



COLLECTION OF THE SAMPLE

1. Ideally, specimens should be produced at 76 Wimpole Street. Alternatively, specimens may be produced at home if the patient can reach the clinic within 60 minutes.
2. Samples must be brought in immediately after production, and kept in a pocket close to the body.
3. Patients must not have had sex or masturbated for 48 hours before collecting the sample but should not have abstained for a period longer than 5 days.
4. Prior to sample production, wash hands and genitals with water only, then dry thoroughly.
5. Please do not use any soap, gels, lubricants or oils as this will affect the sample and your result.
6. Collect the sample by masturbation, collecting the entire specimen directly into the container.
7. If the specimen cannot be obtained in this way, a special clinical condom will be provided which can be used in conjunction with vaginal intercourse. After a sample is obtained, please use the twist tie to tightly close the top of the condom and place it into the container. A rubber sheath/condom **MUST NOT** be used for semen collection as they are harmful to sperm. Please note: No other forms of sample collection are acceptable.
8. Evidence shows that semen parameters are optimised if 10-15 minutes at minimum is taken to produce the sample.
9. It is essential that the entire ejaculate is collected, as the first part is often the richest in sperm numbers. Please notify a staff member if some of the sample has been lost.
10. It is essential that you only collect **ONE** sample in order to obtain a valid test result. A normal sample volume is approximately half a teaspoonful.

The Container

1. Please use the sterile container provided. No other sample container is acceptable.
2. Do not open the container until ready to produce the sample.
3. Seal the container immediately after sample collection with the lid; make sure the lid is on tightly. Do not use adhesive tapes.
4. Ensure your name, date of birth and time of production is written on the container label.
5. Please fill out the 'Information Form for Patients Producing Semen Samples'. Record name, date of birth, the period of abstinence, the exact time of sample production and the name of the requesting consultant or general practitioner on the form provided. For post vasectomy patients, please provide the date of the vasectomy operation.

Delivery of the Sample

Hand the sample and the completed form to a member of staff in the Andrology office at The Doctors Laboratory within one hour of collection.

UNLABELLED SPECIMEN POTS WILL NOT BE PROCESSED

If you have any difficulties associated with the collection and delivery of your sample please contact the laboratory on 020 7025 7940.

This form must accompany **ALL** semen samples

Name (Forename and Surname)	
Date of Birth	
Name of Partner (full name, only if applicable)	
Address	
Referring Doctor/Practitioner	
When is your next appointment booked with your doctor/practitioner (date and time)	
Date of vasectomy (if applicable)	
Date of semen test	
Appointment time	
Have you had a semen test here before?	
When did you last ejaculate?	

It is essential that you answer all of the following questions:

How did you book your appointment, please tick appropriate box Online <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Dr/Clinic <input type="checkbox"/> Walk-in <input type="checkbox"/>	
Have you been unwell during the last 3 months? If so please explain	
Have you had a fever in the last 3 months?	
Please list any medication that you are currently taking	
What time did you produce this sample?	
Did you get the entire sample into the container? (yes or no)	
Did you have any difficulty in producing the sample? (yes or no)	

After you have produced the sample, please make sure the lid is secure on the sample container and clearly labelled.

It is important that the test we do for you is reliable. To do this, we need to use random samples each day to accuracy check our equipment. Additionally, we are trying to improve testing for male infertility, for example, measuring free radicals and zinc levels in semen which can affect fertility. Please help us, by providing your permission to use any remainder of your sample for these purposes. Be assured that this will NOT compromise your sperm analysis in any way and that the samples will not be used for any other purpose and discarded immediately after.

I DO/DO NOT give my permission to use any remains of my sample for testing (delete as appropriate)

Signed.....



	ADDITIONAL INFORMATION		
How long have you been trying to conceive?			
Do you have children? If so, what age is the youngest?	YES	NO	
Do you smoke? If so how many per day?	YES	NO	
Are you exposed to chemicals (work or hobbies)? If so, which?	YES	NO	
Do you go cycling / spinning? If so state which and for how many miles per week.	YES	NO	
Do you run? If so, how many miles per week?	YES	NO	
Have you run marathons / triathlons?	YES	NO	
Do you do any other form of exercise? If so, which and for how long?	YES	NO	
Do you sit for long periods? (drive for long periods?)	YES	NO	
Do you take: Hot baths/saunas/Jacuzzis/steam baths?	YES	NO	
Do you drink alcohol? If so, how many units per week?	YES	NO	
Do you binge drink?	YES	NO	
Do you drink caffeinated drinks? If so, how many cups per day?	YES	NO	
Do you drink Coca-Cola or similar? If so, how many cans per week?	YES	NO	
Are you taking nutritional supplements? If so, which ones?	YES	NO	
Are you taking any drugs (prescription or recreational)? If so, please specify	YES	NO	
Do you have any medical conditions? If so please specify	YES	NO	
Do you have a varicocoele? If so, please specify	YES	NO	
Have you had any surgery to the testes? If so, please specify	YES	NO	
Have you had any trauma to the testes? If so, please specify	YES	NO	
Have you had any sexually transmitted infections? If so, please specify	YES	NO	
Are there any other factors that you think might have an impact on your fertility? If so please specify	YES	NO	