

STANDING REQUEST FOR SPERM PREPARATION PROCEDURE

PATIENT NAME: _____ **MRN** _____ **DOB:** _____

WIFE'S NAME: _____ **MRN** _____ **DOB:** _____

PHYSICIANS NAME: _____

*** For most sperm testing an abstinence period of 2-5 days is ideal. In some cases, your physician may request a different abstinence period. For inseminations, follow the instructions of your physician.**

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 & Date