ORDERS FOR FERTILITY LAB SERVICES

Information requested below is necessary for consultation and insurance. Please print or type legibly.

Test Requested:
_______ Semen Analysis, Est. Morph [SEMEN SCRN]
_______ Wash and Spin with Counts [WASH / COUNT]
_______ Vasectomy Check [VASECT CK]
_______ Sperm Chromatin Assay
_______ Other (specify) __________________________

Protocol for an acceptable specimen includes:
1) Abstain from sexual activity and/or masturbation for 2-5 days prior to producing the sample.
2) The preferred sample is produced by masturbation. Coitus interruptus is not recommended. If a condom is used, a non-spermicidal condom must be used. Avoid the use of lubricants.
3) Collect sample in a clean container.
4) The specimen should be the complete sample - the entire ejaculation must be submitted.
5) The sample may be collected either at our facility or at home. If collected at home, the specimen should be transported at body temperature and should be received at the lab within 30 minutes by 1300.
6) Testing is only performed Monday through Friday, or Saturday and Sunday with prior approval.

Patient, please fill in this information:

Name: ___________________________ Date: _______________
Partner: ___________________ Time of Collection: _________
Days of Abstinence: _________
(number of days since last ejaculate)

Method of Collection:
_______ Masturbation
_______ Collection Condom
_______ Other (specify) __________________________

Collection Location: On Site __________ At Home _________

Did any of the ejaculate miss the sterile specimen container during collection? Yes __________ No __________

If yes, which part of the ejaculate was missed?
First Part ________ Middle Part ________ Last Part ________

Did you experience any difficulties during the collection or transport of the specimen? ____________________________

Please list any medications you may be taking: ____________

Sample Given to: _______________ (tech) by: _______________ (phlebotomist) Time Received in Lab: ______________

Elapsed Time: ________ Appearance: ________ Liquified: ________ Volume: ________

Wash & Spin
PreWash % mot: ________
Grade: ________
Count: ________

Progressive Motility: ________ Non-Progressive Motility: ________ Total Motility: ________

Fructose: ________

pH ________ Count: ________ million/ml; SupraVital Stain(Viability): ________ Fructose: ________

Estimated Morphology: ________% Normal: ________% Abnormal: ______ WBC/100 sperm

 Completed by (tech initials): ______________

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