

**CENTER FOR REPRODUCTIVE MEDICINE & FERTILITY (CRMF)**

The University of Chicago

333 S. Desplaines Street, Suite 201, Chicago, IL 60661

Phone (773) 702-6642; Fax (773) 702-5848

SEMEN ANALYSIS LABORATORY REQUISITION

CHECK APPROPRIATE BOX AND FILL IN ANY PERTINANT INFORMATION

 CRMF – Downtown
 333 S. Desplaines Street, Suite 201
 Chicago, IL 60661 (773) 702-6642

 CRMF – Olympia Fields
 3700 W. Edmund Burke Dr, Suite 310
 Olympia Fields, IL 60461 (708) 748-8090

 U of C Urology
 5841 S. Maryland Ave
 Chicago, IL 60637 (773) 702-2882

 Other Provider: _____

REQUISITION ISSUED ON: _____, **AND IS ONLY VALID FOR 90 DAYS FROM THIS DATE.**
Issue Date (Required)

Patient Name: _____ <small>Last, First</small>
Medical History #: _____
Physician Name/Code: _____ / _____
Office Location/Code: _____ _____ / _____
Physician Signature: _____

Spouse Name: _____ <small>(or donor number) Last, First</small>
Number of Vials to Thaw (if frozen): _____
DIAGNOSIS
<input type="checkbox"/> Asthenospermia (792.2)
<input type="checkbox"/> Male infertility, unspecified (606.9)
<input type="checkbox"/> Oligospermia (606.1)
<input type="checkbox"/> Prostatitis (601.9)
<input type="checkbox"/> Other _____

Note to patients: Please call the CENTER FOR REPRODUCTIVE MEDICINE & FERTILITY at (773) 702-6642 to schedule an appointment for your laboratory test. You must have a laboratory requisition for laboratory services to be provided. The CENTER FOR REPRODUCTIVE MEDICINE & FERTILITY requires insurance coverage or payment for all services at the time they are received. Visa or MasterCard is accepted. Some tests are not performed each day and all tests require an appointment. We cannot accept semen samples that have not been collected into sterile, plastic containers.

LABORATORY TESTS		
CHECK HERE	DESCRIPTION	CPT CODE
PHYSIOLOGY		
<input type="checkbox"/>	Semen analysis – count, motility and differential	89320
<input type="checkbox"/>	Semen analysis – Huhner Test (post-coital)	89300
<input type="checkbox"/>	Semen analysis – count and motility / vasectomy check	89310
<input type="checkbox"/>	Semen Collection Kit	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
LABORATORY SERVICES		
<input type="checkbox"/>	Sperm Isolation – complex preparation	89261
<input type="checkbox"/>	Sperm Identification from Testicular Tissue	89264
<input type="checkbox"/>	Sperm Identification from Aspiration	89257
<input type="checkbox"/>	Cryopreservation of Semen/Sperm	89259
<input type="checkbox"/>	Cryopreservation of Testicular Tissue	89335
<input type="checkbox"/>	Sperm Delivery/Handling - Individual	99199
<input type="checkbox"/>	Storage – Cryopreserved Semen/Sperm	89343
<input type="checkbox"/>	Storage – Cryopreserved Testicular Tissue	89344
<input type="checkbox"/>		

ALL TESTS REQUIRE AN APPOINTMENT. RESULTS WILL BE SENT DIRECTLY TO THE DOCTOR.