



Fertility Center of California

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CLIA #05D0883366 / CA State #10685
- 12791 Newport Ave., Suite 206
Tustin, CA 92780
(714) 730-3060 Fax (714) 730-3063
CLIA #05D0883369 / CA State #10686

LABORATORY REQUISITION

Order Date: _____

**Contact Fertility Center of California for an appointment, and bring this lab order with you.
Appointments available Monday through Friday at both centers, and Saturday in Tustin.**

| | |
|-------------------------------|--|
| Ordering Provider Name: _____ | Patient's First Name: _____ DOB: _____ |
| Address: _____ | Last Name: _____ DX: _____ |
| Phone: _____ | Partner's First Name _____ DOB: _____ (If applicable) |
| Fax: _____ | Last Name: _____ DX: _____ |

Sperm Testing Services

- Complete Semen Analysis (includes strict Kruger morphology)
- Retrograde Semen Analysis
- Anti-sperm Antibody Test
- Sperm Viability Test
- Sperm DNA Fragmentation Assay (choose one: SDFA / SCSA)
- Semen Culture
- Leukocyte Screen

Sperm Processing (washing) Services*

- Intrauterine Insemination (IUI)
- IUI Catheter and syringe
- Gender Pre-selection (choose one: Male / Female)
- Microfluidics wash

Sperm Donor Services

- IVF/ART vial
- Unwashed/ICI (intra-cervical or self insemination) vial
- Washed/IUI (intra-uterine insemination) vial
- Ship to provider address indicated above
- Ship to patient
- Ship to other Address
- _____
- _____
- Patient to pick up specimen and self-transport (local clients only)

Sperm Cryopreservation and Storage*

Number of (choose one: vials / visits) : _____

- Semen freeze for: @ @ " @ @ " " @ @ " @ 7*

*Intra-uterine and intra-cervical insemination requires > 10 million motile sperm
IUI Pooling for males with < 10 million motile sperm
IVF for males with < 5 million motile sperm

- 7 " = h "uo= 'h " U =, Estradiol, FSH)
- California-mandated Infectious Disease Panel (for IUI and cryopreservation)*
- Sema4 Extended Genetics Panel (283 Conditions)
- Other: _____

Other: _____

Provider's signature _____

(Required)

***HIV 1/2, HTLV 1/2, RPR, HBSAG, and HCV is necessary prior to cryopreservation and IUI. PLEASE ATTACH RESULTS.**