

Andrology Laboratory Requisition

OREGON HEALTH & SCIENCE UNIVERSITY

Date: ____/____/____

University Andrology Lab

Center for Health and Healing

Med Rec #: _____

3303 SW Bond Ave., Tenth Floor

Portland, OR 97239

Male Patient Name: _____, _____

Phone: (503) 418-3700

DOB: ____/____/____

Fax: (503) 418-3708

EMAIL: fertlab@ohsu.edu

Partner's Name: _____, _____

WEB: www.fertilityoregon.com

Language Interpretation Needed: Spanish

Other _____

All tests and procedures by appointment only. Patient type: *Fertility IVF **Cancer***

TESTS	FEES	Referring Physician: Please include name, address, phone & fax number or attach business card.
<input type="checkbox"/> Semen Analysis	\$110.00	<hr/> <hr/> <hr/>
<input type="checkbox"/> Sperm Count	\$ 40.00	
<input type="checkbox"/> Sperm Morphology	\$ 25.00	
<input type="checkbox"/> Sperm Penetration Assay (Hamster Egg Test)	\$400.00	
<input type="checkbox"/> Retrograde (additional charge)	\$100.00	
<input type="checkbox"/> Other:		
OUTSIDE TESTS:		
<input type="checkbox"/> Anti Sperm Antibody Test	\$138.00	<hr/> <i>Physician's Signature Required for outside testing</i>
Shipping & Processing	\$ 80.00	
<input type="checkbox"/> Sperm Chromatin Structure Assay	\$200.00*	
OHSU Shipping & Processing	\$200.00	
<small>*Visa, MasterCard, Discover (no checks)</small>		
PROCEDURES		Remarks:
<input type="checkbox"/> Preparation for IUI	\$180.00	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
SEMEN CRYOPRESERVATION		
<input checked="" type="checkbox"/> Conventional Freeze		
First sample (includes 1 year storage)	\$350.00	
Each additional sample	\$100.00	
<input type="checkbox"/> IVF Backup Freeze		
Each sample (includes 1 year storage)	\$220.00	
<input type="checkbox"/> Conventional Freeze: Directed Donor		
First sample (includes 1 year storage)	\$1,800.00	
Each additional sample	\$100.00	
<input type="checkbox"/> IVF Freeze: Directed Donor		
First sample (includes 1 year storage)	\$670.00	