

ROTUNDA HOSPITAL DEPARTMENT OF LABORATORY MEDICINE

RF-MICRO-0002 Semen Analysis Request Form Edition 04

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

See reverse for instructions.

Doctor to complete/Addressograph Label

Patients Surname: _____

Patients Forename: _____

Patients Address: _____

Patients Date of Birth: _____

Patients Hospital number (if applicable): _____

Sample Type: Infertility Fresh Samples Post Vasectomy

Doctor or Clinic Address

Clinical Details

Partners Addressograph

**Dr William Lynch
Enniscorthy Medical
Centre
6 Court Street
Enniscorthy
Co Wexford
Y21 R960**

**Ph: 053 9239512
IMC: 011267**

Patient to complete on day of appointment

Date sample produced: ____/____/____ dd/mm/yyyy

Time sample produced: ____:____ hh:mm

Was the entire sample collected? (No leaks/spillages) YES NO

Patients Signature: _____

For laboratory use only

Date/Time received in laboratory: ____/____/____ ____:____

Time sample analysed: ____:____ hh:mm

Interval between collection and start of Analysis: ____hours ____mins

ROTUNDA HOSPITAL DEPARTMENT OF LABORATORY MEDICINE

RF-MICRO-0002 Semen Analysis Request Form Edition 04

Specimen No.	Vol (mL)	Count (PV Samples)
Scientist Initial _____ Checked _____		

Post Vasectomy Samples

- 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.
- **Sample must be <=3 days old on arrival at laboratory (Note there is no weekend service). A request form must accompany the sample.**
- Samples MUST be posted according to the Category B Biological substances (UN3373) regulations.
<https://www.azdhs.gov/documents/preparedness/state-laboratory/category-a-and-b-shipping-examples.pdf>
Alternatively samples can be delivered in person to the laboratory reception Monday to Friday 9.00-16.00 hours.
- Results of the semen analysis will be returned to your doctor once complete.