

Kentucky Fertility Institute Laboratory, LLC

Physician - Please sign and fax orders to (502) 996-4481

Patient - Call (502) 996-4480 to schedule your appointment

Andrology Laboratory Requisition

Patient Information:

DATE _____

Patient Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Cell): _____

Partner's Name (if applicable): _____ Partner's DOB: _____

Procedure Requested:

☐ Semen Analysis ☐ Semen Cryopreservation ☐ Other _____

Ordering Physician:

☐ Referring Physician Name: _____ Signature: _____

Practice Name/Address: _____

Phone: _____ Fax: _____

Patient Instructions:

1. Contact **Kentucky Fertility Institute Laboratory at (502) 996-4480.**

2. **Bring your Photo ID with you to your appointment. DL#: _____ State: ____ Staff Initials: ____**

Note: If you have had a fever or exposure to high temperatures (hot tubs, saunas, etc.) **within the last 60 days**, please inform your referring Physician before scheduling an appointment.

Instructions for Semen Collection

It is extremely important to be as clean as possible to avoid any costly repeat culture testing and unnecessary antibiotics. We recommend the following prior to a sample collection:

1. Shower with thorough genital cleaning prior to the sample collection.
2. Wear clean clothes to prevent bacterial contamination of the sample.
3. Only use the sterile collection cup provided by Kentucky Fertility Institute Laboratory or your physician's office (other cups may have been chemically treated, which could affect sperm quality). If you plan to collect at home, please obtain a collection cup from our Laboratory or your physician's office beforehand. **The sample must arrive within an hour of the time of collection** with your full name and date of birth on the side of the cup.

4. You **MUST** refrain from ejaculation for a minimum of **2 full days**, but no more than **5 days prior to collection**. # of Days of Abstinence: _____ Staff Initials: _____

5. **DO NOT USE** any soap, creams, or other lubricants to assist with the collection of the specimen unless provided to you by your Physician or the Laboratory.

6. If you anticipate the need for a condom, please ask your Physician or the Laboratory for a medically approved prophylactic to be provided for a fee. **DO NOT USE** a store bought condom as they contain spermicide.



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