

# INSTRUCTIONS FOR THE COLLECTION OF SEMEN SAMPLES

Please note the Leicester Fertility Centre does not have facilities for the production of semen samples for analysis.

The sample container must be fully labelled with your **FIRST NAME, SURNAME** and **DATE OF BIRTH** using a ballpoint pen and placed into a sealable bag. If not all the details are provided, the sample may be **rejected**.

You must have a **REQUEST/REFERRAL FORM**. If you do not have these forms you must obtain them from your clinician prior to bringing in your sample. We cannot release your sample results without the **REQUEST/REFERRAL FORM**. Your requesting clinician will complete the request form. You must **COMPLETE THE SEMEN ANALYSIS FORM** (below) before you attend the clinic.

Please bring the sample to the Leicester Fertility Centre, Kensington Building at your allotted appointment time. Please arrive on time to avoid having to rearrange your appointment. **If you are over 20 minutes late for your appointment we will not be able to test your sample.**

**Patient providing a POST VASECTOMY SEMEN SAMPLE should ensure that 18 weeks and 20 ejaculates after occurred since your operation.**

1. All samples are to be **PRODUCED AT HOME** (unless otherwise stated and organised).
2. Please **WASH** your hands and penis thoroughly before producing the sample. Please **DO NOT USE ANY LUBRICANTS** as these are toxic to sperm.
3. We recommend that for optimum results you abstain from ejaculation for more than 2 full days but less than 7 days. *THE IDEAL PERIOD OF ABSTINENCE IS 2-3 DAYS.* **Samples that have more than 7 days or less than 2 days abstinence will not be tested.**
4. The sample should be collected by dry masturbation directly into the sterile container provided and should be complete i.e. the entire sample must be collected into the container.
5. Withdrawal at intercourse should not be used to produce a sample, as the first part of the ejaculate that contains the majority of the sperm may be lost. If you are unable to produce a sample by masturbation, we can provide special silastic condoms into which you can collect your sample. These are available from the fertility centre at a cost. Do not transfer a sample that has been collected in a normal condom into the pot, as the spermicide in the condom will kill many sperm.
6. The sample should arrive at the Centre **WITHIN 1 HOUR** of production of the sample. The sample should not be heated or cooled but kept roughly at body temperature e.g. in a pocket. **If the sample is over 90 minutes old it will not be tested.**

If you have any questions / or to **BOOK YOUR APPOINTMENT** please contact the Leicester Fertility Centre on **0116 258 5922** or email [uhl-tr.andrology@nhs.net](mailto:uhl-tr.andrology@nhs.net)

## SEMEN ANALYSIS FORM

TO BE COMPLETED BY PATIENT, FAILURE TO DO SO MAY RESULT IN THE SAMPLE NOT BEING TESTED

Forename		Date of birth	
Surname		Funding	NHS <input type="checkbox"/> Private <input type="checkbox"/>
Telephone number		Whole sample collected	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address		Number of previous samples tested here	
Produced by	Masturbation <input type="checkbox"/> Withdrawal at intercourse <input type="checkbox"/>	Number of days since last ejaculation	
Investigation	Infertility <input type="checkbox"/> Post vasectomy <input type="checkbox"/>	Any testicular surgery / trauma	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Oncology <input type="checkbox"/> Vasectomy reversal <input type="checkbox"/>	Any fever in the last 3 months	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had:	Herpes <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Mumps <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> HIV <input type="checkbox"/> None <input type="checkbox"/>	Do you regularly take any supplements or medication If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date produced		Any factors impacting your fertility If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time produced			
Time delivered			
Patient Signature:		Allow sample use for teaching/ research/ quality assurance	Yes <input type="checkbox"/> No <input type="checkbox"/>

THIS SECTION TO BE COMPLETED BY CLINIC STAFF ONLY

<b>Sample Barcode</b>		Register on iLab <input type="checkbox"/> Acceptable Reference Limits <input type="checkbox"/> Results on iLab <input type="checkbox"/> Authorised <input type="checkbox"/> Not Tested List <input type="checkbox"/>			
<b>Time examined:</b>		<b>Sample volume (ml) [≥1.4]:</b>			
<b>Viscosity:</b>		<b>pH [7.2]:</b>			
<b>Colour [Normal = Clear, White, Grey] :</b>					
	<b>Count 1</b>	<b>Count 2</b>	<b>Average</b>	<b>WHO Limits</b>	
<b>Concentration (x10<sup>6</sup>/ml)</b>			SUM / CF	≥16 [15-18] ≥39 [35-40]	
	SUM =				
<b>Total Sperm Number (x10<sup>6</sup>/ejaculate)</b>				□ SAMPLE NOT TESTED □ NO SPERM SEEN – MICROFUGED – STILL NO SPERM SEEN. □ GELATINOUS BODIES PRESENT.	
<b>Rapid Progressive Motility (%) (a)</b>				DILUTION FACTOR: 1:50 / 1:20 / 1:10 / 1:5 / 1:2 LARGE SQUARES COUNTED: 5 / 10 / 25 GRIDS COUNTED: 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9  CORRECTION FACTOR (CF) = .....	
<b>Slow-Progressive Motility (%) (b)</b>					
<b>Non-Progressive Motility (%) (c)</b>					
<b>Immotile (%) (d)</b>					
<b>Total Progressive Motility (a + b)</b>					
<b>Total Motility (%) (a + b + c)</b>				≥30 [29-31] ≥42 [40-43]	
<b>Morphology (%)</b>				<b>Nomenclature</b> □ ASTHENOZOOSPERMIA □ AZOOSPERMIA □ CRYPTOZOOSPERMIA □ NORMOZOOSPERMIA □ OLIGOZOOSPERMIA □ TERATOZOOSPERMIA	
<b>Agglutination (%)</b>					
<b>Round Cells (x10<sup>6</sup>/ml)</b>					
<b>Viability (%)</b>					
<b>Sperm MAR/ASA (%)</b>					
<b>Recommended Treatment</b>	IUI <input type="checkbox"/> IVF <input type="checkbox"/> ICSI <input type="checkbox"/> Freeze <input type="checkbox"/> Repeat <input type="checkbox"/>				
<b>Identifiers on pot / form checked and sample analysed by</b>				<b>Witnessed by</b>	