

## To make an appointment:

- Please phone 01-6635000 or email info@merrionfertility.ie. Appointments are from Monday to Friday, between 08:00 – 10:00.
- Samples can be produced at home or in the clinic. Due to recent Covid related restrictions we are asking all patients to produce the sample at home where possible. If you are producing the sample at home, the clinic will post a sample container to you.
- You **must** have a referral from your doctor to book an appointment. The results will **only** be sent to your doctor, results are **never** sent directly to patients.
- If you have had an analysis in another clinic, please send this to the clinic – this may avoid you needing to do a repeat analysis in MFC

## Pricelist

Semen analysis	€120
Repeat semen analysis	€100
Morphology / Anti-Sperm Antibody assessment	€60
Culture and Sensitivity	€40
Retrograde analysis	€150
Cancellation (less than 48 hours prior to appointment)	€75

## PATIENT INSTRUCTIONS: PLEASE READ!!

- **Abstinence period:** 2-7 days abstinence is advised. This means, abstain from ejaculation (intercourse or masturbation) for 2 days prior to your appointment. However, the last time you have ejaculated should not be longer than 7 days prior to your appointment.

### **Abstinence outside of 2-7 days may give a false abnormal result**

- Wash the genital area thoroughly on the morning of sample production
- Wash hands immediately before and after sample production.
- The sample should be provided by masturbation only.
- The following can affect sperm quality and give a false abnormal result.
  - Do not use any lubricant such as KY jelly.
  - Do not produce the sample by withdrawal during intercourse.
  - Do not use condoms.
  - Always use the sample container provided by Merrion Fertility Clinic, other containers may be toxic.
  - Temperature: If you are bringing the sample in from home, you must keep it close to your body. Body temperature is best. Do NOT keep it in your bag. We recommend keeping it inside a jacket or in a pocket.
  - Time: The sample analysis needs to start **within one hour**, if producing the sample at home bring the sample in ASAP. If it is not analysed within one hour the motility can start to decrease.

# Semen Analysis Request Form



**Forms**  
**Laboratory LF1.1**

- Please note on this form if you spilled any of the sample. This may affect the result so it is useful to know when interpreting results.

Doctor Requesting Analysis:	
Clinic Requesting Analysis:	
Address for report:	
Contact Number:	

Patient Details – To be completed by Patient			
Patient Name		Date of Birth:	
Partner 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