



OHSU Fertility  
 Andrology Laboratory  
 Center for Health & Healing  
 3303 S. Bond Ave. 10<sup>th</sup> Floor  
 Portland, OR 97239  
 Ph. (503) 418-3700  
**Fax (503) 418-3708**

Date: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
*(providing specimen)* \_\_\_\_\_  
 Patient DOB: \_\_\_\_\_  
 Partner Name: \_\_\_\_\_  
*(if applicable)* \_\_\_\_\_  
 Partner DOB: \_\_\_\_\_

Indication ICD-10 Code(s): \_\_\_\_\_

ICD-10 Description: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI #: \_\_\_\_\_

Authorized/Signed By: \_\_\_\_\_

Your Clinic Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Comment: \_\_\_\_\_

**Results will be immediately available to patient unless you mark the box below:**

Do not release (by checking this box, I indicate that I reasonably believe an information blocking exception applies)

*All tests and procedures by appointment only*

- Semen Analysis - (includes count & morphology)
- Sperm Count
- Sperm Morphology
- Semen Processing for IUI
- Retrograde (additional)
- Sperm Chromatin Structure Assay (shipped to external lab)
- Semen Cryopreservation Intended for:  IUI  IVF  Unknown  
 (with communicable disease testing as applicable)  
*Select one of the following three:*
  - For use with spouse or sexually intimate partner only (does not require FDA screening & testing)
  - For use as a known or directed donor (includes FDA screening & testing) <sup>1</sup>
  - For use with a gestational carrier or surrogate (includes FDA screening & testing) <sup>1</sup>
- Add IUI-ready processing (density gradient & wash; additional)

<sup>1</sup> Allows use of specimens by a recipient **other than** patient's spouse or sexually intimate partner. Includes blood/urine processing, communicable disease panel, physical exam, and associated fees per FDA requirements. Cryopreservation appointments must be scheduled within the 7-day window of FDA screening and testing. Additional collections outside this 7-day window will require additional screening and testing.