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## TEST REQUISITION FORM

Patient's Name: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Ordering Health Care Provider: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Physician Fax: \_\_\_\_\_

Physician Email: \_\_\_\_\_

**All tests are by appointment only and must be scheduled in advance by calling  
CryoGam at 970-667-9901 or 1-800-473-9601.**

Please bring this form with you at time of appointment.

Test ordered:

\_\_\_\_ Complete Semen Analysis (includes 6-hour sperm survival test)

\_\_\_\_ Post-Vasectomy Semen Analysis (*semen specimen must be collected at CryoGam*)

\_\_\_\_ Retrograde Analysis

The patient should abstain from all sexual activity for 3 – 7 days prior to the appointment.

**Payment is required at time of services rendered.  
We accept Checks, Cash, VISA, MasterCard, American Express, and Discover.  
CryoGam does not bill insurance.**

2216 Hoffman Dr. Unit B  
Loveland, CO 80538

(970) 667-9901  
(800) 473-9601