

**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 his/her 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:** \_\_\_\_\_

**2**

**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

**3 SPECIAL INSTRUCTIONS: \_\_\_\_\_**

**PLEASE NOTE:** Ovation Fertility is **ONLY** contracted with Aetna and United 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

# 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 to your referring provider's office for a review of the Andrology test results.

## **Address, Phone numbers, and Parking**

### **Nashville Office**

**345 23<sup>rd</sup> 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.