

ANDROLOGY REQUEST

**Issued from Division of Pathology, The James Cook University and Friarage Hospitals,
James Cook Enquiries: 01642 854131, Friarage Enquiries: 01609 763040.**

Tick Here – PP		Urgent – Date Required																															
HOSPITAL/GP SURGERY WARD/DEPARTMENTCONSULTANT/GP		OFFICE/LAB USE ONLY LAB NO:																															
PATIENT DETAILS																																	
NHS NO:HOSPITAL NO: SURNAME: FIRST NAME: ADDRESS: DOB: SEX:																																	
SEMEN ANALYSIS: Please tick which test is required: INFERTILITY INVESTIGATIONS ☐ POST VASECTOMY ☐ VASECTOMY REVERSAL ☐		DATE/TIME TAKEN _____ Period of abstinence: _____days																															
		DATE /TIME RECEIVED _____ DATE /TIME PROCESSED																															
CLINICAL DETAILS: FOR LABORATORY USE ONLY: <table border="1"><tr><td>Volume:</td><td></td></tr><tr><td>Colour:</td><td></td></tr><tr><td>Viscosity:</td><td></td></tr><tr><td>pH:</td><td></td></tr><tr><td>Sperm count:</td><td></td></tr><tr><td></td><td></td></tr><tr><td>Motility:</td><td></td></tr><tr><td>Total Motility =a+b</td><td>%</td></tr><tr><td>a) Rapid</td><td>%</td></tr><tr><td>b) Non-progressive</td><td>%</td></tr><tr><td>c) Immotile</td><td>%</td></tr><tr><td></td><td></td></tr><tr><td>Viability:</td><td>% live sperm</td></tr><tr><td>Morphology:</td><td>% normal forms</td></tr><tr><td>Comment:</td><td></td></tr></table>		Volume:		Colour:		Viscosity:		pH:		Sperm count:				Motility:		Total Motility =a+b	%	a) Rapid	%	b) Non-progressive	%	c) Immotile	%			Viability:	% live sperm	Morphology:	% normal forms	Comment:		Request entry:	
		Volume:																															
		Colour:																															
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Request Update:																																	
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Report typed by Date:																																	