

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: _____ Phone #: _____
Diagnosis Code: _____ (ICD-10) Insurance Company Name: _____
Physician Signature: _____

Individual Laboratory Procedures

* For most sperm testing an abstinence period of 2-7 days is ideal. In some cases, your physician may request a different abstinence period. For inseminations, follow the instructions of your physician.

Diagnostic

- ☐ Semen Analysis
- ☐ Retrograde Analysis
- ☐ Post Vasectomy analysis-quantitative
- ☐ Sperm Penetration Assay

Cryopreservation

- ☐ Semen Cryopreservation
- ☐ Testicular Sperm
- ☐ Test Thaw

Insemination

- ☐ Sperm Donor
 - ☐ ICI-unwashed
 - ☐ IUI-prewashed
- ☐ Density Gradient
- ☐ Sperm Wash-Partner
- ☐ Retrograde Wash

Endocrine

- ☐ Anti-Mullerian Hormone
- ☐ Estradiol
- ☐ FSH
- ☐ B-HCG
- ☐ LH
- ☐ Progesterone
- ☐ Prolactin
- ☐ TSH

Antisperm Antibody

- ☐ Anti-sperm antibody-Male
- ☐ Anti-sperm antibody-Female

Microbiology

- ☐ Semen Culture
- ☐ Mycoplasma, PCR
- ☐ Ureaplasma, PCR

Reflex testing for Semen Samples

If > 1 million peroxidase positive cells and/or bacteria are present, I would like a semen culture ☐ Yes ☐ No