

Patient Information

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Collection and transport of semen for infertility investigation

This information can be provided in a different language or format (e.g. large print or audio version) on request.

This is a smokefree Trust. Smoking is not allowed in any of our hospital buildings or grounds.

The Trust will not tolerate aggression, intimidation or violence

To have your sample tested an appointment MUST be booked with the laboratory on 01268 524900 ext 8212. You will also need the pretested red lidded specimen pot for your sample. The sample must be produced at home, it is an offence to masturbate in public toilets. Failure to do so may result in a repeat sample being requested.

You have been asked to provide a semen sample so that the doctor can check to see if there are any problems which are associated with non-conception.

The semen sample that you provide will be tested to see the speed at which your sperm move, the structure of the sperm and how many sperm are present in the sample.

You will be asked to provide two samples over a period for initial tests.

To ensure that an accurate result is measured, please follow the instructions below.

- You should **NOT** ejaculate either through intercourse or by masturbation for at least two days before producing the sample. However you should have ejaculated within the seven days before.
- The specimen should be obtained by masturbation and collected directly into the container provided.
- A condom should **NOT** be used for collection of the specimen. No lubricants or other chemicals should be used as this will invalidate the test.
- When collecting the sample, it is important that all of the semen is collected. Sperm are found in the first part of the sample, so it is important that all of the sample is collected. You should note any problems on the tear-off slip overleaf.
- The sample should be kept warm after collection, so please keep it in an inside pocket to take advantage of body heat.
- The sample container should be securely closed and clearly labelled with the date, time of collection, your name and date of birth. Leaking samples will be rejected.
- The sample must be placed in a plastic bag with the Histology/Cytology request form that your doctor gave you at your last appointment and with the form overleaf. This request form must be signed by your clinician and all details complete, including your NHS number. The form and specimen **MUST** be in the male name and not that of your partner.

Basildon University Hospital
Nethermayne
Basildon
Essex SS16 5NL
☎ 01268 524900

Minicom
☎ 01268 593190

Patient Service and
Liaison Service (PALS)
☎ 01268 394440
E pals@btuh.nhs.uk

Specimens should reach the Cellular Pathology Department at Basildon University Hospital within one hour of collection.

The Cellular Pathology Department is open between 8.30am and 3.30pm, Monday to Friday. The department can be found by entering the hospital via the outpatients entrance and turning left. Follow signs for blood tests and go through this area past some seating for patients waiting until you arrive at a set of double doors. Go through these doors; there is a red box on the wall on the right. Please ring the white andrology specimen bell (not the larger intercom) and wait until a member of staff attends.

Your results will be sent to the requesting doctor. For more information please call 01268 524900 ext 8212.

Check:

- You have a booked test appointment for this day before producing your sample.
- You have a red-topped pot labelled 'Semen Analysis'.
- The specimen pot lid is secure.
- The specimen pot is fully labelled in the male name.
- The request form is completed and signed by your clinician in the male name.

The specimen will not be tested if there is failure to complete any of the above.



Please remember to include the completed information below and the specimen request form with each sample.

Full name: _____ Date of birth: ____/____/____

GP / Consultant: _____ NHS No.: _____

Date and time of collection: ____/____/____ _____ am/pm

Days since last ejaculation: _____ Did you collect the entire sample into the container: Yes / No

Have you had a recent illness or high temperature?: Yes / No

Do you have diabetes?: Yes / No

Have you had surgery for any of the following?: (Please circle if yes)

Undescended testes or removal of testes / Hernia repair / Testicular torsion or surgery

Medication / drug information:

Prescribed _____

Recreational drugs _____

Anabolic steroids _____

Do you smoke?: Yes / No If yes, how many per day? _____

Do you drink alcohol?: Yes / No If yes, how many units per day? _____

Are you exposed to any of the following at work?: (Please circle if yes)

Ionising radiation / chronic heat / aniline dyes / pesticides / lead / other _____

I have read and followed the above instructions:

Signature _____

I can confirm that the details on this form and sample are correct:

Signature _____

Please tick this box to consent to your sample being used for internal quality control

(this involves an extra test to aid our processes, after which we will dispose of your sample)