

**ANDROLOGY LABORATORY REQUISITION**  
**University Fertility Consultants**

Center for Health and Healing  
3303 S. Bond Ave., 10th Floor  
Portland, OR 97239  
Phone: (503) 418-3700  
**Fax: (503) 418-3708**  
EMAIL: fertlab@ohsu.edu  
WEB: www.fertilityoregon.com

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Partner's Name: \_\_\_\_\_

*All tests and procedures by appointment only*

**FEES FOR ANDROLOGY**

- |  |             |
|--|-------------|
| <input type="checkbox"/> Semen Analysis  | \$ 110.00   |
| <input type="checkbox"/> Sperm Count   | \$ 40.00    |
| <input type="checkbox"/> Sperm Morphology  | \$ 25.00    |
| <input type="checkbox"/> Retrograde (additional charge)  | \$ 110.00   |
| <input type="checkbox"/> Semen Processing for IUI  | \$ 180.00   |
| <input type="checkbox"/> Semen Cryopreservation  | \$ 400.00   |
| <i>Storage fees (after year one) = \$250.00, additional freeze = \$150.00</i>                    |             |
| <input type="checkbox"/> Directed Donor Semen Cryopreservation <i>Includes all FDA screening</i> | \$2,350.00  |
| <i>Storage fees (after year one) = \$250.00, additional freeze = \$150.00</i>                    |             |
| <input type="checkbox"/> Other: _____  | \$ ____ .__ |

**OUTSIDE TEST:**

- |  |           |
|--|-----------|
| <input type="checkbox"/> Sperm Chromatin Structure Assay | \$ 450.00 |
| <i>*Visa, MasterCard, Discover (no checks)</i>           |           |
| <i>OHSU shipping and processing = \$200.00</i>           |           |

**Referring Provider Information**

Name of Clinic: \_\_\_\_\_ Name of Provider: \_\_\_\_\_

Address of clinic: \_\_\_\_\_

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

Additional instructions: \_\_\_\_\_

**Physician Signature required** → \_\_\_\_\_

**This Requisition expires within 120 days of date received**

**OHSU Staff use only**

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Valid Picture ID at check-in by: \_\_\_\_\_ Signature on Labels verified by: \_\_\_\_\_

Signature of Deliverer: \_\_\_\_\_ Valid Picture ID verified by: \_\_\_\_\_