

REFERENCE ANDROLOGY LABORATORY (BULL) SUBMISSION FORM

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.

Referring Vet. +/- or origin bull stud: _____

Ref. Vet./Stud Email Address: _____ Ref. Vet./Stud Fax #: _____

Submitter's Information: _____ Billing Info (if different from submitter): _____

Company: _____ Contact: _____

Person: _____ Address: _____

Address: _____

Email: _____ Fax: _____ Phone: _____

Please check the method above in which you'd like to receive your report (email or fax).

Submission Date: _____ Species: _____

SAMPLE INFORMATION # of samples submitted: _____

Expected motility: _____ morphology: _____ sperm per straw: _____

REQUESTED TESTS:

ROUTINE SEMEN ANALYSES *(4 straws required for the following analyses):*

- Complete Analysis
- Sample Volume (NIST traceable)
- Sperm motility (Computer Automated Semen Analysis [CASA] – IVOS)
- Sperm and Acrosome morphology (DIC – Nomarski Optics)
- Sperm Concentration & Total sperm #/straw (CASA; Hemacytometry)
- Sample osmolarity
- Conductivity / pH (NIST traceable)
- Sperm viability (CASA – Fluorophore)

MICROBIOLOGY *(1 straw required for the following analyses):*

- Direct, aerobic culture
- Enrichment culture
- Antimicrobial susceptibility testing (per organism)

Please note the number of straws required in order to complete the requested test.

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.