

IVF Virginia Andrology Laboratory Test Order

Located at Procreate Fertility Center

Phone: 757-977-8500 Fax: 877–296-5848 Email: ivfvirginia@procreatefertility.com

| Physician office name: | |
|---|--|
| Physician office phone number: | Please fax results to: |
| Patient name: | Partner name (optional:) |
| Patient date of birth: | _ Birth Sex: □Male □Female |
| Patient phone number: | Patient email: |
| Patient address: | |
| Test(s)/Proced | lure(s) Ordered and CPT Code: |
| ☐ Complete Semen Analysis: 89322 Susing strict morphologic criteria | Semen analysis; volume, count, motility, and differential |
| ☐ Complete Semen Analysis with Vita volume, count, motility, and differential | ality Staining and Analysis: 89322 Semen analysis; al using strict morphologic criteria |
| ☐ Retrograde Semen Analysis: 89331 | , Semen analysis; volume, count, motility, and differential |
| using strict morphologic criteria of ava | ailable ejaculate; evaluation of urine for presence of sperm |
| | erm isolation; complex prep for insemination with semen analysis), 89259 Sperm cryopreservation, 89343 Sperm |
| ☐ <u>IUI Preparation of Fresh Specimens</u> with semen analysis | 89261 Sperm isolation; complex prep for insemination |
| | 9261 Sperm isolation; complex prep for insemination with ryopreserved; sperm/semen, each aliquot |
| | Diagnosis Code(s): |
| □ Z31.9 Encounter for procreative ma □ N46.0 Male infertility, unspecified □ Z31.84 Encounter for Fertility Prese □ Z31.41 Encounter for fertility testing □ Other: □ Other: | ervation Procedure Fertility |
| Ordering provider name (print/type/stamp) |): |
| Ordering provider signature: | Date: |

Testing facilities located at **Procreate Fertility Center** locations:

700 Oak Grove Road, Chesapeake, VA, 23320 11848 Rock Landing Dr. Suite 101 **Newport News**, VA 23606 5741 Cleveland St STE 300 **Virginia Beach**, VA 23462

Patient Instructions

Scheduling:

Appointments are required, and are offered at all Procreate Fertility Center locations.

We will require a copy of your order, which may be faxed to us by your ordering physician, or you can email a copy of this form to ivfvirginia@procreatefertility.com.

We will call you to schedule when we receive your order, or you may call us at 757-977-8500 extension 4416 to schedule.

Preparing For Your Appointment:

Please bring your government issued ID to your appointment or scheduled drop off time.

Please abstain from ejaculation for 2-5 days prior to submitting a semen sample.

You may choose to collect your sample at home and drop it off at your appointment time, or use one of our on-site collection rooms. We will offer instructions for your preference while scheduling your appointment.

Results:

Test results will be available and faxed to your ordering provider within two business days. Your ordering provider will review your results and follow up with you.