

# 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

- Semen Analysis – Complete  Complex Semen Prep for IUI  
 Semen Analysis – Complex  Thaw Donor Sperm for IUI  
 Semen Analysis – Post-Vasectomy  Thaw Partner Sperm for IUI  
 Semen Analysis – Retrograde Ejaculation

### *Cultures – Please Specify*

- Routine Culture – Semen  Ureaplasma/Mycoplasma - Semen  
 Chlamydia Trachomatis – Urine  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

Bloomfield Hills, MI 48304-5130

Phone: 248-593-6990 \* Fax: 248-593-5925

*info@MiReproductiveMedicine.com*

*www.MiReproductiveMedicine.com*