

# New Orleans Fertility Laboratory, LLC

2701 Napoleon Avenue, New Orleans, LA 70115 | (504) 564-7965

Medical Director, Dr. Lindsay Wells

## ANDROLOGY LABORATORY REQUISITION

Send orders via email: [nolalaborders@inceptionllc.com](mailto:nolalaborders@inceptionllc.com) or fax: (504) 910-9704

### PATIENT INFORMATION:

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

Patient Name: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Partner's Name (if applicable): \_\_\_\_\_ Partner's DOB: \_\_\_\_\_

### PROCEDURE REQUESTED:

Semen Analysis  Semen Cryopreservation  IUI Prep

### ORDERING PHYSICIAN:

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

Practice Name/Address: \_\_\_\_\_

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

### SEND TEST RESULTS TO:

Ordering Physician via:

Email (PREFERRED): \_\_\_\_\_  Fax: \_\_\_\_\_

Eric Laborde, MD – Urologist/Male Infertility Specialist  Omer Raheem, MD – Urologist/Male Infertility Specialist

### PATIENT INSTRUCTIONS:

1. To schedule your appointment contact **New Orleans Fertility Laboratory at (504) 564-7965.**

**2. Bring your Photo ID with you to your appointment.**

Note: If you have had a fever or exposure to high temperatures (hot tubs, saunas, etc.) **within the last 60 days**, please inform your referring Physician before scheduling an appointment.

## INSTRUCTIONS FOR SEMEN COLLECTION:

It is extremely important to be as clean as possible to avoid any costly repeat culture testing and unnecessary antibiotics.

We recommend the following prior to a sample collection:

1. Shower with thorough genital cleaning prior to the sample collection.
2. Wear clean clothes to prevent bacterial contamination of the sample.
3. **Only use the collection cup provided** by New Orleans Fertility Laboratory (other cups may have been chemically treated, which could affect sperm quality). If you plan to collect at home, please obtain a collection cup from your Physician's office or the Laboratory beforehand. **The sample must arrive within an hour of the time of collection** with your full name and date of birth on the side of the cup.
4. You **MUST** refrain from ejaculation for a minimum of **3 full days**, but no more than **5 days prior to collection**.
5. **DO NOT USE** any soap, creams, or other lubricants to assist with the collection of the specimen unless provided to you by your Physician or the Laboratory.
6. If you anticipate the need for a condom, please ask your Physician or the Laboratory for a medically approved prophylactic to be provided for a fee. **DO NOT USE** a store bought condom as they contain spermicide.