Stanford MEDICINE
Fertility and Reproductive Health

1195 West Fremont Ave
Sunnyvale, CA 94087
Tel: (650) 498-7911

REI ORDER FORM

FIRST MIDDLE LAST

DOB (**required**): MONTH / DAY / YEAR (ex. 1/31/2016)

Medical Record Number (if available)

or Current Lucile Packard Children's Hospital Stanford Label

L15571

Andrology and Laboratory Test Requisition

Partner name: LAST FIRST MIDDLE

Date of birth: MONTH / DAY / YEAR (EX. 1/31/2016) Medical Record Number:

Ordered by: Date: 6/16/2017

DIAGNOSIS

- ☐ Male Infertility, N46.9
- ☐ Procreative Management, Z31.9
- ☐ PCOS, E28.2
- ☐ Other
- ☐ Encounter for ART procedure cycle, Z31.83
- ☐ Encounter for male factor infertility in female patient, Z31.81
- ☐ RPL, N96
- ☐ DOR, E83.9
- ☐ Encounter of female for testing for genetic disease carrier status for procreative management, Z31.430
- ☐ Encounter for screening for other viral diseases.

PHYSICIAN/CLINIC

Physician Name: Office Tel: ( ) -

Clinic Name: Office Fax: ( ) -

Address: STREET CITY STATE POSTAL CODE

TEST/PROCEDURE

Requested Andrology Services

IUI
Sample is from:
- ☐ Fresh Specimen
- ☐ Retrograde / Antigrade (Urine and Semen)
- ☐ Other

Semen Analysis
Sample is from:
- ☐ Fresh Specimen
- ☐ Retrograde / Antigrade (Urine and Semen)
- ☐ Other

Endocrinology Services: Blood draw and hormone testing

☐ E2 ☐ FSH ☐ hCG ☐ Prolactin ☐ P4 ☐ LH ☐ AMH ☐ TSH

SPECIAL INSTRUCTIONS

- Patients need to be pre-registered before coming to lab.
- Collection instructions for semen is on our website: http://www.stanfordchildrens.org/en/service/fertility-and-reproductive-health

Clinician signature: Date/Time:

In partnership with
Stanford Children's Health

Please fax completed form to: (669) 233-2884