



Laboratory Medicine

Semen Analysis Requisition (Part I)



Name:

HCN:

Date of Birth:

Completion of * fields are mandatory - Patient's Name, HCN, Physician's first and last name and date of request. When sending to the laboratory, date of birth and health card expiry date are also required.

BRING YOUR HEALTH CARE CARD WHEN YOU GO FOR YOUR LAB TEST.

Requestor(s):			
Ordering Provider's Name: <i>(last, first)</i>		Copy to Provider: <i>(last, first)</i>	
Ordering Provider's Meditech Mnemonic:		Clinic name Address Telephone Fax	
EMR Clinic Mnemonic			
Clinic Stamp : (include fax, provider and mnemonics).			
_____ * Practitioner's Signature		_____ *Date of Request	

Complete by Patient:			
Date Collected: _____ DD/MONTH/YYYY	Time Collected: _____ HH:MM	Date of Vasectomy or Vasectomy Reversal: <i>(if applicable)</i> _____ DD/MONTH/YYYY	
Was the complete sample collected in the specimen jar? <input type="checkbox"/> Yes <input type="checkbox"/> No * If No, which portion was lost: <input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last	Did you collect your sample by masturbation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of days since previous ejaculation: _____	Have you had a fever in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, how long ago? _____

Test Request: For testing location and delivery requirements, see Side B (back of requisition).		
<input type="checkbox"/> Fertility Screen - Semen Analysis	<input type="checkbox"/> Retrograde Analysis - St. John's Only (refer to patient information/ preparation sheet provided by physician).	<input type="checkbox"/> Post-Vasectomy
ADDITIONAL REQUESTS: (MUST BE PRINTED LEGIBLY - Appointment may be required). 		

Laboratory Only	
Date/Time received in Laboratory: _____ DD/MONTH/YYYY HH:MM	
Name: _____	Signature: _____

Semen Analysis Requisition (Part II)



Laboratory Medicine

Name: _____

HCN: _____

Date of Birth: _____

BRING YOUR HEALTH CARE CARD WHEN YOU GO FOR YOUR LAB TEST.

Collection Requirements

Collection of semen	<ul style="list-style-type: none"> Abstain/DO NOT ejaculate for a minimum of 2 days and maximum of 5 days Collect entire specimen directly into the sterile container provided. Report any loss of specimen. DO NOT use condoms or lubricants unless they are “sperm safe” (e.g. <i>Pre~Seed</i>).
Sample labeling	<ul style="list-style-type: none"> Label container with Patient Name, MCP/HCN and Date/Time of collection. Ensure information is accurate and complete. Sample WILL NOT be tested if it is not properly labeled.
Delivery Requirements	<ul style="list-style-type: none"> Sample MUST remain close to body temperature until it is delivered to the laboratory (e.g. inside jacket pocket). Sample should be received by the laboratory as soon as possible; within 30 minutes for fertility studies and 1 hour for post-vasectomy samples. Some labs may have a designated room available for sample collection (contact local lab for availability). Bring physicians requisition and MCP card.

Laboratory testing locations

St. John's and Surrounding Area: Call to book an appointment prior to sample collection. Appointment Date: <u>DD/MONTH/YYYY</u> Time: <u>HH:MM</u>	➤ Fertility Services Laboratory 35 Major's Path-Suite 103, St. John's. Monday - Friday 08:30 A.M. – 4:00 P.M. (Excluding Statutory holidays) Telephone: 709-752-3649
Outside greater St. John's Area: Specimens can be dropped off without an appointment at the locations listed: (Excluding Statutory holidays)	➤ Burin Peninsula Health Care Centre Monday - Friday 9:00 A.M. - 2:00 P.M. ➤ Carbonear General Hospital. Monday - Friday 8:00 A.M. - 12:00 P.M. ➤ Dr. G. B. Cross Memorial Hospital, Clarenville Monday - Friday 8:00 A.M. - 1:00 P.M.