

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 – 10:30 AM

M-Th 1 PM – 2:30 PM

F 8:15 AM –10:30 AM

## ANALYSIS AND CRYOPRESERVATION PHYSICIAN'S ORDER

**MUST BE PRESENTED TO CRBI WITH A PHYSICIAN OR NURSE PRACTITIONER'S SIGNATURE**

**\*\*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: (\_\_\_\_) \_\_\_\_\_ PHYSICIAN PHONE: (\_\_\_\_) \_\_\_\_\_

PATIENT EMAIL: \_\_\_\_\_ PHYSICIAN FAX: (\_\_\_\_) \_\_\_\_\_

**PHYSICIAN or NP PRINTED NAME**

**DATE**

**REQUIRED PHYSICIAN or NP SIGNATURE**

✓	<b>CPT#</b>	<b>ANDROLOGY PROCEDURE:</b> (Check one)	✓	<b>ICD-10 2020</b>	<b>DIAGNOSIS: (Required)</b>
<input type="checkbox"/>	89310	Semen Analysis: Post Vasectomy	<input type="checkbox"/>	Z31.41	Sperm count for fertility testing
<input type="checkbox"/>	89322	Semen Analysis Complete: Full Diagnostic	<input type="checkbox"/>	N46.9	Infertility, male: unspecified
<input type="checkbox"/>	89260	Sperm Isolation: <b>SIMPLE</b> Prep	<input type="checkbox"/>	Z31.84	Fertility preservation prior to cancer therapy
<input type="checkbox"/>	89353	Thawing cryopreserved: <b>Sperm</b>	<input type="checkbox"/>	Z98.52	Vasectomy status ( <i>Post Vasectomy Check</i> )
<input type="checkbox"/>	89259	<b>Semen Cryopreservation:</b> <b>**See Below**</b>	<input type="checkbox"/>	N46.11	Infertility, male: oligospermia
<b>**SEMEN CRYOPRESERVATION APPOINTMENTS ONLY: Call 317-817-1147 option 1</b>			<input type="checkbox"/>	Z62.89	Donor: Other specified tissue (sperm)
			<input type="checkbox"/>	_____	Other: _____

**\*\* Infectious disease labs are REQUIRED prior to cryopreservation. Please fax results to 317-817-1316\*\***

## IMPORTANT PATIENT instructions REGARDING APPOINTMENT

- SCHEDULE SEMEN ANALYSIS APPOINTMENT ONLINE** (NOTE: CRBI is Out of Network with ALL insurance companies; therefore, payment is required PRIOR to ALL appointments).
  - Log on to our secure website at [www.reproductiveindiana.com](http://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 with details regarding your appointment. (If an email is not received, please check your spam or junk folder)\*\***
- 2-7 days prior to appointment** **Remain abstinent** from ejaculation and intercourse for the most accurate results **ABSTINENT means refrain 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. We are not a drop off collection site; therefore, **ALL COLLECTIONS are done in the office.**