

Andrology Laboratory

ivfminnesota.com/andrology

CRM-Minneapolis

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CRM-St Paul

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Two Locations Appointment Required

Date:			
Physician:	Phone: Fax:		
Clinic Name:			
Patient Name:	Date of Birth:		
Spouse Name:	Date of Birth:		
Patient Address:			
Diagnosis Code: (ICD-10) Insura	ance Company Name:		
Physician Signature:			
Indiv *For most sperm testing an abstinence period of	vidual Laboratory Procedures f 2-7 days is ideal. In some cases, your physician	may request a	
different abstinence period. For inser	minations, follow the instructions of your physici	ian.	
Diagnostic	Cryopreservation		
☐ Semen Analysis ☐ Retrograde Analysis ☐ Post Vasectomy analysis-quantitative ☐ Sperm Penetration Assay	Testicular Sperm Test Thaw		
Insemination	Endocrine	Endocrine	
Sperm Donor	Anti-Mullerian Hormono Estradiol FSH B-HCG	e	
Antisperm Antibody	Microbiology		
□Anti-sperm antibody-Male □Anti-sperm antibody-Female	Semen Culture Mycoplasma, PCR	☐ Ureaplasma, PCR	
Reflex testing for Semen Samples			
If > 1 million peroxidase positive cells are present,	, I Yes No		