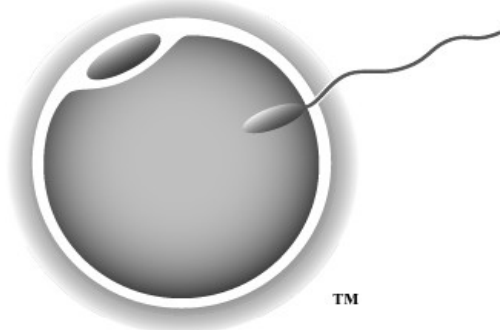


Patient and specimen requisition checked in by: _____ @ (time) _____ am / pm Verified specimen labeled



CENTER FOR
ASSISTED
REPRODUCTION
EMBRYO.NET

1701 Park Place Ave. 4461 Coit Rd Ste 307
Bedford, Texas Frisco, Texas
Phone: (817) 540-1157 Phone: (972) 661-9544

Kathleen M. Doody, MD: Kevin J. Doody, MD:
Anna C. Nackley, MD: Rinku Mehta, MD
Board Certified Reproductive Endocrinologists
Patricia A. McBride-Houtz, Ph.D.
Licensed Psychologist

A Professional Association

BEDFORD LOCATION ANDROLOGY LAB REQUISITION

Patient / Partner to complete and circle responses below (do not complete the lower section):

Sperm Source (Please Print): _____ Female Patient (Please Print): _____

Initials _____ SS# _____ Initials _____ SS# _____

Date of Birth: _____ Date of collection: _____ Time of collection: _____ am / pm Date of previous ejaculation: _____

Specimen collected: Off-Site / On-Site The specimen cup is completely labeled: YES / NO (*Unlabeled specimens will be discarded*)
I did / did not read and follow the collection instructions on back. If you did not, please explain: _____

Indicate physician: K.M. Doody, M.D. / K.J. Doody, M.D. / A.C. Nackley, M.D. / R. Mehta, M.D.

Referring Physician:(print) _____ Signed Order: _____
Address: _____ Phone: _____
City / State / Zip: _____ FAX: _____

LABORATORY PERSONNEL WILL REPORT ALL TEST RESULTS TO C.A.R. PATIENTS. REFERRAL PATIENT TEST RESULTS WILL BE COMMUNICATED TO THE REFERRING PHYSICIANS OFFICE.

Physician / Nurse / Laboratory to complete, circle and initial test requested below:

- _____ 1. **COMPLETE SEMEN ANALYSIS - \$75.00** (Computer assisted semen analysis (CASA) for sperm concentration (M/ml) and motility parameters. Reflex manual semen analysis is additionally performed when <10M motile / ml. Reflex fructose analysis is performed when <1M motile/ml or <1 ml total volume. Reflex viability stain is performed when <5% motile / analysis)
- _____ 2. **DIRECT SPERM ANTIBODY TEST WITH COMPLETE SEMEN ANALYSIS - TUESDAYS ONLY - \$150.00** (Complete semen analysis with direct immunobead sperm antibody testing. Additional reflex testing is performed as described above for complete semen analysis)
- _____ 3. **STRICT SPERM MORPHOLOGY WITH COMPLETE SEMEN ANALYSIS - \$150.00** (Complete semen analysis and morphology using Kruger strict criteria)
- _____ 4. **PARTNER OR DONOR (circle) SPERM PREPARATION FOR IUI, IVF, ICSI WITH COMPLETE SEMEN ANALYSIS - \$110.00**
(Complete semen analysis with preparation of semen for insemination. Additional reflex testing is performed as described above for complete semen analysis)
If Frozen IUI date / time: _____
- _____ 5. **SPERM DNA FRAGMENTATION TEST (HALOSPERM) - WEDNESDAYS ONLY - \$200.00** (Includes complete semen analysis)
- _____ 6. **INDIRECT SPERM ANTIBODY TESTING ON SERUM - \$50.00** (Indirect immunobead sperm antibody testing on Female or Male serum)
- _____ 7. **SPERM FREEZING FOR STORAGE WITH COMPLETE SEMEN ANALYSIS - \$200.00** (Complete semen analysis with preparation of semen for cryopreservation. Additional reflex testing is performed as described above for complete semen analysis)
- _____ 8. **SPERM FREEZING FOR SPERM ANTIBODY TESTING - \$50.00** (Complete semen analysis with preparation of semen for cryopreservation for sperm antibody testing to be done on a later date)

If applicable, digital order confirmed by _____ in DOC notes on _____
(tech initials) (order date in Doc)

Specimen accepted Patient initialed slide IUI Consent verified Sperm Freeze Consent verified Bloodwork verified (< 1 year)
 Specimen rejected Incident form Additional Comments: _____

Semen Collection Instructions

- Complete the label on the sterile specimen cup provided by the lab. (*Unlabelled specimens will be discarded*)
- Fill out the top section of the lab requisition on the front page of this form completely.
- Specimens are to be collected by masturbation only (*Do not use any type of lubricant or saliva*)
 - For a **Semen Analysis, Sperm Cryopreservation, Sperm Antibody testing** and/or for **IVF Procedures**, it is recommended to collect a specimen between 48 and not more than 72 hours after the last ejaculation.
 - For an **Intrauterine Insemination (IUI) Procedure**, the recommended time to collect a specimen between last ejaculation will generally be >36 hours due to the IUI protocol.

