

Phone Hours:
M-F 8AM-4PM

CLIA NO. 15D0665868
www.reproductiveindiana.com
201 Pennsylvania Parkway Suite 205 Carmel IN 46280
(p)317-817-1147 option 1 (f)317-817-1316

Available Appointment Times:
M-Th 9AM – 11AM
M-Th 1 PM -- 2PM
F 9AM – 11AM

ANDROLOGY TEST REQUISITION

Doctor's Order

THIS REQUISITION MUST BE FAXED TO (317) 817-1316 OR PRESENTED AT TIME OF APPOINTMENT

Results are NEVER given to patients, ONLY to the Referring Physician on this form within 3-5 business days of appointment

MALE PATIENT NAME: _____ SPOUSE/PARTNER NAME: _____
 PATIENT DATE OF BIRTH: ____ / ____ / ____ PARTNER DATE OF BIRTH: ____ / ____ / ____
 PATIENT PHONE NUMBER: _____ REFERRING MD LOCATION: _____
 REFERRING MD: _____ PHYSICIAN PHONE: (____) _____
 PRINTED PHYSICIAN NAME _____

PHYSICIAN FAX: (____) _____

PHYSICIAN SIGNATURE AUTHORIZATION

DATE

✓	CPT#	ANDROLOGY PROCEDURE: (Check one)	✓	ICD-10 2020	DIAGNOSIS: (Required)
<input type="checkbox"/>	89310	Semen Analysis: Count and motility	<input type="checkbox"/>	Z31.41	Sperm count for fertility testing
<input type="checkbox"/>	89320	Semen Analysis Complete: Count, motility and morphology	<input type="checkbox"/>	N46.9	Infertility, male: unspecified
<input type="checkbox"/>	89259	Semen Cryopreservation: **SEE NOTES BELOW**	<input type="checkbox"/>	Z31.84	Fertility preservation prior to cancer therapy
SEMEN CRYOPRESERVATION ONLY <i>**Infectious disease results MUST BE obtained before the appointment with Center for Reproductive Biology of Indiana. Once results are received, they can be faxed to 317-817-1316. If results are not obtained before appointment, you may be asked to reschedule.***</i>			<input type="checkbox"/>	N46.029	Infertility, male: extratesticular cause
			<input type="checkbox"/>	N46.11	Infertility, male: oligospermia
			<input type="checkbox"/>	Z52.89	Donor: Other specified tissue (sperm)
			<input type="checkbox"/>	_____	Other: _____

IMPORTANT PATIENT INFORMATION REGARDING APPOINTMENT

1. TEST REQUISITION OR DOCTOR'S ORDER RECEIVED:

-- Patient schedules appointment with Center for Reproductive Biology of Indiana (CRBI) by contacting our office at **317-817-1147 option 1** and emails copy of driver's license to info@reproductiveindiana.com

2. BEFORE APPOINTMENT: *(If appointment is for Semen Cryopreservation please read note above)*

-- Patient prints patient forms from our website at www.reproductiveindiana.com, fills out completely and either brings completed forms to appointment or emails completed forms to info@reproductiveindiana.com
 -- **WE DO NOT PARTICIPATE WITH ANY INSURANCE OR FILE CLAIMS** Therefore, payment is collected in FULL via any major credit card (we will collect check and EXACT cash on day of appointment). Payment can be made while scheduling appointment, any day before appointment or via our website www.reproductiveindiana.com (once on the website, click that you are paying Center for Reproductive Biology of Indiana, click NEXT, then you will type in patient's Date of Birth (only numbers) for account #.

3. 2-5 DAYS BEFORE APPOINTMENT: The patient should refrain from ejaculation by ANY METHOD. Failure to abstain for 2-5 days can lead to unreliable results and necessitate repeat testing.

4. DAY OF APPOINTMENT: Arrive 10 minutes before appointment IF any of #2 was not done.

PATIENT SPECIMEN should be collected by masturbation into the sterile container provided by the laboratory. Spouses or partners may accompany the patient, but it should be noted that contamination of the semen with either saliva or vaginal fluids can have adverse effects on the quality of the specimen and necessitate repeat testing. Prior to collection, patients will be asked to fill out a short questionnaire to assist the laboratory and physician in the interpretation of the test results.