

**NL Health
Services**

PATHOLOGY AND LABORATORY MEDICINE
Semen Analysis Requisition (Part I)



CL2240 2080 02 2020

Name:

HCN:

Date of Birth:

**APPOINTMENT ONLY (FOR ST. JOHN'S AND SURROUNDING AREA). CALL 709-752-3649 TO BOOK
BRING YOUR HEALTH CARE CARD WHEN YOU GO FOR YOUR LAB TEST.**

Requestor(s):

Ordering Provider's Name: <i>(last, first)</i> Ordering Provider's Meditech Mnemonic: EMR Clinic Mnemonic Clinic Stamp : (include fax, provider and mnemonics).	Copy to Provider: <i>(last, first)</i> Clinic name Address Telephone Fax
* Practitioner's Signature _____	* Date of Request _____

Complete by Patient:

Date Collected: DD/MONTH/YYYY _____	Time Collected: HH:MM _____	Date of Vasectomy or Vasectomy Reversal: <i>(if applicable)</i> DD/MONTH/YYYY _____	
Was the complete sample collected in the specimen jar? □ Yes □ No * If No, which portion was lost: □ First □ Middle □ Last	Did you collect your sample by masturbation? □ Yes □ No	Number of days since previous ejaculation: _____	Have you had a fever in the last 3 months? □ Yes □ No * If Yes, how long ago? _____

Test Request: For testing location and delivery requirements, see Side B (back of requisition).

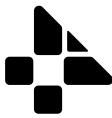
<input type="checkbox"/> Fertility Screen - Semen Analysis	<input type="checkbox"/> Retrograde Analysis - St. John's Only (refer to patient information/ preparation sheet provided by physician).	<input type="checkbox"/> Post-Vasectomy
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ADDITIONAL REQUESTS: (MUST BE PRINTED LEGIBLY - Appointment may be required).

Laboratory Only

Date/Time received in Laboratory: _____ DD/MONTH/YYYY _____ HH:MM _____

Name: _____ Signature: _____



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Collection Requirements

Collection of semen	<ul style="list-style-type: none"> Abstain/DO NOT ejaculate for a minimum of 2 days and maximum of 5 days Collect entire specimen directly into the sterile container provided. Report any loss of specimen. DO NOT use condoms or lubricants unless they are “sperm safe” (e.g. Pre~Seed).
Sample labeling	<ul style="list-style-type: none"> Label container with Patient Name, MCP/HCN and Date/Time of collection. Ensure information is accurate and complete. Sample WILL NOT be tested if it is not properly labeled.
Delivery Requirements	<ul style="list-style-type: none"> Sample MUST remain close to body temperature until it is delivered to the laboratory (e.g. inside jacket pocket). Sample should be received by the laboratory as soon as possible; within 30 minutes for fertility studies and 1 hour for post-vasectomy samples. Some labs may have a designated room available for sample collection (contact local lab for availability). Bring physicians requisition and MCP card.

Laboratory testing locations

St. John's and Surrounding Area: Call to book an appointment prior to sample collection. Appointment Date: _____ DD/MONTH/YYYY Time: _____ HH:MM	<ul style="list-style-type: none"> Fertility Services Laboratory 35 Major's Path-Suite 103, St. John's. Monday - Friday 08:30 A.M. – 4:00 P.M. (Excluding Statutory holidays) Telephone: 709-752-3649
Outside greater St. John's Area: Specimens can be dropped off without an appointment at the locations listed: (Excluding Statutory holidays)	<ul style="list-style-type: none"> Burin Peninsula Health Care Centre Monday - Friday 9:00 A.M. - 2:00 P.M. Carbonear General Hospital. Monday - Friday 8:00 A.M. - 12:00 P.M. Dr. G. B. Cross Memorial Hospital, Clarenville Monday - Friday 8:00 A.M. - 1:00 P.M.