

**HULL ANDROLOGY UNIT - SEMEN ANALYSIS**  
**APPOINTMENTS MUST BE BOOKED ONLINE -**  
**[www.hulleastridingfertility.co.uk/bookings](http://www.hulleastridingfertility.co.uk/bookings)**

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**TO BE COMPLETED BY GP/CONSULTANT**

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Surname ..... NHS No .....

Surname ..... NHS No .....

Forename(s)..... DOB .....

Forename(s)..... DOB .....

GP/Consultant.....Practice .....

GP/Consultant.....Practice .....

NHS Private

NHS Private

Please tick relevant box

Please tick relevant box

**Please sign & print (Medical Officer)**  
*Please note the results will not be issued without an authorised signatory.*

**Please sign & print (Medical Officer)**  
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**Test Required?** Please Circle  
Fertility investigations  
Post vasectomy (Date of procedure \_\_/\_\_/20\_\_)

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Fertility investigations  
Post vasectomy (Date of procedure \_\_/\_\_/20\_\_)

**Clinical Information**

**Lab use only**  
**Time of receipt:**  
**Operator:**  
**Lab no.:**

**Clinical Information**

**Lab use only**  
**Time of receipt:**  
**Operator:**  
**Lab no.:**

**TO BE COMPLETED BY PATIENT**

**TO BE COMPLETED BY PATIENT**

Specimen Collection:

Specimen Collection:

Date.....Time .....

Date.....Time .....

Days of abstinence.....Complete sample? YES/NO

Days of abstinence.....Complete sample? YES/NO

I confirm that this sample is my own.....(sign)

I confirm that this sample is my own.....(sign)

Do you object to your sample being used for training purposes? Yes/No

Do you object to your sample being used for training purposes? Yes/No

**SEMEN ANALYSIS – PATIENT GUIDANCE NOTES**[www.hulleastridingfertility.co.uk/bookings](http://www.hulleastridingfertility.co.uk/bookings)Open: Mon, Wed, Fri 8:15am-2pm[andrology@hullfertility.co.uk](mailto:andrology@hullfertility.co.uk)

1. **You must book your appointment online at [www.hulleastridingfertility.co.uk/bookings](http://www.hulleastridingfertility.co.uk/bookings)** for your sample drop-off slot or to produce your sample at our on-site facilities. Samples must be delivered within **45 MINUTES** of production to the Hull Andrology Laboratory, Hull & East Riding Fertility, Hesslewood Office Park, Ferriby Road, Hessle, HU13 0JA.
2. Avoid all sexual activity for at least 48 hours (not more than 7 days).
3. The sample should be hygienically obtained by masturbation & ejaculated into the container provided. Do not use a condom or lubricant. A complete, single sample is required. If you have problems or objections producing a sample by masturbation, please contact the laboratory on 01482 689040 or email [andrology@hullfertility.co.uk](mailto:andrology@hullfertility.co.uk).
4. The sample and its container should be protected from extremes of temperature and kept as close to body temperature as possible (20°C to 37°C) prior to, during and after production.
5. A free car park is situated at the front of the Hull & East Riding Fertility services.
6. Please ensure that the information for date/time of collection, abstinence, complete sample, training consent, requesting G.P's name/signature are entered on the form. Your name and date of birth must be written on the container.
7. **Samples received outside of your booked appointment, or without a signed referral card, or a fully labelled specimen pot will NOT be processed.**
8. The results of the test are sent to your G.P / Consultant within 7 working days and cannot be given out over the telephone. Clinical advice is available to GPs/Consultants upon request.
9. We do not accept high-risk viral positive samples.
10. If English is not your first language and you feel you would benefit from an interpreter, this can be offered by prior arrangement.

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