



LAB01

AML-ANDROLOGY

800 East 28th Street, Minneapolis, MN 55407
Phone: 612-863-4115 • Fax: 612-863-4146
www.allina.com/medicallaboratories

BILL TO: MUST CHECK ONE [] CLINIC/FACILITY [] INSURANCE [] PATIENT (SELF-PAY)

[] MEDICARE SECONDARY PAYER INFORMATION REQUIRED. (AML USE ONLY) Medicare secondary status has been verified with beneficiary or representative within 90 days of service and documentation is on file. [] MSP Collected

DATE & TIME COLLECTED DRAWN BY (AML Staff use Tech # Only)
SOCIAL SECURITY # [] MALE BIRTH DATE
[] FEMALE
PATIENT NAME (LAST) (FIRST) (M.I.) CHART #
PATIENT ADDRESS (STREET) CITY
STATE ZIP PATIENT PHONE ()
[] MEDICARE PRIMARY [] MEDICARE SECONDARY
MEDICARE/MED. STATE
NUMBER
MEDICAL ASSISTANCE STATE
NUMBER
POLICY HOLDER POLICY HOLDER DATE OF BIRTH
MEMBER/POLICY # GROUP # CLINIC #
RELATIONSHIP OF PATIENT TO INSURED INSURANCE CO. NAME
[] SELF [] SPOUSE [] DEPENDENT

INSURANCE

Diagnosis Options - Check one

- [] 606.9 Male Infertility, unspecified
[] 628.9 Female Infertility, unspecified
[] V26.1 Procreative Mgmt-Artificial Insemination (female only code)
[] 257.2 Other Testicular Hypofunction (excludes azoospermia)
[] 606.0 Azoospermia
[] V25.8 Post Vasectomy Sperm Count
[] 456.4 Varicocele
[] 606.1 Oligospermia
[] 186.9 Testicular Cancer, primary location
[] 608.87 Retrograde Ejaculation
[] 792.2 Abnormal Sperm
[] 752.89 Specified Anomalies of Genital Organs
[] Other

ICD9 DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)
Dx1 Dx3 PHYSICIAN SIGNATURE
Dx2 Dx4 REFERRING PHYSICIAN
[] ABN NOT INDICATED
[] ABN INCLUDED
*Indicates coverage sensitive tests, ABN may be needed.
Medical Necessity Statement: Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and FDA approval guidelines, and must include diagnosis, symptom, or reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment, a "signed" Advanced Beneficiary Notice must be included. Clinical consultation regarding test ordering is provided at 612-863-4670.

DIAGNOSTIC TESTS:

- ___ PVA-Post-Vasectomy Analysis
___ RA-Retrograde Analysis
___ SA-Semen Analysis
___ SPA-Sperm Penetration Assay

CRYOPRESERVATION:

- ___ SC-Cryopreservation
___ Long-term ___ Short-term ___ IVF
___ THA-Test Freeze

SPERM IMPROVEMENT TECHNIQUES:

- ___ DG-Density Gradient
___ SWP-Sperm Wash Partner
___ SWD-Donor Sperm Wash (ICI vials)
___ SMC -Donor Sperm Thaw Only (IUI vials)
___ RW-Retrograde Wash
___ SI-Serum Incubation
___ REF/RHI-Refrigeration/Heparin Incubation Mix

MICROBIOLOGY:

- ___ MU-Urea/Mycoplasma
___ SEM-Semen Culture

OTHER SERVICES AVAILABLE:

- ___ FSH-FSH
___ PRL-PRL
___ SCD-Seminal Collection Device
___ TST-Testosterone, Total

ANTIBODY TESTS:

- ___ ABF-Antisperm Aby Female
___ ABM-Antisperm Aby Male

Please complete for all samples submitted to the laboratory directly by the clinic:

Abstinence time: ___ days

Partner name: _____

Prescription medications the patient is taking: _____

Please note any reported collection and/or transport problems: _____

Affix Summary Label Here

REFERENCE LAB USE ONLY

TUBE(S) RECEIVED: SST ___ EDTA (purple) ___ Plain Red ___ NaCitrate (blue) ___ Transfer tube ___ Frozen ___ SPECIMENS COLLECTED: Urine ___ Culturette ___ M4 ___ Stool ___ DNA Probe ___

AML017 (7/2009)

ALLINA LABORATORY COPY - Blue

CLIENT COPY - White

Allina Medical Laboratories–Andrology and Hematology Specimen Collection Instructions for Semen Samples

There are four locations for semen analysis testing within the Allina Hospitals and Clinics system.

