



LABORATORIUM  tel. 056/63.42.00 	Please fill in Patiënt (MAN): (surname/first name): Date of birth: Address: Copy at:.....	Ordernr.: Do not write or stick something in this room please
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REQUESTFORM Sperm-diagnostics

AZ Groeninge

To be completed and signed by the requesting doctor

The undersigned doctor asks to perform the following analysis:

- | | | |
|---|---|--|
| <input type="checkbox"/> 875 Research and cultivation | <input type="checkbox"/> 877 Count roundcells* | <input type="checkbox"/> 880 Control after vasectomy |
| <input type="checkbox"/> 8700 Chlamydia trachomatis PCR | <input type="checkbox"/> 878 Full spermatogram* | |
| | <input type="checkbox"/> 879 MAR-test* | |

***Only on appointment (056/63.42.00)**

on the semen sample of:
(surname, first name and date of birth MAN)

partner of:
(if necessary; surname, first name and date of birth WOMAN);

STAMP DOCTOR + signature:

Instructions for the production and delivery of the semen sample

You always need to make an appointment with the lab for the tests 877, 878 and 879 (see above). Call the lab on the phone number **056/63.42.00**. If you are unable to be on time, please inform us, at the same phone number.

For the tests 875, 8700 and 880 (see above) you do not need to make an appointment with the lab. You produce the sample at home according to the instructions (see below) and bring the sample to the blood-collection desk during the opening hours (weekdays 7h till 21h).

Production at home

1. Consider a sexual abstinence period of 2 to 5 days.
2. In case of the analyzes 878 en 879: deliver the sample at the hospital within the hour after production.
3. Urinate before ejaculation, wash the genitals with water and soap, rinse well with water and dry with a clean towel.
4. Produce the sample by masturbation (no condom, lubricant or vaginal contact).
5. Use the sterile container the doctor gave you, close tightly and protect the sample against cooling in, for example, an inner pocket of a jacket.
6. Don't forget to bring this form and your identity card.
7. Register on arrival at the registration-column at route B010 reception and follow the instructions (if the question occurs 'do you have your sample with you' choose 'yes').
8. Don't take a seat in the waiting room, sign up at the reception.

Production in the hospital

1. Consider a sexual abstinence period of 2 to 5 days.
2. Don't forget to bring this form and your identity card.
3. Please be present 15 min before your appointment.
4. Register on arrival at the registration-column at route B010.
5. Take a seat in the waiting room. When it's your turn, your number will appear on the screen.

To be completed by the patient

Date production semen sample: Time production semen sample: hour min

Was there a part of the sample lost? No Yes, the beginning / the end part (delete what does not fit)

Number of days of sexual abstinence before the sample:

During the last 3 months, did you: -had a fever? No Yes

-took any medication? No Yes If yes, which?.....