

## SEMEN ANALYSIS FORM

TOP SECTION TO BE COMPLETED BY PATIENT, FAILURE TO DO SO MAY MEAN SAMPLE CANNOT BE TESTED

Forename:		Surname:	
Date of birth:		Funding:	NHS / Private
Telephone number		Email address	
Investigation:	Infertility <input type="checkbox"/> Post vasectomy <input type="checkbox"/> Oncology <input type="checkbox"/> Vasectomy reversal <input type="checkbox"/>		
Produced by:	Masturbation <input type="checkbox"/> Withdrawal at intercourse <input type="checkbox"/>	Was the whole sample collected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this your first sample tested here?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you regularly take any supplements or medication? If yes please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please state number of samples:	N <sup>o</sup> . of samples:		
Number of days abstinence from sexual activity prior to this sample?			
Have you ever had any of the following?	HIV <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Herpes <input type="checkbox"/> None <input type="checkbox"/>		
	Chlamydia <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Mumps <input type="checkbox"/> Other:		
Have you travelled to areas affected by Zika (within 3 months) or Ebola (within 2 years)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had testicular surgery / trauma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any factors impacting your fertility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had a fever in the last 3 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cigarettes smoked per day?		Units of alcohol per week:	
Date Produced:		Time Produced:	Time Delivered:
I give permission for surplus from my sample to be used in teaching/ research/ quality assurance:    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Patient Signature:			

THIS SECTION TO BE COMPLETED BY CLINIC STAFF ONLY

<b>Sample Barcode</b>		Register on iLab <input type="checkbox"/> Results on iLab <input type="checkbox"/> Authorised <input type="checkbox"/> Not Tested List <input type="checkbox"/>			
Time examined:		Sample volume (ml)			
Viscosity:		pH			
	Count 1	Count 2	Average	Comments	
Concentration (x10 <sup>6</sup> /ml)					
Total Motile Count (x10 <sup>6</sup> )					
Progressive Motility (%)					
Non-Progressive Motility (%)					
Immotile (%)					
Total Motility (%)					
Morphology (%)				Nomenclature	
Agglutination (%)				Viability (%)	
Round Cells (x10 <sup>6</sup> /ml)				Sperm MAR/ASA Test (%)	
Recommended Treatment	IUI <input type="checkbox"/> IVF <input type="checkbox"/> ICSI <input type="checkbox"/> Freeze <input type="checkbox"/> Repeat <input type="checkbox"/>				
Identifiers on pot & request form checked and sample analysed by				Witnessed by	