



Reference Andrology Laboratory
 University of Pennsylvania
 New Bolton Center
 382 West Street Road
 Kennett Square, PA 19348-1692

NOTE: Please call 610-925-6562 to schedule an appointment for receipt of samples for analysis. We cannot guarantee requested work will be completed on samples received without a previously confirmed appointment. Note: there will be a \$8.00 accession/report fee per submission.

Reference Andrology Laboratory Submission Form

Referring Veterinarian: _____ Ref. Vet. Fax #: _____

Email address: _____

Submitter's Information:

Company: _____

Person: _____

Address: _____

Phone: _____

E-Mail: _____

Fax: _____

Billing Information (if different from submitter):

Contact Person: _____

Address: _____

Species: _____

Submission date: _____

I prefer my report to be emailed
 faxed

Sample Information:

Species: _____

Type of sample[s] (raw, extended): _____ Number of samples submitted: _____

Extender type: _____ Expected motility: _____ morphology: _____ sperm per dose: _____

Requested tests: (please check)

- Complete Semen Analysis (sperm motility, sperm morphology, sperm concentration, dose volume, total sperm/dose)
- Sperm concentration, dose volume and total sperm/dose
- Sperm motility and sperm morphology
- Sperm motility only
- Sperm morphology only
- Osmolarity analysis
- pH detection
- Microbiology (cost varies, please call for information)

For submissions which may involve insurance claims or litigation, it is important that the laboratory be contacted prior to submission for instructions. Legal cases will be charged a \$500 base price to cover cost of chain of custody handling of materials and results.