

# Fertility & Cryogenics Lab

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## REQUISITION FORM

Sample Received by FCLab at \_\_\_\_:\_\_\_\_ am/ pm on \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/ year) by \_\_\_\_\_

Patient Name: (Last)		Patient Name: (First)	
Social Security #:		Referring Physician:	
Date of Birth:    /    /	Sex:    F    M	Clinic Name:	
Patient Address:		Clinic Address:	
City: _____	State: _____	Zip: _____	
Patient Phone #:		Clinic Phone #:	
Date Sample Collected:    /    /	Type of Sample:		
Time Sample Collected:    :    am/    pm	Date Sample Sent:    /    /		

### Payment

**Client**

**Insurance**

*Download, complete and have patient sign the insurance form and include copy of insurance card. FCLab shall verify insurance benefits and call Patient*

**Shared risk cash payment with maximum out of pocket and courtesy insurance billing.**

*No benefit verification is needed.*

**Cash price**

**(Check/Visa/Master Card/American Express) must accompany the specimen.**

	Check # _____	Amount: \$ _____
	Credit Card # _____	Expiration Date:    /    /
	Name on Credit Card: _____	Security Number: _____
	Authorized Signature: _____	

### Diagnosis

ICD-10 \_\_\_\_\_ ICD-10 \_\_\_\_\_

ICD-10 \_\_\_\_\_ ICD-10 \_\_\_\_\_

Test Name	Specimen Requirements	CPT Code(s)	Test Name	Specimen Requirements	CPT Code(s)
Anti-ovary Antibodies <b>AOA</b>	SST	83516	Luteinizing Hormone (LH)	SST	83002
Anti-sperm antibodies indirect (serum of both partners)	Red Spin+ Freeze	89325	Lipid Panel	SST	80061
Anti Human Immune deficiency Virus 1 & 2 + O (HIV1/2 + O)	SST	86703	Liver Function Panel	SST	80076
Anti-mullerian Hormone <b>AMH</b>	SST Spin+ Freeze	83516	Lupus Anticoagulant <b>LA</b>	Blue	85300
Anti-thyroglobulin Antibodies <b>TG</b>	SST	86800	Natural Killer Cell Activation Assay <b>NKa</b>	Green	88184
Anti-thyroid peroxidase Antibodies <b>TPO</b>	SST	86376	Neisseria gonorrhoea (NG-NAT)	Swab – Urine	87591
Human Chorionic Gonadotropin (hCG)	SST	84702	p53 Codon 73 polymorphism DNA	Swab – buccal	Multiple
Cancer Antigen 125 (CA 125)	SST	86304	Progesterone	SST	84144
Chlamydia trachomatis (CT-NAT)	Swab-Urine	87491	Progesterone receptor (3 Loci) DNA	Swab – buccal	Multiple
Complete Blood Count with Auto Differential	Lav	85025	Prolactin	SST	84146
Comprehensive Metabolic Panel (Comp16)	SST	80053	Prothrombin Time (PT), activated Partial Thromboplastin Time (aPTT)	Blue	85610, 85730
Dehydroepiandrosterone Sulfate (DHEA-S)	SST	82627	Reproductive Immuno Phenotype <b>RIPh</b>	Lav	86355,86356,86357,86359
Electrolytes Panel	SST	80051	Sex Hormone Binding Globulin (SHBG)	SST	84270
Embryo Toxicity <b>ETA</b>	SST	89251	Sperm DNA Fragmentation (SDF)	Semen Frozen	88182
Estradiol (E2)	SST	82670	Thyroid Stimulating Hormone (TSH)	SST	84443
Follicle Stimulating Hormone (FSH)	SST	83001	ToRCH Panel Total	SST	Multiple
Fragile X	Lav	Multiple	Total Testosterone	SST	84403
Free T4	SST	84439	Urine Analysis with Reflex Microscopy	Urine	81005
Free T3	SST	84481	Varicella IgG (VZV)	SST	86787
Free Testosterone	SST	84402	Vascular Endothelial Growth Factor (VEGF)	Swab – buccal	Multiple
Glucose fasting, 1 hour	SSTx2	82947, 82946	Y chromosome micro-deletion	Swab – buccal	Multiple
Glucose Tolerance Test-3hr	SSTx4	82951	<b>FCLab Panels</b>		
Helicobacter pylori (H.pylori)	SST	86677			
Hepatitis A Total (HAV) reflex IgM	SST	86709	<b>Anti-Phospholipid Antibody Panel APA 21 tests</b>	SST	Multiple
Hemoglobin A1c	Lav	83036	<b>Anti-Thyroid Antibody Panel ATA TG + TPO</b>	SST	86376, 86800
Hepatitis B Core Antibody (Anti HBc) Total reflex IgM	SST	86704	<b>Anti-Nuclear Antibody Panel ANA: ds DNA, La (SS-B), Ro(SS-A), PR3, Scl -70, Sm &amp; Sm/RNP</b>	SST	Multiple
Hepatitis B surface Antibody	SST	86706	<b>Ovarian Reserve Panel (FSH Day 3 + AMH) )</b>	2 SSTor Red	83001, 83516
Hepatitis B surface antigen (HBsAg)	SST	87340	<b>Premature Ovarian Failure Panel (APA + ANA + ATA + AOA + AMH)</b>	2 SST or Red	Multiple
Hepatitis B Virus (HBV) Nucleic Acid Testing (NAT)	Lav	87516	<b>Recurrent Implantation Failure Panel (APA + ANA+ATA + ETA+ Ig G,M,A + RIPh + NKa)</b>	2SST or Red + 1Green+1Lavender	Multiple
Hepatitis C Antibody (HCV)	SST	86803	<b>Recurrent Pregnancy loss Panel (APA + ANA + ATA + LA + aPTT + PT + ETA + Ig G,M,A + RIPh + NKa +ToRCH total</b>	2 SST or Red +2blue+ 1Green +1Lavender	Multiple
Hepatitis C Virus (HCV-NAT)	Lav	87521	<b>Coagulation Panel (LA + a PTT + PT)</b>	2 Blue	Multiple
Hepatitis Panel	SST	80074	<b>NK Panel (RIPh + NKa)</b>	1Green+1Lavender	Multiple
Human Immunodeficiency Virus1(HIV-1-NAT)	Lav	87535	<b>FDA Male Donor Screening panel</b> with reflex confirmatory for CMV IgG, IgM and Trepsure	2 SST, 1 Lavender + Urine	Multiple
Human Leukocyte Antigen DQ (HLA-DQ) α DNA	Lav	Multiple	<b>FDA Female Donor Screening Panel</b> with reflex confirmatory for CMV IgG, IgM and Trepsure	2 SST, 1 Lavender + Remel Swab	Multiple
Human Leukocyte Antigen G (HLA-G) phenotype (2 Loci) DNA	Swab – Buccal	Multiple	<b>Thrombophilia Panel-</b> 9 genetic loci by PCR	Swab – Buccal	Multiple
Insulin fasting +1 hr	SST x2	83525	<b>Immunoglobulin Panel (Total IgA, IgG &amp; IgM)</b>	SST	82784
Insulin Tolerance + 3 hr	SST x4	83525	<b>IVF Screening Panel: (APA, ATA, PIPh &amp; NKa)</b>	1SST, 1 Lav + 1Green	Multiple
Intact Para Thyroid Hormone (IPTH)	Red Spin+ Freeze	83970	<b>Pregnancy Monitor Panel: APA, RIPh With Heparin add .aPTT</b>	1SST + 1Lav Add 1 Blue	Multiple
Karyotyping	Green	Multiple	<b>Other</b>		