**Semen Analysis Request Form**

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| **Part A: GP section** (To be completed by the requesting doctor) | |
| **Nature of investigation** (select option) | Choose an item. |
| **NHS or Private Patient** | Choose an item. |
| **Patient Name (forename, surname)** | Click here to enter text. |
| **Patient date of birth** | Click here to enter a date. |
| **Patient address** | Click here to enter text. |
| **Patient contact details** (telephone/mobile no.) | Click here to enter text. |
| **Requesting Doctor** (state name) | Click here to enter text. |
| **NHS number** | Click here to enter text. |
| **GP Surgery National Code** | Click here to enter text. |
| **Queen Elizabeth Hospital Woolwich referral** | Choose an item. |
| **Hospital number** | Click here to enter text. |
| **Requestor/GP/hospital address** | Click here to enter text. |
| **Any other clinical details?** | Click here to enter text. |
| **Requesting Doctor signature** | Click here to enter text. |
| Instructions to GP   * Please fax the completed request form to the laboratory on **0207 188 8989** or email to [Viapath.SemenAnalysis@nhs.net](mailto:Viapath.SemenAnalysis@nhs.net) * Thereafter hand the form to the patient together with the specified universal sample container. * **The patient will need to telephone the laboratory for an appointment 48 hours after the**   **fax has been sent (excluding weekends)** | |

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| **Part B: Patient section** (To be completed by the patient) | | |
| **Date sample produced** |  | |
| **Time sample produced** |  | |
| **Days since last ejaculation** |  | |
| **Was any sample lost during production** | yes | no |
| **Were you previously tested at St Thomas Hospital?** | yes | no |
| **Do you consent to the residual sample being used for research?** | yes | no |

**PART C: NOTES FOR PATIENTS**

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| **Please note: samples cannot be processed without an appointment; please wait at least 48hrs after your GP gives you this form to book an appointment**  **Call 020 7188 7740** **Monday to Friday between 9am and 5pm.** |

**How to Produce the Sample**

1. You should not have sexual intercourse or masturbate for a minimum of two but no more than seven days before producing the specimen; this ensures the sperm are at their best for testing.
2. The specimen should be produced by masturbation (stimulation by hand) directly into the specimen container supplied. It is helpful if you warm this container in your hands for a couple of minutes first. No other container must be used. It is important not to use an ordinary condom to collect the sample, or to use lubrication of any sort, as this will adversely affect the test.
3. It is important that the entire specimen is collected in the specimen container; incomplete samples may not be suitable for testing.
4. **The specimen should be delivered as soon as possible and not more than 1 hour after production**. It should be kept warm (e.g. in an inside pocket) while being taken to the hospital. Excessive cold (less than 20°C) or heat (greater than 40°C) will adversely affect the test.
5. Please arrive at the clinic on the appointed time*.* All samples will be checked at the Lab and therefore an appointment is neccesary. **Please ensure that you have an appointment.**

*Please note: For reasons of patient confidentiality all semen specimens are booked under the man’s name* ***not*** *his partner’s*.

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| **Location:**  The Cytology Clinic (Semen Analysis)  Cytopathology Department, 2nd Floor, North Wing  St Thomas’ Hospital, Westminster Bridge Road,  London, SE1 7EH |