

University of Utah Andrology

Andrology Laboratory Location and Hours

ANDROLOGY LABORATORY
University of Utah School of Medicine
675 Arapleen Drive, Suite 205
Phone: (801) 581-3740
Fax: (801) 581-6127

Andrology Laboratory Hours
Mon - Fri 7:30 am - 5:00 pm
Sat & Sun 7:30 am - 10:30 am

***The Andrology Laboratory is closed for Christmas and New Years Days. All other holidays are available for visits from 7:30 am - 10:30 am by appointment**

Please call for an appointment

Date: _____

Ref Physician: _____ Phone: _____ Fax: _____
Address _____

Patient Name: _____ DOB: _____

Spouse Name: _____ DOB: _____

Mailing Address: _____ Phone: _____

New Patient: _____ Return Patient: _____ Date last in: _____

I understand that payment is due at the time services are rendered. If services are billed, payment is due within 30 days. Account balances past 30 days will have a finance charge added at the rate of 18% per annum. I agree to pay all collection fees and reasonable fees accrued in pursuing collection of this account.

Signed: _____

Individual Laboratory Procedures

I. SEMEN TESTS

- _____ 1. Regular semen analysis
- _____ 2. Retrograde semen analysis
- _____ 3. Split ejaculate analysis
- _____ 4. Sperm morphology
- _____ 5. Post-vasectomy check
- _____ 6. Hamster penetration assay
- _____ 7. X-Y chromosome I.D.

II. MICROBIOLOGY TESTS

- _____ 8. Semen culture & sensitivity
- _____ 9. Gonorrhea culture (LCR)
- _____ 10. Chlamydia culture (LCR)
- _____ 11. Chlamydia genetic probe
- _____ 12. Herpes culture

III. URINE TESTS

- _____ 13. Urine lab LH (qualitative)
- _____ 14. Urine home LH kit

IV. MUCUS TESTS

- _____ 15. Wife mucus-husband & donor sperm interaction test

V. BLOOD TESTS

- _____ 16. Estradiol
- _____ 17. HCG Quantitative
- _____ 18. Anti-sperm antibodies
 - _____ A. male semen
 - _____ B. male serum
 - _____ C. female mucus
 - _____ D. female serum
- _____ 19. RPR
- _____ 20. Hepatitis B surface antigen
- _____ 21. Hepatitis C
- _____ 22. HIV
- _____ 23. Rubella antibodies
- _____ 24. Cytomegalovirus
- _____ 25. HTLV I/II
- _____ 26. Blood typing
- _____ 27. PSA
- _____ 28. Pre-egg donor package
- _____ 29. Pre-sperm donor package
- _____ 30. Other _____

VI. SPERM MANIPULATION TESTS

- _____ 31. Sperm wash
 - _____ A. homologous
 - _____ B. non-homologous
- _____ 32. Sperm wash complex:
- _____ 33. Sperm swim-down
- _____ 34. Sperm swim-up
- _____ 35. Serum incubation
- _____ 36. Heparin incubation
- _____ 37. Density gradient centrifugation
- _____ 38. Refrigeration incubation
- _____ 39. Refrigeration/heparin incubation
- _____ 40. Refrigeration/heparin/
density gradient centrifugation
- _____ 41. Short term storage
- _____ 42. Long-term sperm storage
- _____ 43. Donor sample frozen
- _____ 44. Other _____
- _____ 45. Other _____

Physician Signature _____