

**Request form for Semen Sample analysis.  
See reverse for instructions.**

**NOTE: SAMPLES FOR INFERTILITY/ SPECIAL CLEARANCE  
ARE STRICTLY BY APPOINTMENT ONLY (01 8171739)**

**Doctor to complete/Addressograph Label**

Patients Surname: \_\_\_\_\_

Patients Forename: \_\_\_\_\_

Patients Address: \_\_\_\_\_

Patients Date of Birth: \_\_\_\_\_

Patients Hospital number (if applicable): \_\_\_\_\_

Sample Type: Infertility  -Special Clearance  Post Vasectomy **X**

Report to: Doctor /Clinic/Address

**Dr William Lynch**

**Freephone 1800 313 595**

**Enniscorthy Medical Centre**

**6 Court Street**

**Enniscorthy**

**Co. Wexford**

**Y21HK 15**

**Patient to complete on day of appointment**

Period of sexual abstinence: \_\_\_\_\_ Days

Date sample produced: \_\_\_\_/\_\_\_\_/\_\_\_\_ dd/mm/yyyy

Time sample produced: \_\_\_\_: \_\_\_\_ hh:mm

Was the entire sample collected? YES or NO (please circle)

Patients Signature: \_\_\_\_\_

**For laboratory use only**

Date sample received in laboratory: \_\_\_\_/\_\_\_\_/\_\_\_\_ dd/mm/yyyy

Time sample received into laboratory: \_\_\_\_: \_\_\_\_ hh:mm

Time sample analysed: \_\_\_\_: \_\_\_\_ hh:mm

Interval between collection and start of Analysis: \_\_\_\_hours \_\_\_\_mins

### **Post Vasectomy Samples**

- **No appointment is required for post vasectomy testing (except where special clearance requested - appointment is required)**
- Samples can be posted or handed into specimen reception Monday to Friday 9.00-17.00hours
- Sample should be produced by masturbation (Do Not Use a Condom) into a sterile leak-proof container
- Earliest time for analysis is 12 weeks after Vasectomy
- Results of the semen analysis will be returned to your doctor once complete

Vasectomy:

Test @ 16 weeks

Remember to use contraception until you have received your test result!