

Phone Hours:
M-F 8AM-4PM

CLIA NO. 15D0665868
www.reproductiveindiana.com
201 Pennsylvania Parkway Suite 205 Carmel IN 46280
(p)317-817-1147 (f)317-817-1316

Available Appointment Times:
M-Th 8:15AM – 11:15AM
M-Th 1 PM – 1:45PM
F 8:15 AM – 11:15AM

ANDROLOGY TEST REQUISITION

MUST BE PRESENTED TO CRBI WITH A PHYSICIAN'S SIGNATURE

(IF NO SIGNATURE IS PRESENT YOU WILL BE ASKED TO RESCHEDULE)

Results are NEVER given to patients, ONLY to the Referring Physician on this form within 3-5 business days of appointment

MALE PATIENT NAME: _____ SPOUSE/PARTNER NAME: _____
PATIENT DATE OF BIRTH: ____/____/____ PARTNER DATE OF BIRTH: ____/____/____
PATIENT PHONE NUMBER: _____ PARTNER PHONE NUMBER: _____
PATIENT EMAIL: _____ PHYSICIAN PHONE: (____) _____
PHYSICIAN FAX: (____) _____

PHYSICIAN PRINTED NAME			DATE		PHYSICIAN SIGNATURE	
✓	CPT#	ANDROLOGY PROCEDURE: (Check one)	✓	ICD-10 2020	DIAGNOSIS: (Required)	
<input type="checkbox"/>	89310	Semen Analysis: Count and motility	<input type="checkbox"/>	Z31.41	Sperm count for fertility testing	
<input type="checkbox"/>	89320	Semen Analysis Complete: Count, motility, and morphology	<input type="checkbox"/>	N46.9	Infertility, male: unspecified	
<input type="checkbox"/>	89259	Semen Cryopreservation: **SEE NOTES BELOW**	<input type="checkbox"/>	Z31.84	Fertility preservation prior to cancer therapy	
SEMEN CRYOPRESERVATION ONLY Please call 317-817-1147, choose option 1 for appointment instructions. * * Infectious disease results MUST BE obtained before your appointment. Once results are received, they can be faxed to 317-817-1316. If results are not obtained before appointment, you may be asked to reschedule***			<input type="checkbox"/>	Z98.52	Vasectomy status (Post Vasectomy Check)	
			<input type="checkbox"/>	N46.11	Infertility, male: oligospermia	
			<input type="checkbox"/>	Z52.89	Donor: Other specified tissue (sperm)	
			<input type="checkbox"/>	_____	Other: _____	

IMPORTANT PATIENT instructions REGARDING APPOINTMENT

- SCHEDULE SEMEN ANALYSIS APPOINTMENT ONLINE** ***This is the ONLY way to schedule an appointment and specimens are collected in our office; we are not a drop off collection site.***
 ■ Log on to our secure website at www.reproductiveindiana.com. Click **REQUEST APPOINTMENT**. If you are scheduling your appointment on a mobile device scroll to the bottom of our website and click the words **REQUEST APPOINTMENT**.
****You will receive a confirmation email for your appointment, and it may appear in your spam folder****
- COMPLETE THE FOLLOWING by visiting our website (www.reproductiveindiana.com) PRIOR TO APPOINTMENT:**
 - Patient Registration: click **ONLINE PATIENT FORMS** and complete online.
 - Make Payment for services (Cost information in **CONFIRMATION** and/or **REMINDER** Emails or texts): Click **PAY INVOICE**, choose The Center for Reproductive Biology of Indiana to pay, then use your date of birth for your account number. **If paying with check/exact cash: TEXT your NAME-APPOINTMENT DATE and CHECK/CASH to **317-817-1147**.
**** (NOTE: We are out of network with ALL insurance companies and DO NOT file insurance).**
 - Upload valid ID and THIS doctor's order on our secure website: Scroll to the bottom of our website, click the words **UPLOAD ID** and **UPLOAD DOCTOR'S ORDER**
- ***IMPORTANT RESTRICTIONS AND INSTRUCTIONS FOR ACCURATE RESULTS*****
Remain abstinent 2-7 days prior to appointment This means abstain from ejaculation for no less than two days, but no more than seven days. If you are outside these parameters, you may be asked to reschedule your appointment.
- DAY OF APPOINTMENT: PATIENT SPECIMEN** should be collected by masturbation into the sterile container provided by the laboratory. Please note that contamination of the semen with either saliva or vaginal fluids can have adverse effects on the quality of the specimen and necessitate repeat testing.

CRB-500 (Rev 6-28-22)