



# Advanced Reproductive Laboratory, LP

Sy Q Le, MD, HCLD, Laboratory Director

7501 Las Colinas Blvd, Ste 200 Irving, TX 75063 Tel 972-506-9986 Fax 972-506-0044  
600 W Mayfield Rd Arlington, TX 76014 Tel 817-701-1290 Fax 817-701-1297

## ANDROLOGY REQUISITION FORM

Requesting Physician: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Female Partner: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ Patient/Spouse Phone Number: \_\_\_\_\_

Please make copies of this form and give a signed copy to the patient. The requisition form can also be faxed directly to **972-506-0044** (Irving location) or **817-701-1297** (Arlington location).

CPT	TEST	COST
89320	<input type="checkbox"/> Complete Semen Analysis	\$ 80 (recommended)
89331	<input type="checkbox"/> Complete SA with RETROGRADE	\$250
89325	<input type="checkbox"/> Direct Antisperm IgG Antibody	\$ 80 (recommended)
58323	<input type="checkbox"/> Sperm Wash for IUI (Husband sperm)	\$120
58323	<input type="checkbox"/> Sperm Wash for IUI (Donor sperm)	\$120
89261	<input type="checkbox"/> Sperm Wash for RETROGRADE IUI	\$200
89300	<input type="checkbox"/> Gender Selection for IUI	\$250
89259	<input type="checkbox"/> Sperm Freezing & Storage	\$300
99070	<input type="checkbox"/> IUI Catheter (double lumen)	\$ 15
	<input type="checkbox"/> Halosperm DNA Fragmentation	\$200
	<input type="checkbox"/> IVF/ICSI Sperm Processing	

\_\_\_\_\_  
Ordering Physician's Signature

\_\_\_\_\_  
Date

### For patient to complete:

Please label your **full name**, **date of birth**, and **collection time** on specimen cup.

Date of collection: \_\_\_\_\_ Time of collection: \_\_\_\_\_ Date of last ejaculation: \_\_\_\_\_

Collection site:  Offsite  Onsite Sterile container:  Yes  No

Collection method:  Masturbation  Special condom Other \_\_\_\_\_

Receiving Technologist: \_\_\_\_\_ Time: \_\_\_\_\_

- **Husband:** *I authorize ARL and its employees to process the semen specimen I have produced here or off-site. I verify that the specimen is properly labeled and is mine.*

**Husband Signature:** \_\_\_\_\_ **SSN: XXX - XX -** \_\_\_\_\_

- **Spouse:** *I authorize ARL and its employees to process the semen specimen my husband produced off-site. I verify that the specimen is properly labeled and was produced by my husband.*

**Spouse Signature:** \_\_\_\_\_ **SSN: XXX - XX -** \_\_\_\_\_

*Please read collection instructions on the back of this form.*



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### General Patient Instructions:

- **No sample will be processed without a prior appointment.** Please call **972-506-9986 (Irving Lab)** or **817-701-1290 (Arlington Lab)** to make appointment and pick up a collection kit.
- Semen analysis is performed from Monday to Friday. Semen preparation for IUI is processed from Monday to Saturday.
- Results of semen studies will be faxed to your ordering physician. Please do not call IVFMD for results.
- If insemination is to be performed at your doctor's office, the sperm prep can be picked up from the lab within one hour before use.

### Collection Instructions:

- It is best to collect after **2-3 days of abstinence** but no more than 5 days after the last ejaculation.
- **Masturbation** is the method of choice. However, if this is a problem, a special condom can be purchased from the clinic.
- A semen collection kit (consists of a sterile cup, plastic bag, this form) can be picked up from the clinic.
- The genitalia should be washed before collection. Ejaculate into the cup without touching the interior if possible. Please do not use saliva or any artificial lubricant unless provided by our clinic.
- Put the lid on securely and label your full name, date of birth, and time of collection on the side of the cup (not on the lid). Place the specimen cup in the bag and bring it to the lab **within 60 minutes**.

**Please label your full name, date of birth, & collection time on specimen cup.  
Specimens not labeled will NOT be accepted.**