

Phone: 610-925-6562 Fax: 610-925-6834

## 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 the requested work will be completed on samples received without a previously confirmed appointment. Note: There will be a \$8.50 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: Please check the method above in which you'd like to	
Submission Date:	••••
SAMPLE INFORMATION # of samples submitted:	
Expected motility: morphology:	sperm per straw:
REQUESTED TESTS:	
ROUTINE SEMEN ANALYSES (4 straws required for	or the following analyses):
Complete Analysis	
Sample Volume (NIST traceable)	
Sperm motility (Computer Automated Sentence)	nen Analysis [CASA] – IVOS)
Sperm and Acrosome morphology (DIC –	Nomarski Optics)
Sperm Concentration & Total sperm #/stra	aw (CASA; Hemacytometry)
Sample osmolarity	
Conductivity / pH (NIST traceable)	
Sperm viability (CASA – Fluorophore)	
MICROBIOLOGY (1 straw required for the follo	wing analyses):
Direct, aerobic culture	
Enrichment culture	

## 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.