



## Patient semen sample production – analysis or freezing

For clinic use only

Produced at: Clinic / Home

Date of receipt: \_\_\_\_\_

Time of receipt: \_\_\_\_\_

## Instructions

- Wash your hands and genital area with soap and rinse well with warm water
- Do not use any kind of lubricant
- Produce a sample by masturbation and collect the total ejaculate in the sample pot
- Make sure the lid is securely fastened, and leave the pot and this form on the table

To be filled in by the patient:

Name	PATRICK HEARN			DOB	22/08/1985	
Phone number	07828104326		Email	MAIL@PATRICKHEARN.COM		
Partner's name (if applicable)	ZOE KINDLER			Partner's DOB	26/11/1988	
Date produced	8/11/2024	Time produced	15:13	No. of days since previous ejaculation	4	
Total ejaculate collected?	Yes / No	Please list current medications				

I confirm that this pot is labelled with my identifying details, and that it contains an ejaculate which is my own.



(Patient signature)



(Staff signature to confirm ID check)

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ANALYSIS		Reference values	FREEZE DETAILS	
Analysed at	1600		Hospital number	
Analysed by	ERICA		Consents (circle)	GS MT In-house
Liquefaction	Normal / Incomplete		Frozen by	
Viscosity	Normal / High		Number of vials	
Volume	6	≥ 1.5ml	Vial volume	
Concentration	11	≥ 15M/ml	Pot to vials	Witness:
Motility	48	≥ 40%		Time:
Progressive motility	40	≥ 32%	Virology results check	
Normal forms	2	≥ 4%	Vials to location	Witness:
Anti-sperm antibodies (IgG)	Positive / Negative			Date:
Aggregation				Time:
Round cells	3M/ml		Location	1.
				2.
Comments:			Ref on CareFlow?	Y / N

So total  
count just  
within  
normal  
range