

Please complete this form, place it in a sealed plastic bag and include it with your samples



Kuster Research and Consulting, Inc.

107 S. State St., Suite 2

Atkinson, IL 61235

Phone: 309-944-5044 ■ Fax: 309-944-5045

KRC@KusterResearch.com

www.KusterResearch.com

Business/Billing Information

Name _____

Address _____

City/State/Zip _____

Invoicing email _____

Shipping information Carrier _____

Date Collected _____ Date Shipped _____

Dose Temp. _____ °C Ambient Temp. _____ °C

Report Preference Website Email Fax

Contact Information

Contact Person _____

Job Title _____

Phone _____ Fax _____

Email Address _____

Alternate Contact _____

Job Title _____

Phone _____ Fax _____

Email Address _____

ANALYSIS REQUESTED

Routine Analysis: Discretion of the Lab Director (Dr. Kuster)

Complete Semen Analysis (includes motility, morphology, conc. [Hema/FCM] & TSD¹) Bacterial Culture

CASA CSA (includes motility, morphology, conc. [CASA] & TSD¹) Motility Osmolarity Conductivity pH

Concentration: Hema FCM CASA | Morphology: Manual Diff CASA Morphometry Acrosomes

Flow Cytometry Assays: CompDNA Membrane Viability & Acrosome Integrity

Viability (membrane only) Oxidation Membrane Fluidity Mitopotential

Other: TBA or custom request _____ (contact KRC for further information)

Cytogenetics: Karyotype - Contact KRC to schedule submission & for further information.

(Unless "Discretion of Lab Director" is marked, ONLY tests indicated will be performed without further confirmation)

Please identify ALL samples below, including descriptive information and target values

#	Sample ID	Genetic Line	Date Processed	Expiration Date	Extender	Target Dose Volume	Target Sperm Per Dose ¹	VSD ²	Min. Normal ³	Processing Technician
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

¹Total sperm per dose;

²"Viable" sperm per dose (if applicable);

³Minimum normal morphology

Notes/Special instructions: