

HULL ANDROLOGY UNIT - SEMEN ANALYSIS

BOOK YOUR APPOINTMENT ONLINE – www.hullivf.org.uk/bookings

TO BE COMPLETED BY GP/CONSULTANT

Surname NHS No

Forename(s)..... DOB

GP/Consultant.....Practice

Partner's Name Partner's DOB

NHS Private

Please tick relevant box

Please sign & print (Medical Officer)
Please note the results will not be issued without an authorised signatory.

Test Required? Please Circle
 Fertility investigations
 Post vasectomy (Date of procedure __/__/20__)

Clinical Information

Lab use only
Time of receipt:
Operator:
Lab no.:

TO BE COMPLETED BY PATIENT

Specimen Collection:

Date.....Time

Days of abstinence.....Complete sample? YES/NO

Do you object to your sample being used for training purposes? Yes

HULL ANDROLOGY UNIT- SEMEN ANALYSIS

BOOK YOUR APPOINTMENT ONLINE – www.hullivf.org.uk/bookings

TO BE COMPLETED BY GP/CONSULTANT

Surname NHS No

Forename(s)..... DOB

GP/Consultant.....Practice

Partner's Name Partner's DOB

NHS Private

Please tick relevant box

Please sign & print (Medical Officer)
Please note the results will not be issued without an authorised signatory.

Test Required? Please Circle
 Fertility investigations
 Post vasectomy (Date of procedure __/__/20__)

Clinical Information

Lab use only
Time of receipt:
Operator:
Lab no.:

TO BE COMPLETED BY PATIENT

Specimen Collection:

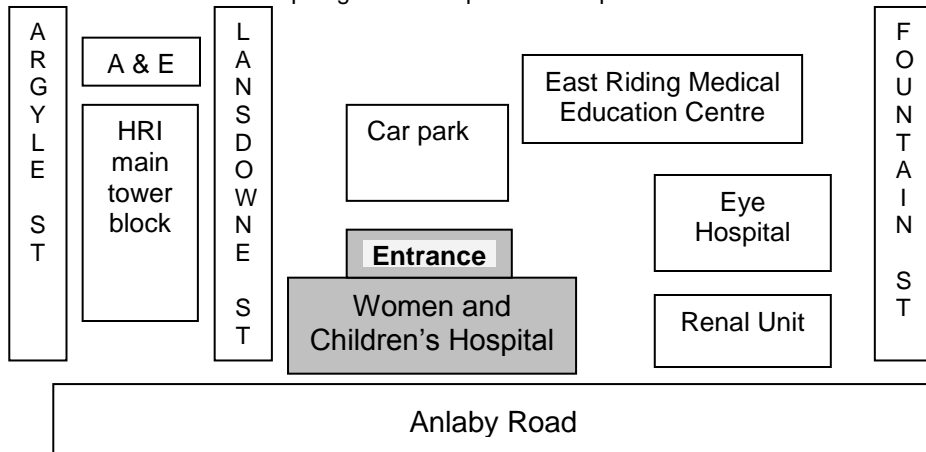
Date.....Time

Days of abstinence.....Complete sample? YES/NO

Do you object to your sample being used for training purposes? Yes

SEMEN ANALYSIS – PATIENT GUIDANCE NOTES
www.hullivf.org.uk/andrology Open: Mon, Wed, Fri 8:30am-2pm

1. **Book your appointment online at www.hullivf.org.uk/bookings** for your sample drop-off slot or to produce your sample at our on-site facilities.
2. Deliver the sample within **ONE** hour of production to the Hull Andrology Laboratory, (ground floor) Women and Children’s Hospital, Hull Royal Infirmary, Anlaby Road, Hull, HU3 2JZ.
2. Avoid intercourse for at least 2 days (not more than 7 days).
3. The sample should be hygienically obtained by masturbation & ejaculated into the container provided. Do not use a condom or lubricant. A complete, single sample is required. If you have problems or objections producing a sample by masturbation, please contact the laboratory on 01482 608948.
4. The sample should be protected from extremes of temperature and kept as close to body temperature as possible.
5. A small car park is situated at the front of the Women & Children’s Hospital; however larger car parks are accessible from Argyle and Fountain St.
7. Please ensure that the information for date/time of collection, abstinence, complete sample, training consent, requesting G.P’s name/signature are entered on the form. Your name and DOB must be written on the container.
8. **Samples received outside of your booked appointment, or without a signed referral card, or a fully labelled specimen pot will NOT be processed.**
9. The results of the test are sent to your G.P / Consultant and cannot be given out over the telephone.
10. We do not accept high-risk viral positive samples.



SEMEN ANALYSIS – PATIENT GUIDANCE NOTES
www.hullivf.org.uk/andrology Open: Mon, Wed, Fri 8:30am-2pm

1. **Book your appointment online at www.hullivf.org.uk/bookings** for your sample drop-off slot or to produce your sample at our on-site facilities.
2. Deliver the sample within **ONE** hour of production to the Hull Andrology Laboratory, (ground floor) Women and Children’s Hospital, Hull Royal Infirmary, Anlaby Road, Hull, HU3 2JZ.
2. Avoid intercourse for at least 2 days (not more than 7 days).
3. The sample should be hygienically obtained by masturbation & ejaculated into the container provided. Do not use a condom or lubricant. A complete, single sample is required. If you have problems or objections producing a sample by masturbation, please contact the laboratory on 01482 608948.
4. The sample should be protected from extremes of temperature and kept as close to body temperature as possible.
5. A small car park is situated at the front of the Women & Children’s Hospital; however larger car parks are accessible from Argyle and Fountain St.
7. Please ensure that the information for date/time of collection, abstinence, complete sample, training consent, requesting G.P’s name/signature are entered on the form. Your name and DOB must be written on the container.
8. **Samples received outside of your booked appointment, or without a signed referral card, or a fully labelled specimen pot will NOT be processed.**
9. The results of the test are sent to your G.P / Consultant and cannot be given out over the telephone.
10. We do not accept high-risk viral positive samples.

