

## PATIENT INSTRUCTIONS FOR SEMEN ANALYSIS COLLECTION

Your healthcare provider has ordered a semen analysis for you. This test is not performed at IACH, but is performed at LabCorp, Manhattan, KS.

1. IACH healthcare provider will order a Semen Analysis-Fertility in CHCS.
2. You will come to the laboratory to pick up an instruction sheet, map, and LabCorp requisition form.
3. You will visit the LabCorp location in Manhattan to pick up a specimen collection container and detailed specimen collection instructions. **Ensure you take your Department of Defense identification card and TRICARE or other insurance card with you.**
4. Please give the completed laboratory test order form to the staff at the LabCorp location.
5. As directed by LabCorp, please provide the specimen and return it to LabCorp. To assure quality results, be sure you follow their specimen collection requirements. Do not submit the specimen to the IACH, FHC, OR CHHC laboratory.
6. After testing, LabCorp will fax results back to the IACH laboratory and will enter the results into CHCS so that your healthcare provider can view them.
7. Your healthcare provider will discuss the results with you at your next visit or earliest opportunity.
8. LabCorp will bill TRICARE or your private insurance company directly. If you do receive a bill by mistake, please take the invoice to the TRICARE office located on the 5<sup>th</sup> Floor of Irwin Army Community Hospital.
9. If you have any questions, please call the laboratory between 0730 and 1700 at (785) 239-7648.



LabCorp Form # 1

LabCorp

Irwin Army Hospital  
Attn: Diana Weber  
600 Caisson Hill Road  
FORT RILEY KS 66407  
785-239-7649 KSW  
16012885-8

Send additional copy of report to: 785-239-7180  
 Fax  
 Call  
 Mail  
 Patient Name/Physician Name: \_\_\_\_\_  
 Physician Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_



- ACCOUNT BILL
- PATIENT BILL
- MEDICAID
- MEDICARE
- STRICARE
- TRICARE
- TRICEST

53 8969 6691 0

Patient's Name (Last, First, MI) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Collection Time \_\_\_\_\_ Fasting \_\_\_\_\_ Collection Date \_\_\_\_\_ Urine hrs/vol \_\_\_\_\_  
 MO DAY YR AM PM DAY YR Yes No hrs vol  
 NPI \_\_\_\_\_ UPI# \_\_\_\_\_ Physician's ID # \_\_\_\_\_ Patient's SS # \_\_\_\_\_ Patient's ID # \_\_\_\_\_  
 Physician's Name (Last, First) \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Patient's Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Medicare # (include Prefix/Suffix) \_\_\_\_\_  Primary  Secondary  
 Medicaid # \_\_\_\_\_ State \_\_\_\_\_ Physician's Provider # \_\_\_\_\_ Name of Responsible Party (if different from patient) \_\_\_\_\_  
 Address of Responsible Party \_\_\_\_\_ APT # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Relationship to Responsible Party:  1 - Self  2 - Spouse  3 - Child  4 - Other  
 Insurance Company Name \_\_\_\_\_ Plan \_\_\_\_\_ Carrier Code \_\_\_\_\_  
 Subscriber/Member # \_\_\_\_\_ Location \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance Address \_\_\_\_\_ Physician's Provider # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Employer's Name or Number \_\_\_\_\_ Insured SS# (if Not Patient) \_\_\_\_\_ Worker's Comp  Yes  No

**MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)**  
 Use a separate ABN when ordering tests which require an ABN. Refer to the back of this form for more information.  
 @ = Subject to Medicare medical necessity guidelines  
 % = Subject to Medicare frequency guidelines  
 # = Medicare deems investigational

