ROTUNDA HOSPITAL DEPARTMENT OF LABORATORY MEDICINE

RF-MICRO-0026 Semen Analysis Post Vasectomy Request Form Edition 00

DEAR CUSTOMER Please Complete All 3 Sections.

SECTION A

YOUR Surname: _____ Forename: _____

YOUR Address or Eircode: _____

Date of Birth: _____ Sample Type: Post Vasectomy

YOUR Doctor/Clinic Address	Leave this box blank

SECTION B

Date when you produced the sample (dd/mm/yyyy): _____/_____/_____

What time was the sample produced? : _____: _____ hh:mm

Did you collect the entire sample? (No leaks/spillages) ☐ YES ☐ NO

YOUR Signature: _____

SECTION C
Your sample will be rejected unless all the below are ticked

- Label Specimen Container with Name, DOB and Date Sample Produced
- Section A Fully Completed
- Section B Fully Completed
- Ensure Sample Container is **closed tightly**
- Sample placed in packaging with **UN3373 label** (as provided by GP)
- Your sample can reach the lab within **three days of producing**

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For laboratory use only

Date/Time received in laboratory: _____/_____/_____ _____: _____

Instructions

- **Please complete this form is you are sending a semen sample for testing AFTER VASECTOMY**
- For Special Clearence or Fresh Sample please use request form RF-MICRO-0002
- Produce sample by masturbation (Do Not Use a Condom) into a sterile leak-proof container.
- DO NOT SEND A SAMPLE BEFORE 12 weeks after Vasectomy.
- Sample must be **NO MORE THAN 3 DAYS OLD ON ARRIVAL** at laboratory (Note **there is no weekend service**).
- **THIS completed request from 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 will be returned to your doctor once analysis is complete.