



## Semen Analysis Laboratory Requisition | Please FAX to 214-618-7838

Patient Name: \_\_\_\_\_  
Last First

SSN: XXX-XX-\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Partner Name: \_\_\_\_\_  
Last First

Physician Name: \_\_\_\_\_  
Last First

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Identity Verified By: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Receiving Technologist: \_\_\_\_\_

Accession #: \_\_\_\_\_

Date of Collection: \_\_\_\_\_

Days of Abstinence: \_\_\_\_\_

Time Collected: \_\_\_\_\_

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

Collection Site: ☐ On-site ☐ Off-site

Post Vasectomy: ☐ Yes ☐ No

Collection Method: ☐ Masturbation ☐ Seminal Collection Kit ☐ Other: \_\_\_\_\_

Collection: ☐ Complete Sample ☐ Incomplete Sample - please explain: \_\_\_\_\_

Sperm Source: ☐ Ejaculated ☐ Epididymal ☐ Testicular

### Laboratory Tests Requested

☐ Complete Semen Analysis (89322)

☐ Sperm Cryopreservation (89259)

☐ Semen Cultures (008003/008680)

☐ IUI Sperm Preparation with Husband Sperm (58323/58322)

☐ IUI Sperm Preparation with Donor Sperm (5823/58322)

☐ IVF/ICSI Sperm Processing

Diagnosis (ICD-10 Codes)

☐ Infertility Testing (Z31.41)

☐ IUI (Z31.89)

☐ Fertility Preservation (V26.82)

☐ Other: \_\_\_\_\_

#### Patient Authorization:

I authorize Fertility Specialists of Texas to process the semen specimen I have produced on-site or off-site. I verify that the specimen is properly labeled and is mine.

Patient Signature: \_\_\_\_\_ SSN #: XXX-XX-\_\_\_\_\_

#### Partner/Spouse Authorization:

I authorize Fertility Specialists of Texas to process the semen specimen my husband/partner produced off-site. I verify that the specimen is properly labeled and was produced by my husband/partner.

Partner/Spouse Signature: \_\_\_\_\_ SSN #: XXX-XX-\_\_\_\_\_

## Scheduling

An appointment **MUST** be made in advance for Semen Analysis, Sperm Cryopreservation and IUI Sperm Wash. **Specimens may not be dropped off without an appointment.**

Call **214.618.2044** to schedule your appointment.

## Instructions for Semen Collection

For semen analysis, IUI sperm wash or IVF procedures, you must **abstain from any sexual activity or ejaculation by any method for 2 to 5 days prior to the collection of the semen sample.** Abstinence periods outside this range may result in unreliable values and may require repeating the test.

Before collection, please shower and wash the genital area thoroughly. A clean specimen is important.

**Do not use lubricants, they can be toxic to sperm.** If you feel you absolutely need a lubricant, contact our office prior to your appointment.

Collect the specimen by masturbating into a sterile container which can be provided by FST or your physician's office. Household containers **will not** be accepted.

Ejaculate into the specimen container without touching the interior, if possible. It is best to collect your specimen onsite at an FST office. If you must collect offsite, the specimen **MUST be delivered to our office within 45 minutes** of collection and kept near body temperature during transport.

On the day of your appointment, you must bring your driver's license and a **signed Lab Requisition** form from your physician. ***No test procedures will be performed without a signed laboratory requisition.***

Test results will be sent to the referring physician within 24 hours and will not be sent directly to the patient. Please call your requesting physician for test results.



Jerald Goldstein, MD | Rebecca Chilvers, MD | Satin Patel, MD

Daniel Skora, MD | Ali Guerami MD | Janelle Dorsett, MD

**Frisco** | 5757 Warren Pkwy., Bldg. 2, Suite 300, Frisco, TX 75034

**Dallas** | 8230 Walnut Hill Ln., Bldg. 3, Suite 512, Dallas, TX 75231

**Rockwall** | 1005 W. Ralph Hall Pkwy., Suite 241, Rockwall, TX 75032

**Southlake** | 540 E. Southlake Blvd., Suite 100, Southlake, TX 76092

**Fort Worth** | 1250 8th Ave., Suite 245, Fort Worth, TX 76104