- **Due to time restraint, Center policy DOES NOT allow the partner to assist during collection for IVF cycles on the day of egg retrieval.**
4. Collect the entire amount of semen in the sterile container provided by the lab. ***In the event you do not collect the entire specimen in the cup, please indicate on the front of the requisition form to notify the laboratory.***
 5. Recap the lid tightly and place the cup in the supplied plastic biohazard bag.
 6. Place the plastic biohazard bag in the white paper bag marked "SPECIMEN CUP".
 7. **Do not place this form in the bag with the specimen cup.**
 8. Semen specimens need to be examined ***within 1 hour*** after collection. This will assist in accurate semen analysis. You may collect on site or deliver to our office promptly after collection. Do not attempt to cool or warm the semen sample. In the cool weather, please keep the specimen inside your jacket, sweater or purse.
 9. After collection, bring this form and your specimen directly to the **check-out counter.**
 10. At the time of specimen drop off, the front office will review the requisition for completeness and notify the laboratory.
 - For **IUI, IVF or Sperm Cryopreservation procedures**, you will maintain possession of your specimen until a laboratory staff member speaks with you. The laboratory will take possession of the specimen and patients will be escorted to the laboratory. The patient or partner will be asked to sign and/or initial the specimen slide used for semen analysis. The technician will apply the semen specimen to the slide in the presence of the patient (partner). No semen analysis or interpretation will be done in front of the patient (partner).
 - For **Semen Analysis or Sperm Antibody Procedures**, the front office will verify your information and a lab tech will take the specimen from you and bring it to the lab.
 11. **Any patients or partner who refuse to stay and leaves after being informed of the CAR lab policy for IUI, IVF or Sperm Cryopreservation and/or prior to speaking with a laboratory staff member will not have their specimen processed as per the physician's discretion and current policy in force.**
 12. Weekday patients for IUI, IVF or Sperm Cryopreservation may be required to wait up to 30 minutes but normally this validation procedure should take less than 15 minutes from time of check in. Weekend patients may experience a longer time interval as required.
 13. Please note that if you are scheduled for an IUI, IVF, GIFT or sperm cryopreservation procedure and are diagnosed as "***Male Factor***", you may need to collect a second specimen in addition to your initial sample. This may cause the IUI time to be rescheduled later in the day.

Scheduling for IUI

All specimens must be accompanied by a signed IUI Consent. No IUI will be processed without an IUI Consent signed by both female patient and partner (if applicable) and dated within 3 months. All specimens must be scheduled and delivered at least 1.5 hours before the IUI.

Day of Week	Deadline to call and schedule an IUI	Appointment times available for IUI specimens	Deadline to drop-off IUI specimens	Time slot for IUI insemination
Monday	12:00 pm	7:30 am – 3:30 pm	3:30 pm	9:00 am – 5:00 pm
Tuesday	12:00 pm	10:00 am – 3:30 pm	3:30 pm	11:30 am – 5:00 pm
Wednesday	12:00 pm	7:30 am – 3:30 pm	3:30 pm	9:00 am – 5:00 pm
Thursday	12:00 pm	7:30 am – 3:30 pm	3:30 pm	9:00 am – 5:00 pm
Friday	12:00 pm	7:30 am – 3:30 pm	3:30 pm	9:00 am – 5:00 pm
Saturday	7:30 am	7:30 am – 10:30 am	10:30 am*	9:00 am - 10:45 am & 12:00pm - 2:00pm
Sunday	7:30 am	7:30 am – 8:30 am	8:30 am	9:00 am – 11:00 am
Holidays	7:30 am	7:30 am – 8:30 am	8:30 am	9:00 am – 11:00 am

* In the case of an emergency specimens are accepted for IUI insemination between 12:00 pm – 1:00 pm.

Scheduling for Semen Analysis, Sperm Antibody Testing, Sperm Freezing and Sperm DNA Fragmentation testing

All specimens for sperm cryopreservation must be accompanied by a NOTARIZED sperm freeze consent, current infectious disease blood work (within 1 year), and payment in full. All tests must be scheduled at least 24 hours in advance.

Day of Week	Semen Analysis	Sperm Antibody Testing	Sperm Freezing	Sperm DNA Fragmentation (Halosperm)
Monday	7:30 am – 3:30 pm	Testing not performed	7:30 am – 3:00 pm	Testing not performed
Tuesday	10:00 am – 3:30 pm	7:30 am - 9:30 am	10:00 am – 3:00 pm	Testing not performed
Wednesday	7:30 am – 3:30 pm	Testing not performed	7:30 am – 3:00 pm	7:30 am – 9:30 am
Thursday	7:30 am – 3:30 pm	Testing not performed	7:30 am – 3:00 pm	Testing not performed
Friday	7:30 am – 3:30 pm	Testing not performed	7:30 am – 3:00 pm	Testing not performed
Saturday	12:30 pm - 2:30 pm	Testing not performed	12:30 pm - 2:30 pm	Testing not performed
Sunday	7:30 am – 10:30 am	Testing not performed	7:30 am – 10:30 am	Testing not performed
Holidays	7:30 am – 10:30 am	Testing not performed	7:30 am – 3:00 pm	Testing not performed

* Sperm cryopreservation for patients undergoing treatment for an IVF cycle utilizing a SURROGATE or KNOWN DONOR SPERM cycles are only performed Monday – Friday at the BEDFORD office only.