

POST-VASCECTOMY SEMEN ANALYSIS PATIENT INFORMATION FORM

Carefully review the instruction sheet entitled PATIENT INSTRUCTIONS FOR SEMEN ANALYSIS. Submit this completed form along with your physician's order for testing and your specimen to the Rex Healthcare Laboratory. Specimen should be submitted in a glass container labeled with the patient's first and last name, date of birth, collection date and time. (Glass containers are available from the Rex Healthcare Laboratory.)

1. Name: _____
Last, First, Middle Initial

2. Patient Date of Birth: _____ Days of Sexual Inactivity: _____

3. Date Collected _____ Time Collected _____

4. Collection and Transportation Information:

Was the entire specimen collected? Yes ___ No ___

At what temperature was the specimen kept until delivered to the laboratory? :
Body Temperature: _____

Room Temperature: _____ Duration at Room Temperature: _____

Other Temperature: (Please Specify) _____

5. Was the specimen collected by masturbation (preferred method)?

Yes ___ No ___

If not, how was it collected? _____

Did portion of ejaculate miss container? YES / NO

If yes, circle appropriate response:

First part of ejaculate

Middle part of ejaculate

Last part of ejaculate

If the above questions have not been reported, you may be required to provide another sample.