

STANDING REQUEST FOR SPERM PREPARATION PROCEDURE

PATIENT NAME: _____ **DATE:** _____

PHYSICIAN NAME: _____

This is a *standing order* for the above patient to have sperm prepared by the following sperm preparation technique.

- Density Gradient Centrifugation (*Standard Preparation*)**
- Refrigeration/Heparin Incubation (*Capacitation Defect, Decreased SPA*)**
- Serum Incubation (*Decreased motile sperm concentration*)**
- Other:** _____

Physician Signature