

For Lab use only: IDEAS? Sign off? Called? PDF saved?

For lab use: Normal Suboptimal (Requires repeating) Suboptimal (Confirms previous test) Suboptimal (No repeat required)

Please try to answer all questions as fully as possible. If you have a request form with you, some of your details may already be on the form and as such you do not have to complete those parts below. Please include the request form with this one.

Your name: Your date of birth:

Your partners name: Your partners date of birth:

Your address:

Your contact telephone number:

Do you consent to your partner receiving your results (to be completed by male partner only)? **YES / NO** (Please circle)

Is this an NHS or PRIVATE test? **NHS / PRIVATE** (Please circle)

The name of the Dr who has requested you do this test:

The address of the Dr who has requested that you do this test:

What time was the sample produced (if from home)?

Did you manage to collect the whole sample in the pot? **YES / NO** (Please circle)

Prior to producing this sample today, how many days has it been since you last ejaculated?

Have you had a previous sperm test? **YES/NO** If yes, When?Where?

Have you achieved a pregnancy in this or any previous relationship? **YES / NO** (Please circle)

Have you had a vasectomy **YES / NO** If yes, have you had a vasectomy reversal? **YES / NO** (Please circle)

Any current illnesses / medications? **YES/NO** (If yes, what?)

Have you ever taken anabolic steroids? **YES/NO** (Please circle)

Is your sample pot labelled with identifying information? **YES/NO** (Please circle) **We will be unable to accept an unlabelled pot**

Are you interested in becoming a sperm donor? If yes please provide your email address:.....

Infertility treatments such as IVF can be funded by being a donor. Donors can also be paid upto £250 for a donation cycle.

If you have any further questions please let reception or a member of staff know and one of the team will come to speak to you or will arrange to telephone you later today. A copy of the results of this test will be sent to the requesting Doctor.

INITIALS	SA / VAS	TEST DATE	RECEIPT TIME	TEST TIME	HOME / CRGW	POT TYPE	APPEARS	LIQUIFIED	VISCOSITY
						CRGW Pot GP Pot GP Universal		Yes No Incomplete	

VOLUME (≥1.5ml)	COUNT (≥15mill/ml)	TOTAL SPERM (≥39M)	NP MOTILITY	PR MOTILITY (≥32%)	TOTAL MOTILITY % (≥40%)	MORPH (%)	AGGLUT	IgG (%)	ROUND CELLS (≥1mill/ml)	Signed Off By
							YES/ NO			

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