

(Patient ID Label) Name (FEMALE): DOB: NHS Number: Hospital Number:

(Patient ID Label) Name (MALE): DOB: NHS Number: Hospital Number:

SEMEN ANALYSIS / WASH AND SWIM TEST FORM

THESE TESTS ARE BY APPOINTMENT ONLY.

If an appointment has not already been made for you please telephone 01422 222053.

Date and time of appointment

- Prior to producing your sperm sample, you should not have any sexual activity which results in ejaculation for at least 48 hours, but no longer than 7 days.
- Before producing the sample, you should urinate and then wash your hands and genitals with soap and water. Please ensure complete removal of soap residues and dry thoroughly.
- **The sample should be produced by masturbation only.** The entire sample should be collected into the sterile container provided. Do not use a sheath/condom for collection as these are harmful to sperm. Please do not use any other method of production.
- Make sure the lid is secured tightly.
- Ensure your name and date of birth is on the sample pot.
- At your appointment, you will be asked to complete a questionnaire detailing whether you collected the whole sample, and the date and time of your previous ejaculation.
- It is essential that you bring this form and your request form with you to your appointment.

Any sample inadequately labelled or without a form will not be processed.
Leaking samples will not be processed.

Please note that only pre-booked tests can be processed and you must be aware that we will be unable to continue with treatment unless this test is carried out.

Please telephone 01422 222053 if you are unable to attend for your appointment, or if you require any further advice.