



Division of Anatomical Pathology
Semen Analysis Request

Patient's Name: _____
Hospital Medical Record Number: _____
Health Card Number: _____
Date of Birth (yyyy/mm/dd): _____
Referring Physician/PMB#: _____
Address: _____

Copy to Physician/PMB#: _____

Missing information will result in processing delays.

INFORMATION FROM REFERRING PHYSICIAN (Requested Procedure(s))

- Post Vasectomy Examination (presence of sperm only)
- Partial Semen Analysis
(motility, activity score, forward progression, concentration, total count)
- Complete Semen Analysis (Partial Semen Analysis plus Morphology Assessment)

PLEASE NOTE: For Retrograde Ejaculation Urine Exam - please use Cytology Requisition

INFORMATION FROM PATIENT

1. Time of specimen collection: _____ am
2. Date of last ejaculation (prior to today): _____
3. Was the sample kept at body temperature? Yes No
4. Have you had a vasectomy? Yes No
5. If yes, date of surgery: _____
6. Have you had a vasectomy reversal? Yes No
7. If yes, date of surgery: _____

PATIENT INSTRUCTIONS

1. Abstain from sexual intercourse/ejaculation for three days prior to test.
2. Do not collect specimen in a condom.
3. Sample must be collected by masturbation in a specimen container obtained from Physician/Doctor and delivered to the laboratory **within one hour of collection**, (sample to be kept at body temperature).

**PLEASE NOTE: THERE IS NO FACILITY FOR SPECIMEN COLLECTON AT THE LAB.
SPECIMEN DROP OFF: 8:00 AM TO 12:00 NOON - MONDAY TO FRIDAY (EXCLUDING HOLIDAYS) AT:**

**Central Accessioning, 1st Floor
DJ Mackenzie Building
5788 University Avenue
Halifax, Nova Scotia**

- 1. Robert Clark Dickson Centre
- 2. Bethune Building
- 3. D. J. Mackenzie Building
- 4. Centennial Building
- 5. Victoria Building

