

Referral for a semen analysis

This referral is for use by medical professionals. The referral is given to the patient. The referral has sections which are filled in by the referring doctor and the patient.

Referral information

Patient's name: _____ NIN: _____

Address: _____ Phone: _____

Spouse's name: _____ NIN: _____

Address: _____ Phone: _____

To be filled by the referring doctor:

Referring doctor's name: _____

Full reply address: _____

Full invoice address: _____

Reason for testing:

- Involuntary childlessness, unprotected intercourse for ____ years. Patient has ____ children.
- Spouse has had ____ early miscarriage(s).
- Other reason, what? _____

Semen analysis has been performed previously:

When and where? _____

At the time, the result was: Normal Abnormal

Appointment

Semen sample analysis requires an appointment. **Book an appointment at the Fertility laboratory as soon as possible after you have received this referral:**

Monday–Friday from 8.00 AM to 10.00 AM, phone 02 313 2357

The Fertility Laboratory is located next to the Gynecology Outpatient Clinic (Naistentautien vastaanotot K).

Address: Turku university hospital, Majakka hospital, Savitehtaankatu 5, 20520 Turku.

You can pick up a sampling kit from:

- Gynecology Outpatient Clinic's reception desk at the Tyks Majakka hospital.
- Other Hospital District of Southwestern Finland (VSSHP) hospitals.
- Municipal health centers.

Collecting the sample

On the day of the sampling, **2 to 7 days** must have passed since the last ejaculation.

- The sample is collected **by masturbating** directly into the container; try to collect the entire ejaculate if possible. Do not use a condom, as they contain substance that is harmful to the sperm.
- In case the sampling fails, a new sample should be taken after 2 to 7 days of abstinence. In this case, you will need a new, clean sampling kit.

Fill in the information below (patient):

- **Sample taken:** ___/___ 20___ Time: _____ At home At the hospital
- **All of the ejaculate was collected:** Yes No
- **Sampling method:** Masturbation How? _____
- **Date of previous ejaculation:** _____ (2–7 days of sexual abstinence).

Transporting and returning the sample

The sample and the referral must be returned to the Fertility laboratory (door "Laboratorio vastaanotto", ring the doorbell) **between 7.30 am and 10.00 am, within one hour of sampling.**

- **The sample must be carefully protected** from heat and cold during transportation (such as inner pocket of your coat). The sample can be stored in room temperature (20°).
- If it is not possible to transport and return the sample to be analyzed within an hour of sampling, it can be collected in the private sampling room located at the Fertility Laboratory.

Filled in by Fertility laboratory: Sample received: _____ Was the sample warm: _____

Medical history for semen analysis

Patient completes the requested information.

Have you had or have you been diagnosed with any of the following?

No Yes

- Mumps in the age of _____. With related testicular infection (orchitis)
- Other testicular disease (cryptorchidism, varicocele etc.): operated at the age of ____.
- Prostatitis in the year _____.
- Epididymis in the year _____.
- Testicular accident/trauma in the year _____.
- Inguinal hernia in the year _____.
- Diabetes, diagnosed in the year _____.

Other chronic disease? Please specify: _____

Have you used medication within the past year?

Write medication name, strength and dosage, start date, and end date.

Have you been exposed to or handled the following substances?

- I have not been exposed.

- I have been exposed to (mark all that apply):
 - Radiation
 - Solvents
 - Pesticides/herbicides
 - Lead
 - Hormones/steroids
 - Other foreign substances? Specify: _____

Smoking, past 3 months?

- I do not smoke

- I smoke _____ cigarettes/day.

Alcohol use, past 3 months?

- I do not drink alcohol

- I drink ___ portions ___ / day, ___ / week, ___ / month.

(One portion equals: 0,33 L beer/cider/long drink, 1 glass/12cl wine, 4cl hard liquor).

Drug use?

- I have not used drugs.

- I have used previously, when? _____

- I use drugs currently, what? _____

Date: _____ **Signature:** _____