

Name

Address

Clinician/Practitioner's Contact Number for Urgent Results
 Service Date
 yyyy mm dd

Clinician/Practitioner Number CPSO / Registration No. Health Number Version Sex
 M F Date of Birth
 yyyy mm dd

Check (✓) one: OHIP/Insured Third Party / Uninsured WSIB Province Other Provincial Registration Number Patient's Telephone Contact Number

Additional Clinical Information (e.g. diagnosis)

Patient's Last Name (as per OHIP Card)

Copy to: Clinician/Practitioner

Patient's First & Middle Names (as per OHIP Card)

Last Name First Name

Patient's Address (including Postal Code)

Address

Male Infertility Investigation:

- Semen analysis (count, motility & morphology)
- Anti-sperm antibodies (IgG, IgA)
- DNA Integrity Assay (non-OHIP insured)
- Post-ejaculate urine cytology (identification of spermatozoa)

Post-vasectomy Testing:

- Smear for identification of spermatozoa

Instructions:

FlowLabs has private, on-site collection rooms specifically designed for your comfort for collection of semen samples. Collecting at our facility limits the exposure of the sample to outside contaminants, temperature fluctuations, and controls the time between collection and analysis. A sample may be collected at home in **exceptional** circumstances. We ask that you abstain from any form of ejaculation for 2-5 days before a semen collection.

Semen analysis requires an appointment.

Please book at www.FlowLabs.ca

Toronto Location

**790 Bay Street, Suite 935
 Toronto, ON
 O) 416 581 8099
 F) 416 581 0096**

Kingston Location

**76 Stuart Street, 5th Floor
 Kingston, ON
 O) 613 417 0444**

Oshawa Location

**117 King Street East, West Wing, 2nd Floor
 Oshawa, ON
 O) 905 404 5454
 F) 905 404 1096**

Mississauga Location

**RCC The Reproductive Care Center
 2180 Meadowvale Blvd.
 Mississauga, ON
 O) 905 813 8600**

Remember to have your OHIP card and completed laboratory requisition form with you when you come to the laboratory.
 For tests not covered by OHIP (DNA Integrity Assay) and for clients without OHIP coverage payment in full is required on the day of your appointment.

I hereby certify that the tests ordered are not for registered in- or out-patients of a hospital.

X _____
 Clinician/Practitioner Signature

 Date