



Reproductive Partners Fertility Center - San Diego

9850 Genesee Avenue, Suite 800, La Jolla, CA 92037 Tel: (858) 552-9177 | Fax: (858) 552-9188
Gabriel Garzo, M.D. – Medical/Laboratory Director

Laboratory Requisition

REQUESTING PHYSICIAN INFORMATION

Physician Name: _____

Practice Address: _____ | Date Ordered: _____

Phone: _____ | Fax: _____ | Email: _____

Preferred Method to Receive Results: ☐ Fax ☐ Email

PATIENT INFORMATION

Patient Name: _____ | DOB: _____

Partner Name (if applicable): _____ | DOB: _____

APPOINTMENT SCHEDULING (REQUIRED)

Patients call (858) 552-9177 (option 1) to schedule and present a valid photo ID.

- ☐ Patient will call RPSD directly.
☐ RPSD will call Patient directly. *Please provide phone number below:*

Patient Phone Number: _____

ANDROLOGY

- ☐ Semen Analysis – Complete (with morphology)
☐ Semen Analysis – Partial (select applicable tests)
() Count and Motility () WBC () Strict Morphology

Relevant History (Past 3 Months)

Indicate **Yes** or **No** for the following:

High Fever: _____ Exposure to Toxic Substances: _____ Medications: _____ Heat Stresses: _____ Smoking: _____

SUBMISSION INSTRUCTIONS

Completed forms may be submitted via:

Fax: (858) 552-9188 or Secure Online Submission: fertilityclinicsandiego.com