



BOCA RATON MIAMI
 COOPER CITY NAPLES
 JUPITER VIERA

Andrology Requisition

Date _____

BY APPOINTMENT ONLY: To schedule, call 866.483.6366. Please carefully review instructions below before your scheduled visit.

Patient Name

Date of Birth

Partner Name

Date of Birth

Diagnosis

Please select the desired service below:

Semen Cryopreservation

Includes STD and/or FDA-required blood screening for infectious disease.

For Livestrong participating patients: please ask your patient advisor for further information.

Semen Analysis (WHO)

Post-Vasectomy Semen Analysis

Referring Physician Name

Please Indicate Specialty

OB/GYN Urologist Primary Other:

Phone

Fax

PATIENT INSTRUCTIONS

1. Abstain from intercourse/ejaculation for at least 2 days, but no longer than 3 days.
2. Before collecting, urinate, wash hands and penis with warm water. Dry well.
3. Collect sample (by masturbation only) into container provided.
4. Close container immediately, label with your name and DOB, your partner's name and DOB, and place in bag.
5. Protect sample from extreme conditions. Don't shake, refrigerate, or microwave.
6. Complete the information below and deliver sample and paperwork to the laboratory no more than 60 minutes after collection.

1. Absténgase de sostener relaciones sexuales/eyaculaciones por un mínimo de 2 días pero no más de 3 días.
2. Antes de colectar, orine, lavase las manos y el pene con agua tibia. Séquese bien.
3. Colecte su muestra (por masturbación) eyaculando en el recipiente que se le dio.
4. Tape el recipiente inmediatamente y marqueo con su nombre, el hombre de su pareja, y sus fechas de nacimiento. Pongalo en la boisa.
5. Proteja la muestra de condiciones adversa, no lo agite, no lo ponga en el refrigerador, o en el microondas.
6. Complete la siguiente información y traiga la muestra y esta forma al laboratorio dentro de 60 minutos de haber colectado.

Was entire sample collected into the cup? Colecto la muestra completa en el recipiente? Yes/Si No Days abstained / Dias sin sexo: _____

I hereby fully acknowledge that the sample I'm delivering is my own, or my partner's. Yo testifico que la muestra de semen que traigo es la mia o de me compañero.

****I understand that testing with IVFMD may not be covered under my insurance and that I am financially responsible for all lab services rendered. Prices are subject to change without notice.****

Signature / Firma _____

Phone / Teléfono _____ Date / Fecha _____

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Connie Alford, MD | Juergen Eisermann, MD | Kenneth M Gelman, MD
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