

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.

Reference Andrology Laboratory Porcine 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:

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

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

Requested tests: (please check)

- ☐ Complete Semen Analysis (sperm motility, sperm morphology, sperm concentration, dose volume, total sperm/dose)
 - ☐ Calculated motile, morphologically normal and 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)
- ☐ Stud Microbial Contamination Profiling