

MAINLINE FERTILITY

825 Old Lancaster Rd, Suite 170
Bryn Mawr, PA 19010
484-380-4863

11 Industrial Blvd, Suite 100
Paoli, PA 19301
610-993-8200

932 Pine St, 1st Floor
Philadelphia, PA 19107
215-398-1733

2210 Ridgewood Road Suite 100
Wyomissing, PA 19610
484-258-2880

2010 West Chester Pike, Suite 350
Havertown, PA 19083
610-853-1112

INSTRUCTIONS, SAMPLE IDENTIFICATION FORM AND REQUISITION FOR SEMEN ANALYSIS

INSTRUCTIONS FOR COLLECTING A SEMEN SAMPLE:

1. A written doctor's order (requisition) is required for semen analysis. The area shaded below will serve as a physician's order if signed.
2. **Call for an appointment in Bryn Mawr (M-F) 484-380-4863 Paoli (M, T, TH, F) 610-993-8200 or Reading (M-F) 484-258-2880 .** Semen specimens are accepted by appointment only.
3. Have an ejaculation 2 to 7 days before your appointment and then not again until you produce a semen sample for your appointment. Longer or shorter periods of abstinence may result in abnormal results.
4. Bring this **form** with you to your appointment along with **Photo ID** and **insurance card**.
5. Prior approval of medical insurance or payment for the testing procedure is required at the time of appointment.
6. The specimen must be collected in a sterile specimen container provided by your doctor or the laboratory. Label the side of the specimen container with male patient last and first name and date of birth. Do not use a bottle or jar from home as it may be contaminated. Wash/dry hands prior to semen collection.
7. The semen specimen should be collected by masturbation. Avoid touching the inside of the cup. If any specimen is spilled, DO NOT attempt to transfer it to the cup.
8. Do not collect the specimen in a condom, as these contain spermicidal agents that will alter the results of the analysis. If you need a non-toxic condom for specimen collection, contact the andrology lab to obtain one.
9. After collecting the specimen, put the lid on cup tightly and be sure **male's name and date of birth is on the side of cup**. Place cup in biohazard bag and seal. **This form must be completed before your sample to be accepted by the lab.**
10. If the semen sample is produced offsite, bring the specimen to the laboratory **within one hour after collection**. Do not expose the specimen to extremes of temperature. Keep specimen close to body temperature by transporting close to the body (not in a purse or paper bag). Unacceptable specimens will be rejected and a new specimen requested.
11. If you (the male patient) are not personally dropping off the specimen, **you will need to be available via Facetime, Skype or real time imaging software to show your photo ID to the lab personnel to confirm the semen specimen is yours. If verification cannot be made, the semen specimen must be rejected.**
12. Allow at least 2 working days for the results to be sent to your doctor.

SAMPLE IDENTIFICATION FORM (Male patient please fill out this section): Collection Date: _____

Male Last Name: _____ Partner Name: _____

Male First Name: _____ Partner DOB: _____

Male SS # (Last 4 Digits): _____ Male DOB: _____ Phone # _____ Ok to leave msg? yes/no

I was abstinent (did not ejaculate) for _____ days before producing the present sample.

Do you use tobacco products? yes/no Do you have a varicocele? yes/no, and if so, has it been repaired? yes/no/NA

Have you had a temperature over 100° F for longer than 24 hours in the last 3 months? _____

List any prescription or over-the-counter medications taken in the last 3 months: _____

Time specimen collected: _____ **AM/PM. Was there any spillage (did you lose any of the ejaculate)?** _____

***THIS SPECIMEN IS FOR (CIRCLE ONE): SEMEN ANALYSIS ONLY, or FREEZING, or IVF/IUI TO ATTEMPT PREGNANCY**
(IVF=In Vitro Fertilization of eggs to attempt pregnancy; IUI=Intrauterine Insemination of female partner to attempt pregnancy)

I confirm that this is my semen sample: _____

Male Patient Signature

REQUISITION – PHYSICIAN'S ORDER to be completed by Ordering Physician:

Doctor Signature: _____		Date: _____	Fax#: _____
Check all that apply	CPT Code	Test	
<input type="checkbox"/>	89320	Complete Semen Analysis : Concentration, Motility & Morphology	
<input type="checkbox"/>	89310	Concentration & Motility Only	
<input type="checkbox"/>	89259	Semen Cryopreservation	
<input type="checkbox"/>	89261	Sperm Isolation Complex	
<input type="checkbox"/>		Other (specify): _____	