

Referral for a semen analysis

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: _____

Referring unit: _____

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

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

Arriving at the Fertility laboratory

Turku university hospital, Majakka hospital, 6th floor, Gynaecology Outpatient Clinic, Fertility laboratory, Savitehtaankatu 5, 20520 Turku.

Collecting the sample

We recommend collecting the sample in the private sampling room located at the Fertility Laboratory

2 to 7 days must have passed since the last ejaculation.

The sample is collected by masturbating directly into the container, and try to collect the entire sample.

If the sample is taken at home, it must be transported into the laboratory within an hour of sampling. The sample is transported in a breast pocket to ensure it will not cool down.

You can collect a sampling kit from the info desk of the Tyks Majakka hospital's Gynaecology Outpatient Clinic, or from health centres or laboratories.

Fill in the information below:

- **Sample taken:** ____/____ 20____ Time: ____ At home ☐ At the hospital ☐
- **All of the ejaculate was collected:** Yes ☐ No ☐
- **Date of previous ejaculation:** _____

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

No Yes

- ☐ ☐ Mumps in the age of _____. ☐ Together with testicular infection
- ☐ ☐ 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: _____

Medication used 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?

- ☐ Radiation
- ☐ Solvents
- ☐ Pesticides
- ☐ Lead
- ☐ Hormones/steroids
- ☐ Other foreign substances? Specify: _____

Smoking, snuff and nicotine products (past 3 months)

- ☐ I do not smoke/use snuff or nicotine products
- ☐ I smoke _____ cigarettes/day.
- ☐ Snuff or nicotine product

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:** _____