

Patient's Name: _____ Date of Birth: ____/____/____ Sex: _____

Patient's SS#: _____ Phone Number: _____

Patient's Wife: _____ Chart #: _____

(add a chartable comment at the time of order if information is provided)

Physician/ Facility: _____

Diagnosis: _____

TEST #	✓	TEST NAME	SPECIAL INSTRUCTIONS
30097		PROLACTIN	
30093		FSH	
29525		HEPATIC FUNCTION PANEL	
30096		LH	
30017		TSH	
30085		ESTRADIOL	
30200		PROGESTERONE	
30101		TESTOSTERONE, TOTAL	
30102		FREE TESTOSTERONE	No isotopes administered 24 hrs. prior to venipuncture. Freeze
44005		ANDROSTENEDIONE	Serum - Freeze
30123		DHEA-S	Serum - Freeze
30202		CORTISOL	

SEMEN ANALYSIS - IMPORTANT:
Please read the collection instructions on the back of this form.
Fertility Testing hours are different than routine business hours.

25067		SEMEN ANALYSIS, ROUTINE	Testing hours at CLAB: 7:30am - 5:00pm Mon - Fri 7:30am - Noon Saturday
25062		SEMEN ANALYSIS, POST-VASECTOMY	Elkhart Hours: 7:30am - 1:00pm Mon - Fri 7:30am - Noon on Saturday
25060		SEMEN ANALYSIS WITH MORPHOLOGY	Please note: Test #25068 is only completed at the Central Laboratory facility located at 530 North Lafayette Blvd in South Bend.
25068		SEMEN PROFILE WITH MORPHOLOGY, VELOCITY, VIABILITY	

Patient's SSN #: _____ Phone: _____

Important Note:

Fertility Testing hours are different than routine business hours. See front for locations and hours.

Collection:

1. Abstain from sexual activity (ejaculation) for at least 3 days.
2. Wash hands and genital area. Rinse away all soap residue and dry.
3. Collect the sample by manual stimulation (masturbation). Avoid contaminating the sample:
 - Do not use lubricants or creams
 - Do not use condoms unless provided by your doctor for this test
 - Interrupted intercourse is not an acceptable method of collection
4. Use a sterile dry wide-mouth container (provided by the lab or your care provider) to collect the entire sample. If more than a few drops of sample are lost you will need to collect a new sample after three (3) days.
5. Tighten the lid and label the container with the Patient Name, Date and Time of Collection. Place the container in the zip-lock bag provided by the lab or your care provider.

Collection at Home:

Samples must be delivered to the Laboratory in less than one hour.
The laboratory cannot test a sample that is over one hour old.
Samples can be collected at the laboratory if you are more than an hour away.

Sperm cells are very sensitive to hot and cold temperature extremes. Protect the sample by holding the container close to the body while traveling or insulate it by wrapping it in a small cloth or towel and place it in a paper bag.

Post Vasectomy Samples:

These samples should be tested within 2 hours of collection. They may be collected at home or delivered to the lab during Fertility Testing hours.

Please complete this information and return it with the sample.

Collection:
DATE: _____ TIME: _____

Reason for testing:
 FERTILITY POST VASECTOMY EXAM

Number of days since last ejaculation: _____

Collection:
 MASTURBATION SPECIAL CONDOM PROVIDED

Was any sample lost during collection:
 YES NO

Was the sample exposed to extreme temperatures?
 NO, IT WAS KEPT BETWEEN 75 AND 95 F YES

Container Type:
 STERILE OTHER (DESCRIBE) _____