



# Overlake Reproductive Health

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**Setting the Standard**

## PATIENT REFERRAL FORM—LABORATORY SERVICES

### Overlake Reproductive Health Laboratory, LLC

Please use this form to request an office consultation or laboratory services for your patients at Overlake Reproductive Health. Please complete the following information before giving the form to the patient.

**PLEASE INSTRUCT YOUR PATIENT TO BRING THIS FORM WITH THEM TO THEIR APPOINTMENT.**

**Patient Information**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Contact Number \_\_\_\_\_

Today's Date \_\_\_\_\_

**Practice Information**

Referring Provider \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Nurse/MA \_\_\_\_\_

### HORMONE ASSAY

### CLINICAL SERVICES

- Estradiol
  - LH
  - FSH
  - Testosterone
  - TSH
  - Prolactin
  - Other Service Clinical
- Request: \_\_\_\_\_

- Semen Analysis (results take 4-5 days)
- Insemination Preparation (IUI)
  - At ORH
  - At OB/Gyn
- Immunobead Test (IBT)
- SA with Retrograde Ejaculation Evaluation
- Semen Cryopreservation

### SEMEN ANALYSIS INSTRUCTIONS

**PLEASE READ:** For the most representative specimen, patients should abstain from all sexual activity for a minimum of 2 days, but NOT longer than 5 days, before collecting the specimen for analysis. Use only a specimen cup that has been provided by ORH to be certain that there are no adverse effects on the specimen by the collection container. If collected at home, the sample should be brought to ORH within 1 hour of production, kept at room temperature in the bra or waistband, held upright during transit and prior to being returned. Sample MUST HAVE FULL NAME OF PATIENT ON THE SPECIMEN CUP'S STICKER. Photo ID is also requested of the person dropping off the specimen. Please collect the entire sample in the specimen collection cup as it helps for a complete analysis. You will need to indicate if some of the specimen was not collected.

**THE SEMEN SPECIMEN MUST BE COLLECTED BY MASTURBATION AND WITHOUT THE USE OF LUBRICANTS OTHER THAN THOSE SUPPLIED BY ORH**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Partner/Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Days of Sexual abstinence: \_\_\_\_\_ Time specimen was collected: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(since last ejaculation)

Indicate which of the following applies to your collection today:

- Please circle which applies:**
- Collected the entire sample: Yes No
- Lost first part of sample: Yes No
- Lost last part of sample: Yes No

### OFFICIAL LABORATORY USE ONLY

Accession Number: \_\_\_\_\_ Sample received by: \_\_\_\_\_ Time of sample receipt: \_\_\_\_\_

Logged into daily workbook: Yes No By: \_\_\_\_\_

Sample collected: Home Office