

GUNDERSEN HEALTH SYSTEM - FERTILITY CENTER

3111 Gundersen Drive, Onalaska, WI 54650

THIS FORM NEEDS TO BE USED BY OUTSIDE CLINICS

Fax: 608-775-2993

Scheduler phone: 608-775-2306 Nurse phone: 608-775-1811

Patient name (Please Print) : _____ DOB: _____

Cycle type or treatment plan: _____

HORMONE LABS	DATE(S)	DX CODE	BLOOD BANK LABS	DATE(S)	DX CODE
Estradiol			ABO		
Progesterone			Rh Type		
Anti Mullerian Hormone			Antibody Screen		
LH			MALE PARTNER TESTING	DATE(S)	DX CODE
FSH			Comprehensive semen analysis		
HCG, Quantitative			Screen, count and motility		
Prolactin			Semen Cryopreservation		
Free T4			FERTILITY ULTRASOUNDS	DATE(S)	DX CODE
TSH			Antral follicle count (count 2 - 10mm follicles)		
LABS	DATE(S)	DX CODE	Baseline ultrasound (complete gyn US)		
Hepatitis A Antibody			Follicular monitoring ultrasound (measure \geq 10 mm follicles)		
Hepatitis B Core Antibody			Endometrial thickness & pattern		
Hep B Surface Antigen			DIAGNOSTIC ULTRASOUNDS		
Hepatitis C Antibody			Saline Infusion Sonohysterogram		
HIV 1,2			Hysterosalpingogram		
VDRL/RPR			Pelvic, non-obstetric transvaginal		
HTLV I, II			OBSTETRIC ULTRASOUNDS	DATE(S)	DX CODE
Chlamydia Assay			Transvaginal OB complete exam		
GC DNA Assay			OB limited (follow up) singleton		
CMV / IGG			OB limited (follow up) twins		
CMV / IGM			ADDITIONAL TESTING	DATE(S)	DX CODE
Rubella Immune Status					
Varicella Antibody Titer					
OTHER LABS	DATE(S)	DX CODE			
Drugs of Abuse					
Hemoglobin A1-C					
Glucose					
AST - SGOT					
Creatinine					

Print name of ordering provider

Signature of ordering provider

Date

CLINIC CONTACT INFORMATION

Clinic Name _____
 Hours of operation: _____
 Phone _____ Fax _____
 Address _____
 Address _____
 Contact person _____