

## SEMEN ANALYSIS FORM

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

Forename		Date of birth	
Surname		Funding	NHS <input type="checkbox"/> Private <input type="checkbox"/>
Telephone number		Whole sample collected	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address		Number of previous samples tested here	
Produced by	Masturbation <input type="checkbox"/> Withdrawal at intercourse <input type="checkbox"/>	Number of days abstinence from sexual activity before today	
Investigation	Infertility <input type="checkbox"/> Post vasectomy <input type="checkbox"/>	Any testicular surgery / trauma	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Oncology <input type="checkbox"/> Vasectomy reversal <input type="checkbox"/>	Any fever in the last 3 months	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had:	Herpes <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Mumps <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> HIV <input type="checkbox"/>	Do you regularly take any supplements or medication If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cigarettes per day		Any factors impacting your fertility If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alcohol units / week			
Date produced			
Time produced		Time delivered	
Patient Signature:		Allow sample use for teaching/ research/ quality assurance	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 (%)				Nomenclature	
Morphology (%)					
Agglutination (%)				Viability (%)	
Round Cells (x10 <sup>6</sup> /ml)				Sperm MAR/ASA (%)	
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 / form checked & sample analysed by			Witnessed by		