



Fertility Center of California

6699 Alvarado Road, Ste. 2208
San Diego, CA 92120
(619) 265-0102 • Fax (619) 265-1429
CLIA# 05D0883366 / CA State# 10685

12791 Newport Ave., Ste. 206
Tustin, CA 92780
(714) 730-3060 • Fax (714) 730-3063
CLIA# 05D0883369 / CA State# 10686

LABORATORY REQUISITION

(Doctor's signature required to be valid)

All services are by appointment only.

Patient's Name: _____ DOB: _____

Male _____ Female _____ Diagnosis Code: _____

I request that the Fertility Center of California perform the following test and/or procedure on the specimen from the above-mentioned patient.

I. SEMEN

- 1. Complete Semen Analysis
(includes Kruger Strict Morphology)
- 2. Retrograde Semen Analysis
- 3. Sperm Cryopreservation (storage)
Repeat _____ times
 - a. IUI
 - i. Premium Wash
(Minimizes extracellular debris)
 - ii. Basic Wash
 - b. ICI
 - c. IVF
 - d. Gender Preselection
 - i. Male
 - ii. Female
- 4. Anonymous Donor Pickup/Ship Out
Number of Vials: _____
 - a. IUI
 - i. Standard
(10.0-14.9 million motile sperm)
 - ii. Premium
(≥15 million motile sperm)
 - b. ICI
 - i. Standard
(10.0-14.9 million motile sperm)
 - ii. Premium
(≥15 million motile sperm)
- 5. Leukocyte Screening
- 6. Semen Culture
- 7. Anti-sperm Antibody Test
 - a. Direct (sperm)
 - b. Indirect (serum)
- 8. Sperm DNA Fragmentation Assay (SDFA)
- 9. Sperm Processing
 - a. Insemination
 - i. Premium Wash
(Minimizes extracellular debris)
 - ii. Basic Wash
 - iii. Gender Preselection
(Approximately 70-75% effective)
 - 1. Male
 - 2. Female
- 10. Other
.....
.....
.....

II. BLOOD

- 1. Quantitative Beta HCG
- 2. Testosterone
- 3. Estradiol
- 4. Progesterone
- 5. Prolactin
- 6. Follicle Stimulation Hormone (FSH)
- 7. Lutenizing Hormone (LH)
- 8. Infectious Disease Panel (Law Labs)
- 9. FDA Infectious Disease Doner Panel
- 10. Other

Date: _____

Referring Physician's Name: _____

Signature _____ License No. _____

Please see back for more information.

Fertility Center of California

INSTRUCTIONS FOR SEMEN SAMPLE COLLECTION

1. Refrain from any sexual activity including masturbation for 2-5 days prior to collection. Longer or shorter periods of abstinence may result in abnormal results.
2. Please label the specimen collection cup with your name, date and time of collection. This will eliminate the possibility of mislabeling. Specimens without this information will be considered unacceptable, will be rejected, and a new specimen requested.
3. The specimen should be collected in a sterile container. This may be obtained at the doctor's office or in the FCC Office. Do not use a bottle or jar from home as it may be contaminated. To minimize contamination, remove the lid of the specimen container only when you are ready to collect the specimen and replace it again immediately afterwards. Be sure your hands and penis are washed with soap prior to collection. Do not touch the inside of the cup. If any semen is spilled, DO NOT attempt to transfer it to the cup.
4. The semen specimen should be collected by masturbation (manual stimulation) directly into the specimen container provided. Alternate methods may be discussed but are not recommended. If a condom must be used, the laboratory will provide a special collection condom (\$15). Lubricants or saliva could harm sperm if they come in contact with the specimen. Therefore, caution should be used and that the specimen is free from outside contaminants. Withdrawal or interrupted intercourse is not recommended because a portion of the sample may be lost and/or the sample may be contaminated with cells and debris from the vaginal tract.
5. If not collecting at FCC, you will need to bring the specimen to the laboratory within one hour of collection. Do not expose the specimen to temperature extremes. Keep the specimen close to body temperature by transporting close to the body (not in purse or bag).
6. If the semen parameters are suboptimal (low count or motility), it is better to collect the specimen at the office.
7. All semen sample testing is undertaken by appointment only. NO WALK IN's will be accepted. See locations and phone numbers on the front of this form.
8. Payment for the testing procedure is required when the specimen is collected or brought to the facility. Please call the office for test costs.
9. Outpatients are required to have written doctor's orders requesting a semen analysis. The front of this form when completed by the physician's office and signed by the physician will serve as written orders.