



Access no. \_\_\_\_\_

RAINTREE FERTILITY LABORATORY  
CLIA# 45D2094825, CAP# 9255623  
980 Raintree Circle, Allen, TX 75013  
Phone (214) 383-2600 Fax (214) 383-2601

## ANDROLOGY LABORATORY REQUISITION

Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Patient Phone #: \_\_\_\_\_  
Partner Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

Requesting Physician Signature: \_\_\_\_\_  
Requesting Physician: \_\_\_\_\_  
Physician phone #: \_\_\_\_\_ Physician Fax #: \_\_\_\_\_

### PROCEDURE REQUESTED

- |  |   |
|--|---|
| <input type="checkbox"/> Semen Analysis                | <input type="checkbox"/> IUI Sperm Preparation with Partner Sperm |
| <input type="checkbox"/> Semen Analysis-Post Vasectomy | <input type="checkbox"/> IUI Sperm Preparation with Donor Sperm   |
| <input type="checkbox"/> Sperm Cryopreservation        | <input type="checkbox"/> IVF Sperm Processing with Partner Sperm  |
| <input type="checkbox"/> Other: _____                  | <input type="checkbox"/> IVF Sperm Processing with Donor Sperm    |

Special Comments \_\_\_\_\_

Reason/Diagnosis Code: \_\_\_\_\_

Identity Verified by: \_\_\_\_\_ Photo ID on file: \_\_\_\_\_ Receiving Technologist: \_\_\_\_\_

### Specimen Information

Collection Date: \_\_\_\_\_ Days of Abstinence: \_\_\_\_\_

Collection Time: \_\_\_\_\_ Time Received in Lab: \_\_\_\_\_

### Collection Information

- |                              |  |  |
|------------------------------|--|--|
| <b>Collection site:</b>      | <input type="checkbox"/> On Site         | <input type="checkbox"/> Off-site  |
| <b>Method of Collection:</b> | <input type="checkbox"/> Masturbation    | <input type="checkbox"/> Seminal collection device <input type="checkbox"/> Other: _____ |
| <b>Collection:</b>           | <input type="checkbox"/> Complete sample | <input type="checkbox"/> Incomplete sample – amount? _____                               |
| <b>Container:</b>            | <input type="checkbox"/> Lab provided    | <input type="checkbox"/> Pharm./Phys. Provided <input type="checkbox"/> Other: _____     |
| <b>Post Vasectomy:</b>       | <input type="checkbox"/> Yes             | <input type="checkbox"/> No  |

- Patient:** I authorize DFW Center for Fertility and IVF, its employees and agents to process the semen specimen I have produced here or off-site or is frozen in storage. I verify that the specimen is properly labeled and is mine.

**Patient Signature:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

- Partner:** I authorize DFW Center for Fertility and IVF, its employees and agents to process the semen specimen my partner produced off-site. I verify that the specimen is properly labeled and was produced by my partner.

**Partner Signature:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

- Donor Sperm:** I authorize DFW Center for Fertility and IVF, its employees and agents to process the donor sperm specimen that is currently frozen in storage. I verify that the donor bank, donor ID, and freeze date listed above is correct and matches my specimen.

**Patient Signature:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

# Semen Analysis Worksheet

Accession #		Patient Name	
Date Collected		DOB	
Days Abstinent		Partner Name	
DOB		Collect Time	
Received		Analyzed	
		Liquefaction	

Test	Result	Reference Range (WHO 5th Ed.)	PRE-WASH Counts		POST-WASH Counts																									
Liquefaction		15-60 Minutes	Total squares (GRIDS)		Total squares (GRIDS)																									
pH		7.2-8.0	Total areas counted		Total areas counted																									
Viscosity		<3	Mag=		Mag=																									
Agglutination		0	cells		cells																									
Appearance		Gray-White	count 1		count 1																									
Debris		Yes/No	count 2		count 2																									
Round Cells		<1 M/ml	differ		differ																									
<b>PREWASH</b>			Decreased motility (<30%) may be the result of non-viable or non-motile sperm																											
Volume		>1.5 mL																												
Count		>15 M/mL																												
% Motility		>40%																												
Progression		>=3																												
Total Motile		Million Sperm	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td>Motile</td><td>Non-</td></tr> <tr><td>motility 1</td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td>motility 2</td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td>differ</td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table>			Motile	Non-	motility 1			motility 2			differ			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td>Motile</td><td>Non-</td></tr> <tr><td>motility 1</td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td>motility 2</td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td>differ</td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table>			Motile	Non-	motility 1			motility 2			differ		
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Total Motile		Million Sperm																												
<b>Morphology</b>																														
Normal		>4% Normal (Krugger)																												
Head																														
Tapered																														
Amorphous																														
Duplicate																														
Tail Defect																														
Immature																														

Technician Initials \_\_\_\_\_

SWM Lot \_\_\_\_\_

Exp \_\_\_\_\_

SFM Lot \_\_\_\_\_

Exp \_\_\_\_\_

Grad Lot \_\_\_\_\_

Exp \_\_\_\_\_