

MALE INFERTILITY Test Request Form

PAGE 1 / 1

A. PATIENT IDENTIFICATION

NAME: _____ DOB: _____ MR/SSN#: _____ FEMALE
PHONE#: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ MALE

B. CLINICAL INFORMATION

DIAGNOSIS / INDICATION:

- Azoospermia
- Oligospermia
- Other specified anomalies of genital organs
- Other: _____

FAMILY HISTORY / CLINICAL INFORMATION: attach pedigree, if available

C. SPECIMEN INFORMATION

Access specimen requirements at www.unmc.edu/geneticslab

COLLECTION DATE: _____ COLLECTION TIME: _____

SAMPLE TYPE: Blood

PATIENT CONSENT: Check this box if your patient does not wish to have their specimen stored. Consent is implied if box is left unchecked.

NOTES:

D. TEST SELECTION

- Male Infertility PANEL [includes both tests listed below]
 - Chromosome Analysis
 - Y Chromosome Microdeletion (YCMD)
- Chromosome Analysis ONLY
- Y Chromosome Microdeletion ONLY

E. BILLING

Please contact our laboratory for insurance preauthorization assistance.

- ICD-9 CODE(S): _____
- CLIENT BILLING
 - Facility: _____
 - Address: _____
 - City/State/Zip: _____
 - Phone: _____ Fax: _____
- INSURANCE / MEDICAID BILLING:
 - Patient Insurance Medicaid Pending Medicaid
 - 1) INCLUDE a clear, enlarged copy of both sides of the insurance card.
Policy Holder Name: _____ DOB: _____
 - 2) VERIFY COVERAGE for genetic testing.
Obtain pre-authorization when required (including Coventry, Tricare).
Auth #: _____ Valid Date: _____ Exp. Date: _____
 Auth Pending
- PATIENT SELF-PAY

F. RESULT REPORTING

ORDERING LOCATION:

Facility: _____
Client Code: _____ (HGL) _____ (RPS)
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

ORDERING PROVIDER:

Name: _____
Delivery Method: _____

ADDITIONAL REPORT(S) TO:

Name: _____ Name: _____
Delivery Method: _____ Delivery Method: _____

G. SHIPPING

Shipping supplies including collection kits, tubes, transport media, and prepaid airbills are available to our clients upon request.

Local Transport: Call the laboratory (402-559-6420) to request specimen pickup or utilize your routine RPS courier.

Shipping Address: UNMC Shipping & Receiving Dock
Regional Pathology Services MSB 3500
University of Nebraska Medical Center
601 Saddle Creek Road
Omaha, NE 68108-1180