

## SEMINAL FLUID ANALYSIS

**N.B! The sample must be delivered to the Family Institute in person**

### Ordered Test

**GENERAL SEMINAL FLUID ANALYSIS**

The analysis includes a macroscopic and microscopic evaluation of seminal fluid, a computer analysis of seminal fluid, and a microscopic analysis of sperm.

**SEMINAL OXIDATIVE STRESS TEST**

**SEMINAL MICROBIOLOGICAL ANALYSIS (TBG)**

Semen anaerobic, aerobic, microaerophilic, and mycology culture analysis (an antibiogram will be carried out by the diagnostician in the event of a positive result)

**SEMINAL MICROBIOLOGICAL ANALYSIS (M/U)**

Culture tests for *Mycoplasma/Ureaplasma* species

### Seminal Fluid Collection Instructions

No. of days since last intercourse	Seminal fluid collection time	Was the seminal fluid collected during a natural act of genital intercourse? <input type="checkbox"/> YES / <input type="checkbox"/> NO
------------------------------------	-------------------------------	--

### Collection of Test Result(s)

You can collect the test result(s) the next working day. Please mark your test result(s) collection preferences with an "X":

**I WILL COLLECT THE TEST RESULT(S) IN PERSON FROM THE RECEPTION DESK**

Daily from 8:00 - 20:00 hrs

**PLEASE SEND THE TEST RESULT(S) BY EMAIL TO THE CORRESPONDENCE ADDRESS PROVIDED BY ME IN THE ADDITIONAL CONSENT FORM**

(Your additional consent is required for the diagnostic test results to be sent to you in electronic form)

**PLEASE SEND THE TEST RESULTS BY REGISTERED MAIL TO MY CORRESPONDENCE ADDRESS**

### Patient Particulars

Name	Surname	Referring Physician
PESEL/Passport no.	Age in years	Signature
Date	Place	

### To be completed by the Reception Personnel

Sample Delivery Time:	Comments:
-----------------------	-----------