

Andrology Laboratory

ivfminnesota.com/andrology

CRM-Minneapolis

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CRM-St Paul

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Two Locations
Appointment Required

Date: _____
Physician: _____ Phone: _____ Fax: _____
Clinic Name: _____
Patient Name: _____ Date of Birth: _____
Spouse Name: _____ Date of Birth: _____
Patient Address: _____ Phone #: _____
Diagnosis Code: _____ (ICD-10) Insurance Company Name: _____
Physician Signature: _____

Individual Laboratory Procedures

* For most sperm testing an abstinence period of 2-7 days is ideal. In some cases, your physician may request a different abstinence period. For inseminations, follow the instructions of your physician.

Diagnostic

- Semen Analysis
- Retrograde Analysis
- Post Vasectomy analysis-quantitative
- Sperm Penetration Assay

Cryopreservation

- Semen Cryopreservation
- Testicular Sperm
- Test Thaw

Insemination

- Sperm Donor
 - ICI-unwashed
 - IUI-prewashed
- Density Gradient
- Sperm Wash-Partner
- Retrograde Wash

Endocrine

- Anti-Mullerian Hormone
- Estradiol
- FSH
- B-HCG
- LH
- Progesterone
- Prolactin
- TSH

Antisperm Antibody

- Anti-sperm antibody-Male
- Anti-sperm antibody-Female

Microbiology

- Semen Culture
- Mycoplasma, PCR
- Ureaplasma, PCR

Reflex testing for Semen Samples

If > 1 million peroxidase positive cells are present,
I would like a semen culture Yes No