

## SEMEN ANALYSIS RECORD AND INSTRUCTIONS

### **PLEASE COMPLETE, SIGN AND RETURN THIS FORM WITH YOUR SAMPLE** **INSTRUCTIONS FOR PRODUCING YOUR SAMPLE FOR TESTING**

**Please follow these instructions as failure to do so may render the results invalid and you will still be charged for services provided.**

**Clearly label the pot with your name and date of birth.**

- Abstain from ejaculation for a minimum of **48 hours** prior to producing the sample for testing, but not longer than **5 days**.
- Produce the semen sample into a clean sterile plastic container by masturbation **ONLY**. The container may be obtained from your doctor or from a pharmacy.
- **Write your name and date of birth on the sample container.**
- Ensure that **ALL** the sample is collected into the container. If part of the sample spills, please notify staff.
- You **must** produce the sample **off site** within **1 hour** of your appointment and deliver it directly to the clinic for testing. However, delivery within 2 hours of production is acceptable.
- Keep the sample warm during transportation to the clinic by placing the container containing your sample in your trousers or jacket pocket.

Referred by/ Treating Doctor: .....

Male Full Name: .....

Date of Birth: .....

Female Partner's Name: .....

Female Partner's Date of Birth: .....

Number of Days Since Your Last Ejaculation: ..... Time Today's Sample Produced: .....

**Declaration:** I declare that the sample provided is my sample. I understand and acknowledge that the results of semen analysis for the same individual can vary greatly from ejaculate to ejaculate and that the results from this test are for information only and represent sperm and semen parameters on this occasion only. I consent to the performance of semen analysis testing (and/or DNA fragmentation testing, where indicated by my doctor) and understand that (a) the resulting report(s) will be given to the referring clinician only (b) the results and their implications will be communicated to me by the referring clinician or other medical professional only and (c) the sample will be disposed of immediately after testing. I consent to my personal information being securely stored by Know Your Fertility and the referring clinician in relation to my medical records.

**Print:** ..... **Sign:** ..... **Date:** .....

**For Laboratory Use**

Reviewed by staff member:	<b>Initial:</b> .....	<b>Time:</b> .....
Patient Details Match Sample Container Label	<b>Initial:</b> .....	<b>Time:</b> .....