

# 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: <input type="checkbox"/> FAXED <input type="checkbox"/> MAILED <input type="checkbox"/> EMAILED			

Male Patient Name: \_\_\_\_\_ DOB    /    /         Diagnosis Code(s): \_\_\_\_\_  
 Female Patient Name: \_\_\_\_\_ Date of IUI    /    /         TFC Account #: \_\_\_\_\_

### Test(s) Ordered:

- |  |                                     |                                       |                             |
|--|-------------------------------------|---------------------------------------|-----------------------------|
| <b>89320</b> <input type="checkbox"/> Semen Analysis Basic (SA)  | <input type="checkbox"/> Main       | <input type="checkbox"/> South Austin | <input type="checkbox"/> AM |
| <b>81479</b> <input type="checkbox"/> Sperm QT   | <input type="checkbox"/> Round Rock | <input type="checkbox"/> Cedar Park   | <input type="checkbox"/> PM |
| <b>89331</b> <input type="checkbox"/> Retrograde Ejaculation Sperm Evaluation  |                                     |                                       |                             |
| <b>89257</b> <input type="checkbox"/> MESA Sperm Identification from Aspiration  |                                     |                                       |                             |
| <b>89260</b> <input type="checkbox"/> Sperm Simple Prep (Infectious disease screening results on both patient and partner are required prior to performing this test)  |                                     |                                       |                             |
| <b>89261</b> <input type="checkbox"/> Sperm Complex Prep (Infectious disease screening results on both patient and partner are required prior to performing this test)   |                                     |                                       |                             |
| <b>89264</b> <input type="checkbox"/> TESE Sperm Identification from Testis Tissue   |                                     |                                       |                             |
| <b>99070</b> <input type="checkbox"/> ZyMot Sperm Separation Device  |                                     |                                       |                             |
| <b>89259</b> <input type="checkbox"/> Sperm Cryopreservation (to include 89260- Sperm Simple Prep)   |                                     |                                       |                             |
| <input type="checkbox"/> IVF Primary <input type="checkbox"/> IVF Backup <input type="checkbox"/> IUI Primary <input type="checkbox"/> IUI Backup <input type="checkbox"/> Medical Condition (Specify in comments) |                                     |                                       |                             |

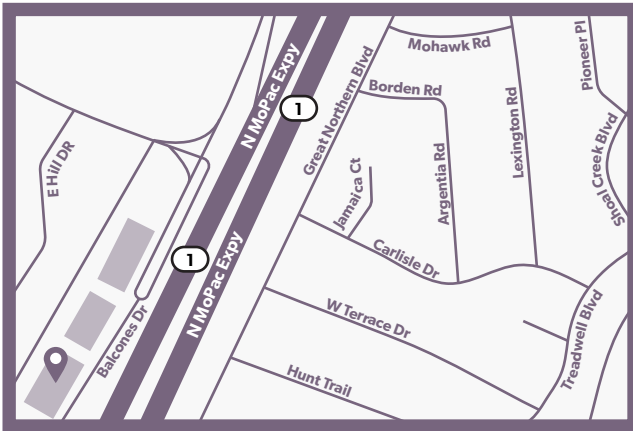
Comments: \_\_\_\_\_

**Ovation® is not contracted with all insurance companies; payment in full is due at the time of service.**

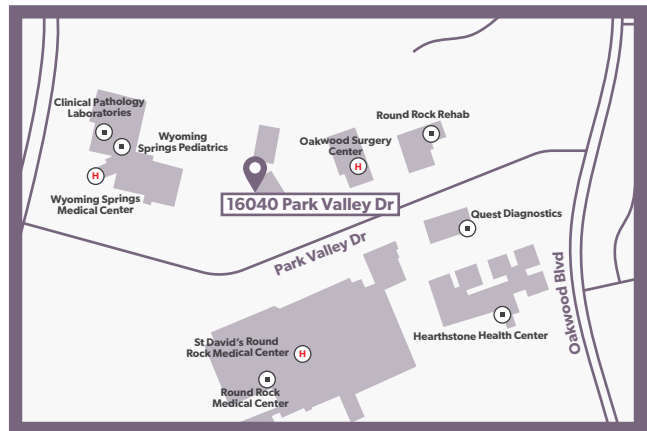
### Instructions:

- Please call the laboratory at 512.610.7474 to schedule your appointment. **Without an appointment, specimens will not be tested.**
- **The male patient must be present at Ovation for the first appointment.**
- Specimens may be collected at home or at our Mopac, Davis Lane or Round Rock locations. For home collection, specimens must be collected in a sterile container provided by Ovation.
- It is recommended that you have an ejaculation two to five 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, 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.

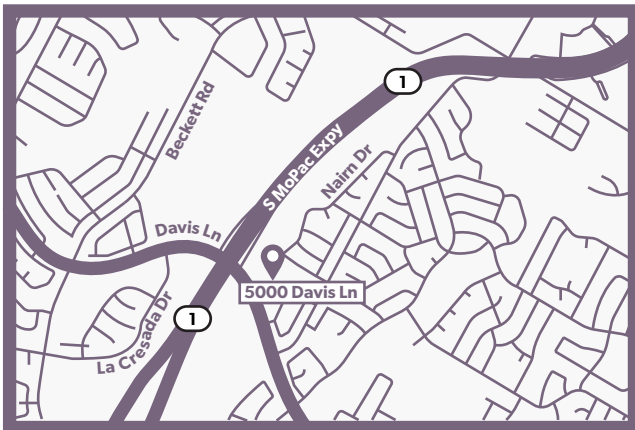
Laboratory sites: **When scheduling your appointment, please inform the office staff of your preferred location.**



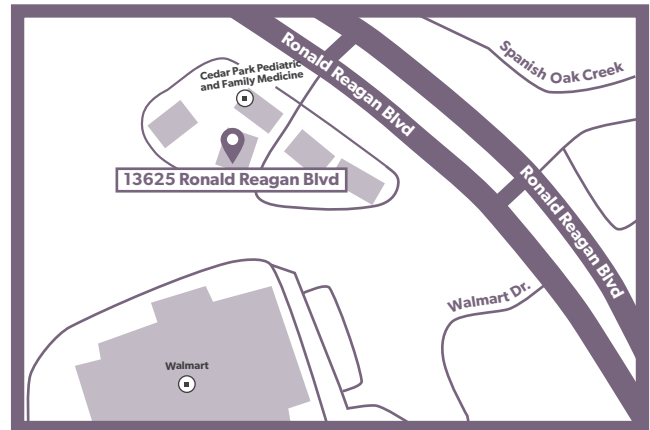
**Ovation Fertility  
Northwest Hills Medical Center**  
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**Ovation Fertility  
Waterleaf Medical Center**  
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**Ovation Fertility  
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