



# Capital Health

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 COLLECTION 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

