid glycerin available at your local drug store.

Please collect the sample in the collection container provided by the laboratory. To avoid contamination, do **not** open the container until just prior to ejaculation.

NOTE: Semen collected in a standard condom or by coitus interruptus is **NOT ACCEPTABLE** for evaluation.

### PREPARATION FOR COLLECTION

Just before, you collect your specimen:

- Urinate
- Wash your genital area, using **WARM WATER ONLY**. Do not use soap on the genital area prior to collection. Soap will kill sperm.
- Wash your hands with warm water and soap. Rinse thoroughly and dry.
- Remove the cap from the specimen cup immediately prior to collection. Avoid touching the inside of the cup or the inside of the container lid.

### COLLECTION

For specimen obtained by Masturbation:

- Ejaculate directly into the specimen cup. (The penis should not touch the inside of the cup.)
- Collect the **ENTIRE** ejaculate.
- Replace container lid as soon as specimen is collected to avoid contamination

If collecting with a Condom Sheath:

- Carefully remove condom.
- Use scissors to cut hole in tip.
- Completely push all semen into container, and then discard the condom.

**FOLLOWING THE COLLECTION**

You should:

- Wash your genitals and hands. (Soap may be used now.)
- Label your specimen container. Include the following information: Your name, Last ejaculation date, Collection Date, and Exact Time of collection.
- Keep your sample at body temperature until handed to laboratory personnel. Your shirt or pants pocket is ideal for transport since your body heat keeps the sample warm.
- Deliver sample to laboratory within 45 minutes of collection.

**COMPLETE YOUR PATIENT INFORMATION FORM.**

Deliver the semen specimen and the patient information form to the laboratory personnel. The technician will review the information provided and may ask for additional information.

**PAYMENT FOR SERVICES:**

Payment **MUST** be made on the **DATE OF SERVICE** before the **SPECIMEN IS PROCESSED**. **CREDIT/DEBIT OR CHECK ONLY**. Make checks payable to Southeastern Fertility.

|  |                              |
|--|------------------------------|
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The laboratory is located at Southeastern Fertility, 11126 Kingston Pike, Knoxville, TN. 37934.

If you have questions, please contact the lab at the following phone number (865) 777-0088.

PATIENT INFO FORM FOR SPERM SAMPLE- SEMEN ANALYSIS, CRYO or IVF

Lab ID # \_\_\_\_\_

Patient Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Partner's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Partner's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician Ordering Test: Dr. \_\_\_\_\_

Patient History:

List any medications you are currently taking or have completed within the past two weeks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a high fever (over 101 degrees) during the past month?  Yes  No

Have you used a Hot Tub or Sauna during the past month?  Yes  No

Are you taking testosterone?  Yes  No

Date of most recent ejaculation, prior to the sample collected today \_\_\_\_\_

Sample Collection:  Cup  Condom  Other \_\_\_\_\_

Method of collection  Masturbation  Other If checked "other" list method \_\_\_\_\_

Did you lose any portion of the ejaculate?  No  
 Yes, first portion  
 Yes, middle portion  
 Yes, last portion

Sample Received By: \_\_\_\_\_ Date/ Time: \_\_\_\_\_ ID checked: \_\_\_\_\_