

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 7:30AM – 11:15AM
 M-Th 1 PM – 1:45PM
 F 7:30AM – 11:15AM

ANDROLOGY TEST REQUISITION

Doctor's Order

MUST BE PRESENTED TO CRBI

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: _____ REFERRING MD LOCATION: _____

REFERRING MD: _____ PHYSICIAN PHONE: (____) _____

PRINTED PHYSICIAN NAME _____

PHYSICIAN FAX: (____) _____

PHYSICIAN SIGNATURE AUTHORIZATION

DATE

√	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"/>	N46.029	Infertility, male: extra testicular cause
			<input type="checkbox"/>	N46.11	Infertility, male: oligospermia
			<input type="checkbox"/>	Z52.89	Donor: Other specified tissue (sperm)
			<input type="checkbox"/>	_____	Other: _____

IMPORTANT PATIENT INFORMATION REGARDING APPOINTMENT

1. SCHEDULE APPOINTMENT

--To schedule a **SEMEN ANALYSIS** Appointment ONLY (refer to instructions above for Semen Cryopreservation appointments):
 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**.

2. **BEFORE APPOINTMENT VISIT OUR WEBSITE (www.reproductiveindiana.com) to complete the following:**

(If appointment is for Semen Cryopreservation, please read note above)

- Fill out online patient registration click **ONLINE PATIENT FORMS** and complete.
- Pay for Services (See cost information in *CONFIRMATION AND REMINDER EMAILS*) Click **PAY INVOICE**, choose The Center for Reproductive Biology of Indiana to pay then you will use your date of birth for your account number. (**NOTE: We are out of network with ALL insurance companies and DO NOT file insurance**). **If you are paying with check or cash TEXT your NAME-APPOINTMENT DATE and CHECK or CASH to **317-817-1147**. **
- UPLOAD valid ID and this doctor's order on our secure website. At the bottom of our website click the words **UPLOAD ID** and **UPLOAD DOCTOR'S ORDER**

*****IMPORTANT RESTRICTIONS AND INSTRUCTIONS FOR ACCURATE RESULTS****

Remain abstinent 2-5 days prior to appointment This means abstain from ejaculation for no less than two days, but no more than five 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.