



SEMEN COLLECTION INSTRUCTIONS

It is preferable that you have not ejaculated for at least **TWO FULL DAYS** and not more than five days prior to collection of seminal fluid. Please contact City Fertility Centre (CFC) between 8:00am and 5:00pm to arrange a specific time to deliver your specimen or to book a time to produce the sample at our laboratory. **APPOINTMENTS ARE ESSENTIAL.**

1. Label the container with your name and date of birth. Please note the unlabelled specimens cannot be accepted by the laboratory.
2. Empty your bladder, then wash and rinse your hands before the sample is collected.
3. Seminal fluid must be collected by **masturbation**. Interrupted intercourse is not acceptable because the first portion of the ejaculate, which contains the highest concentration of sperm, may be lost.
4. When entire sample is collected into jar, replace lid and firmly tighten to prevent any spillage. When washing hands please ensure that **NO WATER** comes into contact with the specimen, as this will have a detrimental effect on the sample. Water will destroy sperm.
5. **DO NOT** use condoms or **any lubricants** as these will affect the viability of the sperm
6. **DO NOT REFRIGERATE** the specimen or allow the temperature to rise above body temperature.
7. Please complete the **PATIENT DECLARATION** portion of this form and **RETURN IT** with the specimen to CFC.
8. Please return the specimen and the paperwork to CFC within **ONE HOUR** of collection.
9. If your doctor has provided you with a semen test request slip, please return it to CFC with the specimen.

PLEASE NOTE: IF YOU ARE HAVING DIFFICULTY PRODUCING A SAMPLE DON'T PANIC. CONTACT CITY FERTILITY CENTRE AND WE MAY BE ABLE TO ARRANGE AN ALTERNATIVE TIME

PATIENT DECLARATION

"I HEREBY CERTIFY THAT I HAVE READ THE PRIVACY STATEMENT SUPPLIED TO ME BY CITY FERTILITY CENTRE AND THAT THE SEMEN SAMPLE IN THE CONTAINER MARKED WITH MY/MY PARTNERS NAME, AND DATE OF BIRTH, IS MY/MY PARTNERS SAMPLE"

FULL NAME	(If frozen sample place patient sticker here)	DATE OF BIRTH	
PARTNER		DATE OF BIRTH	
ADDRESS			
DID YOU COLLECT THE WHOLE SAMPLE:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DAYS ABSTINENCE (days since last ejaculation)	
DATE OF SAMPLE PRODUCTION	____ / ____ / ____	TIME OF PRODUCTION	am / pm
SIGNATURE			

Place sample ID number (sticker) in this reference box please

CITY FERTILITY CENTRE USE ONLY

Received / thawed by:	Received from:	Circle ID sighted	Date and time received OR Date of thaw	Freeze ID label
(Initial)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Driver's license / Passport / Student ID / Other	____ / ____ / ____ am / pm	
			Donor sperm code (when applicable): _____	

City Fertility Centre Laboratory Locations:

BRISBANE	Brisbane Private Hospital, Level 8, 259 Wickham Tce, Spring Hill	Ph 1800 123 483
SUNNYBANK	Level 1, 309 Mains Rd, Sunnybank	Ph 1300 483 784
GOLD COAST	Eastside Building, 232 Robina Town Centre Drive, Robina	Ph 1300 859 116
SYDNEY	Level 1, Suite 101, 7 Moore Street (Access via Bigge St) Liverpool	Ph 1300 277 447
MELBOURNE	493 St Kilda Rd, Melbourne	Ph 1300 781 483
BUNDOORA	Level One, Suite One, 240 Plenty Rd, Bundoora	Ph 1300 483 232
ADELAIDE	Western Hospital, Suite 11, 1 st Floor, 168 Cudmore Tce, Henley Beach	Ph 1300 483 235

Patient name: _____
Patient DOB: _____

SAMPLE ID NUMBER

Prep Scientist _____
Witness _____
Fresh sample Frozen sample

Time Analysed am / pm pH _____ Appearance Normal / Other: _____ Viscosity Normal /+ / ++ / +++

INITIAL				Repeat as Required				Report as	
Count	Assessment 1			Count	Assessment 1			Volume	ml
	x 10 ⁶ /ml				x 10 ⁶ /ml				
	Assessment 2				Assessment 2				
x 10 ⁶ /ml			x 10 ⁶ /ml			Count (Average)	x 10 ⁶ /ml		
Sum		Diff		Sum				Diff	
Accept	Yes / No			Accept	Yes / No				
Motility Assessment 1 (%)				Motility Assessment 1 (%)				Motility (Non-Prog + progressive)	%
Immotile _____ / Non-Prog _____ / Progressive _____				Immotile _____ / Non-Prog _____ / Progressive _____					
Motility Assessment 2 (%)				Motility Assessment 2 (%)					
Immotile _____ / Non-Prog _____ / Progressive _____				Immotile _____ / Non-Prog _____ / Progressive _____				Immotile _____ % Non-Prog _____ % Progressive _____ %	
Average		%	Diff		%	Diff			
Accept	Yes / No			Accept	Yes / No				

Morphology				Morphology (Repeat as Required)				Report as Morphology (Average)	
Morphology	Assessment 1			Morphology (Repeat as Required)	Assessment 1			%	
	%				%				
	Assessment 2				Assessment 2				
%			%			%			
Average		%	Diff		%		Diff		
Accept	Yes / No			Accept	Yes / No				

FINAL / POST THAW				FINAL INSEMINATION CALCULATION 100,000/final count/final motility/10 = insemination volume				Report as Prep Method	
Count	Assessment 1			Final insemination volume (IVF only) =	Calculation scientist sign:			Volume	ml
	x 10 ⁶ /ml								
	Assessment 2				Witness calculation scientist sign:				
x 10 ⁶ /ml						Count (Average)	x 10 ⁶ /ml		
Sum		Diff		<p>If sample is delivered to the laboratory for preparation by the patient receiving treatment, then the person who collected the sample for the insemination process must be contacted and confirmed that the sample is his.</p> <p>Date and time called: Scientist making call to partner: Confirmation to proceed with preparation of delivered sample received YES / NO</p>					
Accept	Yes / No								
Motility Assessment 1 (%)									
Immotile _____ / Non-Prog _____ / Progressive _____									
Motility Assessment 2 (%)									
Immotile _____ / Non-Prog _____ / Progressive _____									
Average		%	Diff		Motility (Non-Prog + Progressive)	%			
Accept	Yes / No								
Accept	Yes / No								

HALO Result (Repeat as Required)				SAB (IgG) Result (Repeat as Required and note head (H) or tail (T) binding)				Report as HALO Result (Average)	
HALO Result (Repeat as Required)	Assessment 1		Repeated		SAB (IgG) Result (Repeat as Required and note head (H) or tail (T) binding)	Assessment 1		Repeated	
	%		%			%		%	
	Assessment 2		Repeated			Assessment 2		Repeated	
%		%		Primary binding location: H / T				%	
Average		%	Diff		%	Diff			
Accept	Yes / No			Accept	Yes / No				

Comments: Doctor contacted if test unable to be completed YES / NO by: (initial) (time)

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Antibodies (Average) _____ % 2 of 2