



NL Health
Services

PATHOLOGY AND LABORATORY MEDICINE
Semen Analysis Requisition (Part I)



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: *(last, first)*

Copy to Provider: *(last, first)*

Ordering Provider's Meditech Mnemonic:

Clinic name
Address
Telephone
Fax

EMR Clinic Mnemonic

Clinic Stamp : (include fax, provider and mnemonics).

* Practitioner's Signature

*Date of Request

Complete by Patient:

Date Collected:

Time Collected:

Date of Vasectomy or Vasectomy Reversal: *(if applicable)*

DD/MONTH/YYYY

HH:MM

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).

☐ **Fertility Screen - Semen Analysis**

☐ **Retrograde Analysis - St. John's Only**
(refer to patient information/ preparation sheet
provided by physician).

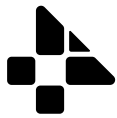
☐ **Post-Vasectomy**

ADDITIONAL REQUESTS: (MUST BE PRINTED LEGIBLY - Appointment may be required).

Laboratory Only

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

Name: _____ Signature: _____



NL Health
Services

PATHOLOGY AND LABORATORY MEDICINE
Semen Analysis Requisition (Part II)



Name:

HCN:

Date of Birth:

BRING YOUR HEALTH CARE CARD WHEN YOU GO FOR YOUR LAB TEST.

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. <i>Pre~Seed</i>).
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: <u>DD/MONTH/YYYY</u> Time: <u>HH:MM</u>	<p>➤ Fertility Services Laboratory 35 Major's Path-Suite 103, St. John's.</p> <p>Monday - Friday 08:30 A.M. – 4:00 P.M. (Excluding Statutory holidays) Telephone: 709-752-3649</p>
Outside greater St. John's Area: Specimens can be dropped off without an appointment at the locations listed: (Excluding Statutory holidays)	<p>➤ Burin Peninsula Health Care Centre Monday - Friday 9:00 A.M. - 2:00 P.M.</p> <p>➤ Carbonear General Hospital. Monday - Friday 8:00 A.M. - 12:00 P.M.</p> <p>➤ Dr. G. B. Cross Memorial Hospital, Clarenville Monday - Friday 8:00 A.M. - 1:00 P.M.</p>