

Semen Analysis Request Form



Forms
Laboratory LF1.1

SEMEN ANALYSES ARE CARRIED OUT MONDAY TO FRIDAY 08:10 – 10:00, By Appointment Only

For Appointment Contact: 01 - 6635000 / info@merrionfertility.ie

TO MAKE APPOINTMENT, YOU WILL NEED TO HAVE DETAILS OF YOUR REFERRING DOCTOR.

PLEASE ENDEAVOUR TO KEEP THE GIVEN APPOINTMENT AS RE-SCHEDULING CAN BE DIFFICULT

PRIVATE PATIENT FEE: € 140 –PAYABLE AT TIME OF BOOKING (€ 120 REPEAT)

GP REFERRAL FEE: €120–PAYABLE AT TIME OF BOOKING

**FAILURE TO NOTIFY MERRION FERTILITY CLINIC OF CANCELLATION 24 HOURS PRIOR TO APPOINTMENT
WILL INCUR A FORFEIT OF FULL PREPAID APPOINTMENT FEE.**

PATIENT INSTRUCTIONS FOR SEMEN SAMPLE COLLECTION

- Please abstain from ejaculation (intercourse or masturbation) for **2-5** days before producing the specimen. Shorter or longer periods of time may give misleading results.
- Please ensure good hygiene practise at all times – men are asked to wash genital areas thoroughly on the morning of sample production and to wash hands immediately before and after sample production.
- Always produce your sample into the sterile Sarstedt sample container provided by Merrion Fertility Clinic. Other containers may be toxic to sperm. Try to keep the container closed until you are ready to produce.
- The semen sample should be obtained by masturbation into the container. Please do not use condoms as these can be toxic to sperm.
- Provide as complete an ejaculate as possible noting any spillage of the sample on the form overleaf.
- Bring the semen sample to the Merrion Fertility Clinic as soon as possible after production (*ideally within one hour*). Motility may be compromised if longer than one hour and the analysis may need to be repeated. A private room is available at the clinic if you cannot bring the sample in within one hour. However, this private room is only available by prior appointment. Keep the sample warm during transport by carrying the container close to the body, i.e. in an inside pocket.
- Excessive **heat** or **cold** can compromise sperm viability.
- Do not use any lubricant such as KY jelly etc. (these may be toxic to sperm) or produce your sample by 'withdrawal' during intercourse.

**Please bring this Request Form with you on the day of your semen analysis appointment.
Your sample will not be accepted without it.**

REFERRING CLINIC

to be completed by referring clinic

- Doctor requesting analysis.....
- Clinic requesting analysis.....
- Address for report delivery.....
- Contact Number
- Clinical Details
- Sample is for Routine Analysis Repeat Retrograde Analysis
 Cryopreservation Culture and Sensitivity

PLEASE COMPLETE THE OTHER SIDE

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PATIENT DETAILS

to be completed by the patient

- Name:
- Partners Name:
- Address:
- Date of Birth: / /
- Date of Birth: / /
- Date of Sample: / /
- Time produced:
- Abstinence Period from previous ejaculation (Days):
- Was there any spillage? (circle) YES / NO
- If yes, please quantify:
- Have you had a previous analysis at MFC? YES / NO
- Have you ever had difficulty producing a semen sample at MFC ? YES / NO
- at home ? YES / NO

Please indicate any:

- Illness & Medications in the last 2 months?:

ID CONFIRMATION

TO BE SIGNED IN THE PRESENCE OF STAFF ONLY

I CONFIRM THAT THE NAME(S) AND D.O.B(S) ON THE SAMPLE CONTAINER IS / ARE CORRECT AND THAT THIS IS MY SEMEN SAMPLE.

- PATIENT SIGNATURE:
- STAFF SIGNATURE:
- TIME RECEIVED ON - OFF

PLEASE COMPLETE THE OTHER SIDE