ORGAN OR DISEASE PANELS	ALPHABETICAL TESTS CONT.	ALPHABETICAL TESTS CONT.	MICROBIOLOGY
122744 Acute Hepatitis Panel @ 80074 (GEL)	004515 Estradiol @ 82673 (GEL)	005199 Prothrombin Time (PT) @ 85810 (BLU)	008649 Aerobic Bacterial Culture † 87079 (GEL)
122758 Basic Metabolic Panel (8) 80048 (GEL)	004598 Ferritin @ 82728 (GEL)	020321 PT and PTT Activated @ 85810 (BLU)	0164180 Chlamydia GC DNA Probe w/Confirmation on positives * 87800 (GEL)
122000 Comp Metabolic Panel (14) 80055 (GEL)	100800 Fructosamine @ 82888 (GEL)	006207 PTT Activated @ 85730 (BLU)	006479 Chlamydia GC DNA Probe without Confirmation 87800 (GEL)
303754 Electrolyte Panel 80051 (GEL)	028480 FSH and LH @ 82311 (GEL)	006502 Rheumatoid Arthritis Factor 86431 (GEL)	164202 Chlamydia DNA Probe * 87490 (GEL)
322755 Hepatic Function Panel (7) 80070 (GEL)	001958 GGT @ 82977 (GEL)	006072 RPR @ 89592 (GEL)	008334 Genital Culture, Routine † 87070 (GEL)
303756 Lipid Panel @ 81061 (GEL)	001818 Glucose, Plasma @ 82947 (GEL)	006197 Rubella Antibodies, IgG 88762 (GEL)	188128 Group B Streptococcal Detection Culture Probe 87146 (GEL)
235010 Lipid Panel with ApoB @ 80061 (GEL)	001032 Glucose, Serum @ 82947 (GEL)	004226 Testosterone 84403 (GEL)	180810 Lower Respiratory Culture † 87070 (GEL)
322777 Renal Function Panel 80089 (GEL)	001693 Glycohemoglobin, Total @ 83036 (LAV)	007336 Theophylline 80198 (SER)	164210 N. gonorrhoeae DNA Probe * 87580 (GEL)
005009 CBC w Diff w PR @ 85025 (LAV)	004558 hCG, Beta Subunit, Qual @ 84703 (GEL)	001156 Tg Uptake @ 84479 (GEL)	008823 Ova and Parasites 87049 (GEL)
115907 CBC w Diff w/o pft @ 85025 (LAV)	004416 hCG, Beta Subunit, Quant @ 84702 (GEL)	330015 Thyroid Cascade Profile @ 84436 (GEL)	008144 Stool Culture † 87049 (GEL)
028142 CBC w/o Diff w PR @ 85027 (LAV)	001925 HDL Cholesterol @ 83718 (GEL)	001149 Thyroxine (T4) @ 84436 (GEL)	008189 Throat, Beta-Hemolytic Strep. Cult. Group A 87049 (GEL)
305017 CBC w/o Diff w/o Pft @ 85014 (LAV)	162289 Helicobacter pylori, IgG 86577 (GEL)	001172 Triglycerides @ 84478 (GEL)	008342 Upper Respiratory Culture, Routine 87070 (GEL)
305038 Hematocrit @ 85014 (LAV)	006734 Hep A Antibody, IgM 86709 (GEL)	002188 Triiodothyronine (T3) 84490 (GEL)	008847 Urine Culture, Routine † 87068 (GEL)
005041 Hemoglobin @ 85018 (LAV)	006395 Hep B Surface Antibody 86706 (GEL)	004259 TSH, 3rd generation @ 84443 (GEL)	
005249 Platelet Count @ 85049 (LAV)	006510 Hep B Surface Antigen 87940 (GEL)	003038 Urinalysis, Microscopic for Positives 81003 (LAV)	
005033 RBC Count @ 85041 (LAV)	143991 Hep C Antibody 86802 (GEL)	007260 Valproic Acid (Depakene®) 80164 (SER)	
305025 WBC Count @ 85048 (LAV)	001453 Hemoglobin A1c @ 80038 (LAV)		
305090 WBC Differential @ 85004 (LAV)	083824 HIV-1 Antibodies * @ 86710 (GEL)		
	001321 Iron and IBC @ 83859 (GEL)		
	007708 Lithium (Eskalith®) 80178 (SER)		
	001537 Magnesium 83735 (SER)		
	007823 Phenobarbital (Luminal®) 80184 (SER)		
	007401 Phenytoin (Dilantin®) 80185 (SER)		
	001180 Potassium 84190 (GEL)		
	512094 PreGen-Plus™ @ 81005 (LAV)		
	004036 Pregnancy Test 81025 (LAV)		
	004465 Prolactin 84146 (GEL)		
	010322 PSA @ 84153 (GEL)		
	001073 Protein, Total 84156 (GEL)		

*Semen Analysis*  
*Ox: 60b.9*

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS, COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CHARGER POLICY.

## LabCorp Form #2



### Patient Instructions for Semen Collection

Semen analysis is performed **Monday through Friday, between 8:00 and 10:00 ONLY!**

The Patient Service Center must schedule semen Analysis for Fertility. Please call 785-539-2537 to schedule an appointment.

1. A period of abstinence of two to seven days is to be observed before the specimen is collected. This includes ejaculation by any means.
2. The specimen is to be produced by masturbation. No lubricant, including saliva, may be used.
3. The entire ejaculate must be collected in a clean screw-cap container provided by the laboratory – to make certain that there is no residue of possible spermicidal materials (soap or detergent, for example) in or on the interior surface of the container. Because most condoms contain spermicidal chemicals, their use for this purpose is discouraged.  
NOTE: If a semen culture is also being ordered, the container must be sterile.
4. The container is labeled with the patient's name, date, and time of collection.
5. The specimen must be delivered to Bldg. E suite 250 quickly, so that technologists can begin testing operations within 1 hour of production. The container may be carried within a zip-lock bag.
6. Temperature extremes during transit must be avoided (that is less than 70°F or greater than 100°F). Patients should be advised to carry the container close to their person. Preferably in a pocket, especially during cold weather.

