

LABORATORY SERVICES REQUEST FORM

Doctor's Office Instructions:

1. Please complete patient information, including referring provider's name and **Fax** number to receive test results (**Section #1**)
2. Check the tests/services requested (**Section #2**)
3. The Provider or their delegate must sign and date the form (**Section #3**)
4. Fax the completed Laboratory Services Request Form to our office (615-277-2455).
5. Have the patient call our office to schedule an appointment (615-321-4740).

Lab use only:

Acc#: _____

1 PATIENT INFORMATION (the patient being seen in our laboratory)

Male Patient's Name: _____ DOB: _____

Partner's Name: _____ DOB: _____

OR

Female Patient's Name (TDI): _____ DOB: _____

Referring Provider (print): _____ PHONE: _____

FAX results to: _____

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ASSAYS / SERVICES REQUESTED

ANDROLOGY TESTS

- _____ Semen Analysis, complete (SA) CPT 89322, Dx Z31.41
- _____ Semen Analysis, *post vasectomy*, [Absence/Presence of Sperm, Semen] CPT 89321, Dx Z30.8
- _____ Retrograde Analysis (choose one below) + SA, complete (required) CPT 89322, Dx Z31.41
 - _____ [Complete Retrograde Analysis, Urine] CPT 89331, Dx Z31.41
 - _____ [Absence/Presence of Sperm, Urine] CPT 81015, Dx Z31.41
- _____ Semen Culture (specimen will be sent to Quest / Quest will bill patient's insurance) CPT 99000, Dx Z31.41

ANDROLOGY PROCEDURES

- _____ Sperm Cryopreservation CPT 89259, Dx 31.84 + SA, complete (required) CPT 89322; storage 1-year CPT 89343
Reason for Sperm Cryo: _____ (cancer patient, IVF, IUI, military, planned vasectomy, etc.)
- _____ Sperm Isolation, simple (wash for IUI) CPT 89260, Dx N46.9
- _____ Sperm Isolation, complex (wash with chymotrypsin-galactose buffer for IUI) CPT 89261, 99070, 99000, Dx N46.9
- _____ TDI Sperm Isolation, simple (wash for TDI) CPT 89353, 89310 or 89260, Z31.89 _____
- _____ TDI Thaw Only; no wash or count (IUI-ready samples only) CPT 89353, Z31.89

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SPECIAL INSTRUCTIONS: _____

PLEASE NOTE: Ovation Fertility is **ONLY** contracted with Aetna Health plans. All others will **NOT** be filed, and payment will be required at the time of service. Prices are subject to change. Test results will be faxed to your office within 7 business days. Your patient will be referred to your office for a review of the Andrology test results.

Provider / Delegate Signature

Date

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

Laboratory Services Request 11-02-2022

Patient Instructions

Welcome to Ovation Fertility

Your provider 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 provider's office within 7 **working** days. You will be referred back to your referring provider's office for a 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) 277-2455**

The parking garage is located directly across from our building on 23rd Avenue North 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) 546-4496**

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.

Franklin Office

4601 Carothers Pkwy, Suite 325, Franklin, TN 37067

Phone: **(615) 321-4740** Fax: **(615) 216-2366**

From Carothers Parkway, turn east onto Physicians Way. Take the first right into the parking lot of Carothers Parkway Tower. Our office is on the third floor of Carothers Parkway Tower.