Form 48

Requisition for Testing

Andrology Laboratory, UI Healthcare North Dodge, Center for Advanced Reproductive Care
1360 N Dodge Street, Suite 2000, Iowa City, IA 52245 Phone: (319) 467-5299 Fax: (319) 384-8353

Patient Name: ______________________________ ***DOB:*** ________________

Partner Name ***(if applicable):*** ____________________ ***DOB:*** ________________

Prior to scheduling an appointment:

- The referring physician **<u>must</u>** complete this requisition. The requisition may be faxed to 319-384-8353 or delivered by the patient at their appointment.
- Patients must register with UIHC or update their registration before their appointment. Please contact UIHC Registration at 1-866-309-0832 to complete or update registration.

Scheduling an appointment:

- Call 319-467-5299 to schedule an appointment. Office hours are 8:00 am to 4:30 pm.

Patient Preparation:

- Patients should have 2 to 7 days of sexual abstinence prior to semen collection.
- Patients should bring photo identification to their appointment.
- <u>Sperm Cryopreservation.</u> Patients requesting sperm cryopreservation must be tested for the following infectious diseases prior to banking sperm:
  - HIV I/II Antibody
  - Hepatitis B Surface Antigen
  - Hepatitis C Antibody

  If testing is done outside of UIHC, the referring physician's office must send us the test results prior to the patient's appointment.

Directions to the Andrology Laboratory:

- **<u>Building address</u>: 1360 North Dodge Street, Level 2**. Take the elevator to Level 2. Turn right and check-in at the reception area. You will be directed to the waiting room and a technologist will assist you as soon as possible.

<u>Procedure(s) Requested</u>: *Please check the box or boxes that correspond to the procedure requested.*

☐ **Initial semen analysis w/morphology evaluation** (volume, count, motility, differential) **CPT #89322** **[Diagnostic Testing-Male V26.21]**

☐ **Follow up semen analysis without morphology** (volume,count,motility,differential)**CPT#89320** **[Diagnostic Testing-Male V26.21]**

☐ **Post vasectomy <u>reversal</u> semen analysis** (volume,count,motility,differential) **CPT #89320** **[Post vasectomy <u>reversal</u> status- V26.22]**

☐ **Post vasectomy semen analysis** (volume,count,motility,differential)**CPT #89320** **[Post-vasectomy status- V25.8]**

☐ **Cryopreservation with semen analysis prior to oncology treatment **<u>Infectious Disease Testing Required</u>** (see above) CPT #89320, CPT #89259** **[Prior to Oncology Treatment- V26.82]**

☐ **Cryopreservation with semen analysis-non-oncology patient **<u>Infectious Disease Testing Required</u>** (see above) CPT #89320, CPT #89259** **[Preservation of Fertility-non-oncology- V26.29]**

☐ **Urine analysis for retrograde ejaculation** **CPT #89331 [Diagnostic Testing-Male V26.21]**

☐ Other: ____________________________

I request the laboratory to perform all testing on this specimen that are deemed medically necessary.

Mailing Address – required for physicians outside of UIHC

______________________________ ________________
Ordering physician's signature Date

______________________________ ________________
Physician's Name or CLP # (please print) Phone #

8/8/19