

Please bring this Request Form with you on the day of your semen analysis appointment.

Merrion Fertility Clinic, 60 Lower Mount Street, Dublin 2

Q1. HOW DO I MAKE AN APPOINTMENT FOR SEMEN ANALYSIS?

Semen analyses are carried out on Monday to Friday 08:10 to 10:00, by appointment only. To make an appointment, please phone (01) 663 5000 or email us at info@merrionfertility.ie. We will need the name of your referring doctor to make the appointment. Please note the date and time of your appointment here:

Date:

Time:

Q2. HOW MUCH WILL IT COST?

If you and your partner are being referred to Merrion Fertility Clinic for Fertility Assessment, a detailed analysis with sperm preparation is recommended. The fee is €120 for the first test and €100 for subsequent testing if necessary.

The referring doctor must indicate on the reverse of this form which test is required.

Fees are payable at the time of booking.

If the test has been requested by a doctor at the Public OPD clinic at the National Maternity Hospital, there will be no charge.

Q3. WHAT HAPPENS IF I HAVE TO CANCEL MY APPOINTMENT?

If you cannot attend for your appointment, please contact us immediately. 48 hours notice of cancellation is required or a non-attendance fee of €75 will be charged.

PATIENT INSTRUCTIONS FOR SEMEN SAMPLE COLLECTION

- Please abstain from ejaculation (intercourse or masturbation) for **2-7 days** before producing the specimen. **Shorter or longer periods of time may give misleading results.**
- Please ensure good hygiene practise at all times – men are asked to wash genital areas thoroughly on the morning of sample production and to wash hands immediately before and after sample production.
- Always produce your sample into the sterile Sarstedt sample container provided by Merrion Fertility Clinic. Other containers may be toxic to sperm. Try to keep the container closed until you are ready to start producing the sample.
- The semen sample should be obtained by masturbation into the container. Please do not use condoms as these can be toxic to sperm.
- Please note on this form if there was any **spillage** of the sample. This is important when interpreting the analysis as **it may lead to inaccurate results.**
- A private room is available at the clinic to produce your sample if you wish. It is available by appointment.
- If you wish to produce the semen sample off-site, bring the sample to the Merrion Fertility Clinic as soon as possible after production (**within one hour**). Motility may be compromised if longer than one hour and the analysis may need to be repeated. A private room is available at the clinic if you cannot bring the sample in within one hour. Keep the sample warm during transport by carrying the container close to the body, i.e. in an inside pocket.
- Excessive **heat** or **cold** can compromise sperm viability.
- Do not use any lubricant such as KY jelly etc. (these may be toxic to sperm) or produce your sample by 'withdrawal' during intercourse.

Semen Analysis Request Form



Forms
Laboratory LF1.1

Referring Clinic – To be Completed by Referring Clinic:			
Doctor Requesting Analysis:			
Clinic Requesting Analysis:			
Address for report:			
Contact Number:			
Sample is for:	Semen Analysis:		Repeat Semen Analysis:
<i>(Please tick all that apply)</i>	Semen Analysis Renewal:		Retrograde Analysis:
	Morphology only:		MAR (ASAB) only:
	Culture and Sensitivity:		Cryopreservation:

Patient Details – To be completed by Patient			
Patient Name		Date of Birth:	
Partner's Name		Date of Birth:	
Address			
Date of Sample Production		Time:	
Abstinence period from previous ejaculation	_____ Days		
Was there any spillage?	Yes / No	If yes, please quantify approximately:	_____ %
Have you had a previous analysis at MFC?	Yes / No	Have you had a previous analysis elsewhere? If so, where?	Yes / No
Have you ever had difficulty producing a sample in MFC	Yes / No	Have you ever had difficulty producing a sample at home	Yes / No
Illness / Medications in the last 2 months? Please Specify.	Yes / No		

For Research Purposes :

Do you smoke?	Yes / No	No. of Cigarettes/day?	
When did you start trying to conceive? (month/year)			
Have you any previous paternities?	Yes / No	No. of children/miscarriages:	
Are you currently taking any supplements? i.e. vitamins			
What is your height?		What is your weight?	

To be signed in the presence of MFC staff only:

I confirm that the name and D.O.B. on the sample container is correct and that this is my semen sample:

Patient Signature: _____

Staff Signature: _____ Time Received: _____ On-Site / Off-Site