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### Specimen Information

Patient Name: \_\_\_\_\_

Date of Collection: \_\_\_\_\_ Time of Collection: \_\_\_\_\_

Days of abstinence prior to collection: \_\_\_\_\_

Collected by masturbation? \_\_\_\_\_ Complete specimen (ejaculate) delivered? \_\_\_\_\_

Type of container: \_\_\_\_\_

If specimen was transported here, was it kept close to the patient's body? \_\_\_\_\_

Comments/Problems: \_\_\_\_\_

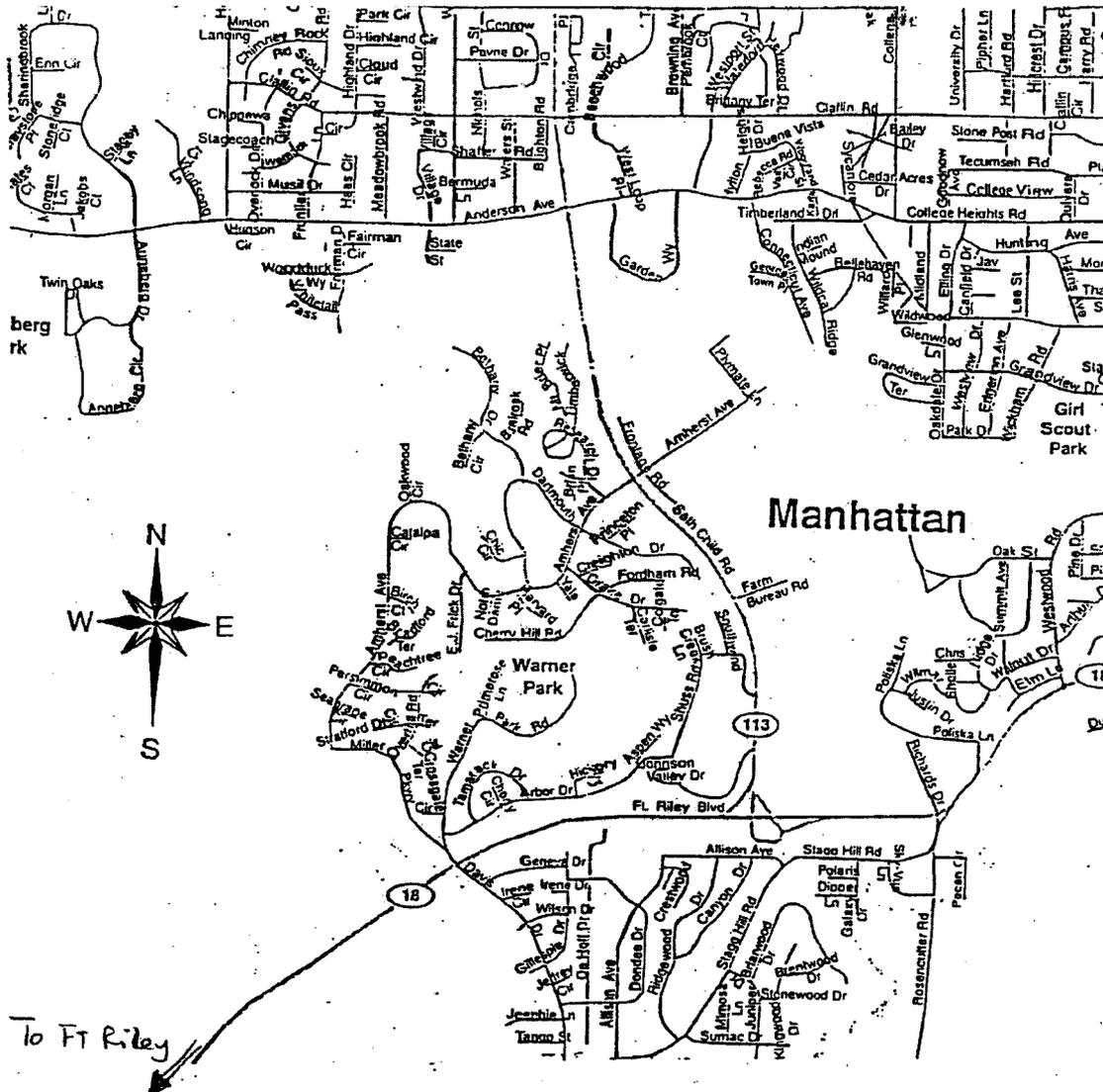
Questionnaire completed by: \_\_\_\_\_

Date and time received in laboratory: \_\_\_\_\_

Received by: \_\_\_\_\_

Created on 9/2/08

### Map to LabCorp



**LabCorp**  
Directions to ~~Reverchon~~ Clinical Laboratory  
1133 College Ave  
Manhattan, KS

- Follow Ft. Riley Blvd/K-18 into Manhattan
- Take the Seth Childs exit #113
- Follow Seth Childs to Clafin Rd ( 4<sup>th</sup> stop light after you turn on to Seth Childs Rd.) take a right.
- Stay on Clafin Rd and turn right into the Medical Arts Bldg parking lot (it will be the parking lot right before the stop light at the intersection of College Ave and Clafin Rd.)

**LabCorp** ~~Reverchon's~~ Lab will be in Bldg E on the main floor.