

Michigan Reproductive Medicine

* Andrology Laboratory Services *

Michael S. Mersol-Barg, MD, Medical and Laboratory Director

Patient Name _____ D.O.B. _____

Patient's Partner's Name _____ Today's Date _____
(if applicable)

Diagnosis N46.9 Male Infertility-Unspecified Other _____

- | | |
|--|---|
| <input type="checkbox"/> Semen Analysis – Complete | <input type="checkbox"/> Complex Semen Prep for IUI |
| <input type="checkbox"/> Semen Analysis – Complex | <input type="checkbox"/> Thaw Donor Sperm for IUI |
| <input type="checkbox"/> Semen Analysis – Post-Vasectomy | <input type="checkbox"/> Thaw Partner Sperm for IUI |
| <input type="checkbox"/> Semen Analysis – Retrograde Ejaculation | <input type="checkbox"/> IUI for Female Partner |

Cultures – Please Specify

- | | |
|--|--|
| <input type="checkbox"/> Routine Culture – Semen | <input type="checkbox"/> Ureaplasma/Mycoplasma - Semen |
| <input type="checkbox"/> Chlamydia Trachomatis – Urine | <input type="checkbox"/> Neisseria Gonorrhoea – Urine |

Appointments available

Monday through Friday 6:30 am - 2:30 pm; Saturday 6:30 - 10:30 am

Sunday and holidays only for IUI (insemination) services

* Semen analysis results sent to referring doctor within one business day *

Instructions: You must produce a semen sample in a sterile container we provide. Do not ejaculate for at least 2 days, but no more than 4 days, before your appointment. **You must bring this order form with you to your appointment.** Complete instructions will be provided at your appointment. Please follow up with the referring physician for results.

Referring Physician Signature

Physician Phone Number

Referring Physician Address

Physician Printed Name

41000 Woodward Avenue, Suite 100 East

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