

LABORATORY SERVICES REQUEST FORM

Doctor's Office Instructions:

1. Please complete the patient information; include Referring Provider's name and **Fax** number to receive test results (**Section #1**)
2. Check the tests/services requested (**Section #2**), and Diagnosis code (**Section #3**)
3. The Provider or his/her delegate must sign the form
4. Fax the completed Laboratory Services Request Form to our office (615-320-0240).
5. Have the patient call our office to schedule an appointment (615-321-4740).

Lab use only: Acc#: _____

1 PATIENT INFORMATION:

Male Patient's Name: _____ DOB: _____
 Partner's Name: _____
 Referring Provider (print): _____ FAX #: _____
 Appointment Date: _____ Time: _____ (to receive test results)

2 ASSAYS / SERVICES REQUESTED (Type of specimen required)

ANDROLOGY TESTS:

- _____ Semen Analysis, complete (SA) (semen)
- _____ Antisperm-Antibody Test (SERUM)
- _____ Semen culture (semen) (Will be sent to Quest; they will bill patient's insurance)

ANDROLOGY PROCEDURES:

- _____ Sperm cryopreservation + SA, complete (required) (semen); storage for 1 year
Reason for sperm cryo: _____ (Cancer pt, vasectomy, military, etc)
- _____ Sperm isolation, simple (wash for IUI)
- _____ Sperm isolation, simple (wash for TDI)
- _____ Thawing of TDI sperm; no wash or count (IUI-ready samples only)

3

DIAGNOSIS: ___Z31.41 Fertility testing ___Z31.49 Other investigation & testing ___N46.9 Infertility, Male ___N46.01 Infertility, Azoospermia
 ___Z30.8 Post vasectomy sperm count ___Z31.9 Other spec. Procreative mgmt. ___Z31.84 Fertility preservation ___Other: _____

SPECIAL INSTRUCTIONS: _____

PLEASE NOTE: Ovation Fertility is ONLY contracted with Aetna and Cigna Health plans. All others will NOT be filed, and payment will be required at the time of service. Prices are subject to change.

We will Fax the patient's test results to your office within 7 business days. Your patient will be referred to your office for review of the Andrology test results.

Provider/ Delegate Signature

Date

Do not file this form in chart. Return to Ovation Fertility Laboratory

Patient Instructions

Welcome to Ovation Fertility

Your Physician has referred you to the Ovation Fertility Laboratory for testing. Please call our office to schedule an appointment for this test (615-321-4740). For any test on semen (semen analysis, semen culture, or sperm cryopreservation), abstinence from ejaculation for a period between 2 to 5 days before your appointment date is required for accurate test results.

When you arrive for your appointment, you will be given some forms to fill out and will make payment for today's service. The lab will escort you to a private collection room and will give you instructions.

Your test results will be faxed to the referring physician's office within 7 **working** days. You will be referred back to his/her office for review of the Andrology test results.

Address, Phone numbers and Parking

Nashville Office

345 23rd Ave North, Suite 401, Nashville, TN 37203.

Phone: **(615)321-4740** Fax: **(615)320-0240**

The parking garage is located directly across 23rd Avenue North from our building which is called, "Centennial Professional Plaza". Parking is free. Take the garage elevator to the 3rd floor and then take the overhead crosswalk to the building. You will be on the 2nd floor when you reach the building. Take the building elevator to the 4th floor. The Ovation Fertility Lab is within the Nashville Fertility Center suite.

Murfreesboro Office

1725 Medical Center Pkwy, Suite 200, Murfreesboro, TN 37129

Phone: **(615)321-4740** Fax: **(615)320-0240**

From Medical Center Parkway, turn south onto Arnhart Drive and then take the first right into the parking lot of Gateway Medical Plaza. Our office is on the second floor in Gateway Medical Plaza I.