

## Referral for a semen analysis after sterilization

Referral information	
Patient's name:	NIN:
Address:	Phone:
To be filled by the referring doctor:	
Referring doctor's name:	
Referring unit:	
Appointment	
<b>Book an appointment</b> at the Fertility laboratory this referral: <b>Monday–Friday from 8.00 AM to</b>	
Arriving at the Fertility laboratory: Turku university Gynaecology Outpatient Clinic, Fertility laborator	
Collecting the sample	
We recommend collecting the sample in the priv Laboratory	ate sampling room located at the Fertility
2 to 7 days must have passed since the last of masturbating directly into the container, and	
If the sample is taken at home, it must be transp sampling. The sample is transported in a breast	·
You can collect a sampling kit from the info desk Outpatient Clinic, or from health centres or labor	
Fill in the information below:	
• Sample taken:/ 20	Time: At home □ At the hospital □
All of the ejaculate was collected:	Yes □ No □
Date of previous ejaculation:	