



CLIA certified: 43D0975076

302 6<sup>TH</sup> Street West, Suite B, Brookings, SD 57006

## SPERM CHROMATIN STRUCTURE ASSAY (SCSA<sup>®</sup>) REQUISITION FORM

The Sperm Chromatin Structure Assay (SCSA<sup>®</sup>) assesses sperm DNA fragmentation and identifies men with a highly reduced probability of supporting a successful pregnancy.

### PHYSICIAN INFORMATION

Physician Name \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

### PATIENT INFORMATION

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Sample Collected \_\_\_\_\_

Sperm Concentration (Lab Use Only) \_\_\_\_\_

Diagnosis Code from Physician \_\_\_\_\_

**Please release SCSA<sup>®</sup> test data to the ordering physician only**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

IF USING A CREDIT CARD, PLEASE COMPLETE CREDIT CARD AUTHORIZATION FORM. THANK YOU

PH 605-592-9071 TF 866-219-1338 FX 605-592-9021 WEB [scsatest.com](http://scsatest.com) EML [Jen@scsatest.com](mailto:Jen@scsatest.com)