

# ANDROLOGY ORDER FORM

## TESTS PERFORMED BY APPOINTMENT ONLY

_____		_____	
Ordering Physician's Name		Practice Name	
_____		_____	
Physician Signature		Address	
_____	_____	_____	
Phone #	Fax #	City/State/Zip	
Results to be:	FAXED	MAILED	EMAILED _____

Male Patient Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Diagnosis Code(s): \_\_\_\_\_

### Test(s) Ordered:

- |  |  |
|--|--|
| <b>89320</b> <input type="checkbox"/> Semen Analysis Basic (SA) \$76.00  | <b>89331</b> <input type="checkbox"/> Retrograde Ejaculation Sperm Evaluation \$82.00    |
| <b>89325</b> <input type="checkbox"/> Direct Antisperm Antibody (ASAB) \$117.00  | <b>89257</b> <input type="checkbox"/> MESA Sperm Identification from Aspiration \$469.00 |
| <b>89260</b> <input type="checkbox"/> Sperm Wash \$205.00 (Infectious Disease Screening (IDS) results on both patient and partner are required prior to performing this test.) |  |
| <b>89259</b> <input type="checkbox"/> Sperm Cryopreservation and Semen Analysis Basic *does not include storage \$143.00 + \$76.00 = \$219.00                                  |  |
| <input type="radio"/> IVF Primary  | <input type="radio"/> IVF Back-up  |
| <input type="radio"/> IUI Primary  | <input type="radio"/> IUI Back up  |
| <input type="radio"/> Medical Condition (Specify in comments)  |  |

Comments: \_\_\_\_\_

**OVATION FERTILITY IS NOT CONTRACTED WITH ALL INSURANCE COMPANIES;  
THEREFORE, PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE.**

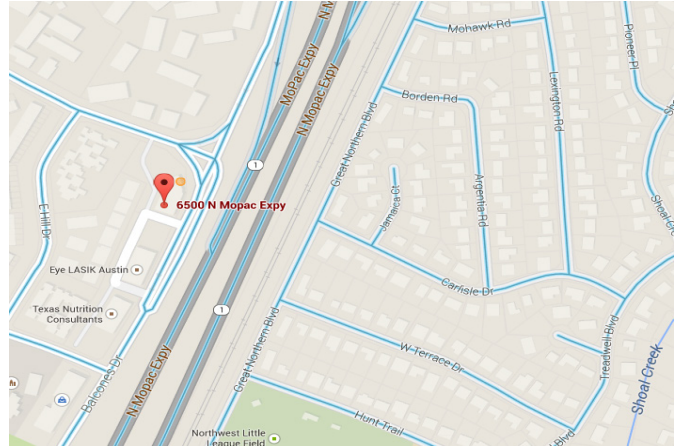
### Instructions:

- Please call the laboratory at (512)610-7474 to schedule your appointment. Without an appointment, specimens will not be tested.
- Specimens may be collected at home or at our Mopac, Davis Lane and Round Rock locations. For home collection, specimens must be collected in a sterile container, which can be provided by Ovation.
- It is recommended that you have an ejaculation 2-5 days prior to your visit.
- The specimen must be provided by masturbation only.
- Use only lubricant provided by Ovation or your physician (no saliva or other lubricant).
- The specimen container must be appropriately labeled using the label provided by Ovation.
- If you are not collecting at Ovation, please make sure to keep the specimen container at room temperature for transportation to Ovation.
- The specimen must be delivered to Ovation within one hour after collection.
- A valid photo ID is required. Specimen accepted only from patient or partner.

LABORATORY SITES: **When scheduling your appointment, please inform the office staff of your preferred location.**

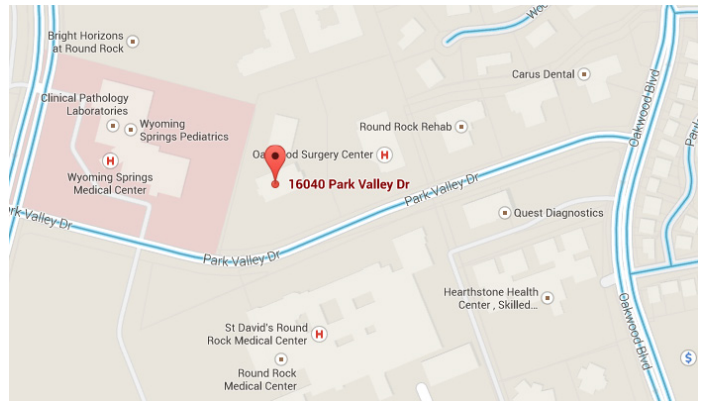
**Ovation Fertility  
Northwest Hills Medical Center**

Main Office  
6500 N. Mopac Expressway,  
Building III, Suite 3102  
Austin, Texas 78731  
(512)610-7474  
(512) 610-7483 (Fax)



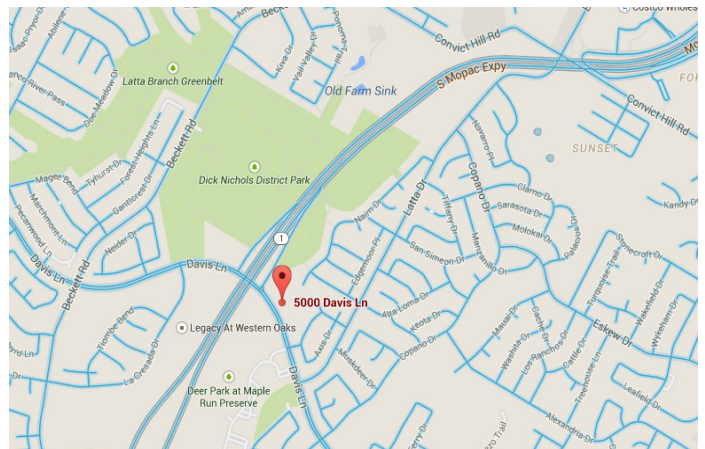
**Ovation Fertility  
Park Valley Oaks**

Satellite Office  
16040 Park Valley Drive  
Building I, Suite 201  
Round Rock, Texas 78681  
(512)610-7474  
(512) 610-7483 (Fax)



**Ovation Fertility  
Waterleaf Medical Center**

Satellite Office  
5000 Davis Lane, Suite 100  
Austin, Texas 78749  
(512)610-7474  
(512)610-7483 (Fax)



Ovation Andrology Order Form 7.19.16

## Sperm Cryopreservation / Sperm Banking

Sperm cryopreservation is a procedure to freeze and preserve sperm cells for future use in IUI or IVF cycles. Sperm cryopreservation allows patients to have sperm available for their IUI or IVF procedure in the event that their partner is unable to provide a sperm sample on a particular day.

### **Sperm cryopreservation is recommended if your partner:**

- Travels often or lives out of town
- Has unpredictable or limited availability
- Has difficulty or anxiety about producing/collecting a semen sample

### **Appointments are required for all sperm freezes.**

Please call Ovation Fertility at 512-610-7474 as soon as possible to schedule your sperm cryopreservation appointment. Appointment times are limited, so please call in advance to get your partner scheduled.

In addition to making an appointment, you will need:

- Andrology Order Form (you must request from your nurse)
- Infection Disease Screening (IDS) results within the past 12 months
  - \*\*IDS results are required prior to freezing\*\*

Please contact your nurse at the Texas Fertility Center (512-451-0149) to obtain the andrology order form and to confirm if your infection disease screening results are current. You may need labs drawn again if your IDS results are greater than 12 months old.