



**CENTER FOR REPRODUCTIVE MEDICINE & FERTILITY**  
**The University of Chicago Medical Center**

333 S. Desplains Street, Suite 201, Chicago, IL 60661  
 Phone (773) 702-6642; Fax (773) 702-5848

**SEMEN ANALYSIS LABORATORY REQUISITION**

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

Patient Name: \_\_\_\_\_  
Last, First

Medical Record No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:       Male;     Female

Partner Name: \_\_\_\_\_  
Last, First

Physician Name: \_\_\_\_\_  
Last, First

UCMC Code: \_\_\_\_\_

Office Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Sample Date: \_\_\_\_\_

Sample Collected Time: \_\_\_\_\_

Sample Accession Time: \_\_\_\_\_

**DIAGNOSIS**

Fertility preservation (V26.82), prior to cancer therapy or gonadectomy

Other specified procreative management (V26.89)

Fertility testing (V26.21)       Post vasectomy (V25.8)

Prostatitis (601.9)               Male infertility, unspecified (606.9)

Oligospermia (606.1)           Asthenospermia (792.2)

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. Only semen samples collected into sterile, plastic containers will be accepted.

**LABORATORY TESTS AND SERVICES**

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

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