

LABORATORY SERVICES REQUEST FORM

Doctor's Office Instructions:

1. Please complete the patient information, including the 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 **NEW PATIENTS** complete new patient forms at nashvillefertility.com/new-patient.
6. 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: _____ **D O B :** _____

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

Pre-authorization Code: _____ _____
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3 SPECIAL INSTRUCTIONS: _____

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

 Provider / Delegate Signature

 Date

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

Patient Instructions

Welcome to Ovation Fertility! Your provider has referred you to the Ovation Fertility Laboratory for testing.

- Please call 615.234.0435 *option 1* to schedule an appointment for this test. If you are unable to attend your scheduled appointment. Please call us to cancel or reschedule at least 24 hours prior to your appointment, or a **\$75 no-show fee will be charged.**
- For any semen tests (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.
- **If you are collecting your sample at home** for an Intrauterine Insemination (IUI), IVF, or sperm cryopreservation, **AND** the sample is being delivered to the laboratory by someone other than yourself, a specimen drop-off form must be completed **PRIOR** to your appointment. This form is signed electronically via DocuSign and requires ID verification. If you have not received the form, please call 615.234.0435 *option 1* and request that it be emailed to you. The individual designated to deliver the sample must provide their ID at the time of drop-off.
- **If you are scheduling a TDI, please call and confirm your samples are onsite at least SEVEN WORKING DAYS BEFORE YOUR APPOINTMENT AT 615.277.2446.**
- If applicable, additional laboratory consents may be emailed to you in preparation for your upcoming appointment. Please check your email and complete any necessary documents prior to your appointment. If you require assistance, contact the lab at 615.234.0435 *option 1* or email consenting@ovationfertility.com.
- When you arrive at your appointment, any forms that were not completed prior will be provided to you, and you will make payment for the service provided. If you are collecting your sample at the lab, you will then be escorted to a private collection room, and collection instructions will be provided to you.
- Your test results will be faxed to the referring provider's office within seven **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 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. When you reach the building, you will be on the 2nd floor. 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 Gateway Medical Plaza parking lot. Our office is on the second floor of Gateway Medical Plaza I.