

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



Kuster Research and Consulting, Inc.

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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: