Center for Reproductive Medicine
& Advanced Reproductive Technologies

ANDROLOGY REFERRAL

Date _____

Physician's name _____ Phone # _____ Fax # _____

Clinic name _____

Patient's name _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

Primary phone # _____ Secondary phone # _____

Partner's name _____ Date of birth _____

Diagnosis code _____ (ICD-10) Insurance company name _____

Physician's 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

TWO LOCATIONS

Midtown Medical Building
2828 Chicago Ave S, Suite #400
Minneapolis, MN 55407
Phone: 612-863-4115 Fax: 612-230-6903

Stonebridge Office Building
991 Sibley Memorial Highway, Suite #100
St. Paul, MN 55118
Phone: 651-379-3110 Fax: 651-379-3111