- Abbott Northwestern Hospital testing is performed by calling and scheduling an appointment.
- Mercy Hospital, United Hospital, and Unity Hospital testing is performed by calling and scheduling an appointment. These sites do not have collection rooms available; samples must be collected off site.

Requirements Prior to Collection: The patient should abstain from any sexual activity for **2 to 5** days prior to collection of the semen sample. Ideally, it should be more than 2 days from a previous ejaculation and not more than 7 to 10 days. CLIA regulations also require that patients have a test request form at the time of laboratory visit from the physician's office stating the referring physician, patient name, tests to be performed, and the diagnosis. Please bring your insurance card if you would like us to bill your insurance.

Collection for the Semen Specimen at Home:

1. A semen sample should be collected only after you have washed your hands and penis with soap and water, being sure to rinse away all of the soap residue. Dry thoroughly before collecting the sample.
2. The sample should be collected by masturbation directly into a sterile, clean and dry container. Use one of our sterile containers since we know that they are not toxic to spermatozoa. If bringing the sample from home, you can pick up one of our containers by stopping at our laboratory.
 - A. **Lubricants should not be used to aid in the collection of the sperm as they may be toxic to sperm.**
 - B. **Condoms should not be used for semen collection because they contain agents that kill sperm. If you need to collect a sample with intercourse, you can purchase non-toxic condoms from our laboratory and use these for sample collection. If you collect a sample in this type of condom, drop the whole condom into one of our sterile containers and bring this into the laboratory.**
 - C. **Interrupted intercourse should not be performed for specimen collection as this may result in the loss of the most critical portion of the ejaculate (first portion) and the specimen may be contaminated with cells or bacteria from the vagina.**
 - D. If a pubic hair or thread of clothing accidentally falls into the container, do not attempt to remove it. The lab will remove it using sterile techniques.
 - E. If a portion of the sample was lost during collection, please indicate this to the individual that takes your sample.
3. Label the container with your full legal name, date of collection, time of collection, and either a social security number or date of birth. **Please bring a photo ID with you to the laboratory if you are collecting for sperm cryopreservation or artificial insemination.**
4. Wrap the container in a dry half towel and place it into a paper sack and bring the sack into the laboratory within one hour of collection. Avoid exposing the specimen to extremes of temperatures. The sample should be brought into the laboratory at your scheduled time.

Collection of the Specimen at the Laboratory:

1. The Laboratory Receptionist will provide the container and the instructions for collection.
2. **Please bring a photo ID with you to the laboratory if you are collecting for sperm cryopreservation or artificial insemination.**

ALLINA HOSPITALS AND CLINICS CONSOLIDATED LABORATORIES Andrology Sites and Hours

ABBOTT NORTHWESTERN HOSPITAL

2828 Chicago Ave. S.
Suite 450
Minneapolis, MN 55407
Phone 612-863-4115 ([appointments only, no drop-offs](#))
Fax 612-863-4146

Monday–Friday 7:30 a.m.–4:30 p.m. (last appointment at 3:15 p.m.)

Saturday/Sunday 7:30–10:30 a.m. (inseminations only)

Holidays–Closed: Thanksgiving Day, Christmas Day, New Years Day, Easter Sunday

Call Laboratory for Other Holiday Hours

Tests performed: All Andrology tests and insemination preparations

MERCY HOSPITAL

4050 Coon Rapids Boulevard NW
Coon Rapids, MN 55433
Phone 612-863-4115 ([appointments only, no drop-offs](#))
Fax 612-863-4146

Monday, Wednesday 7:00–10:00 a.m.

Weekends/Holidays–Closed

Tests performed: Semen analysis, Post-vasectomy analysis

UNITED HOSPITAL

333 North Smith Avenue
St. Paul, MN 55102
Phone 612-863-4115 ([appointments only, no drop-offs](#))
Fax 612-863-4146

Friday 7:00–10:50 a.m.

Saturday–Thursday, & Holidays–Closed

Tests performed: Semen analysis, Post-vasectomy analysis

UNITY HOSPITAL

550 Osborne Road NE
Fridley, MN 55432
Phone 612-863-4115 ([appointments only, no drop-offs](#))
Fax 612-863-4146

Tuesday, Thursday, Friday 7:00–10:00 a.m.

Weekends/Holidays–Closed

Tests performed: Semen analysis, Post-vasectomy analysis