

Client Details

Attach an addressograph label:

First Name / Surname: _____ DOB: _____

Mobile No: _____ Other Contact No: _____

Address: _____

Partners First Name/ Surname: _____ Chart No. (if applicable) : _____

Referring Doctor Details**Requested by / Report to:** GP Rotunda IVF EM (Ppx OPD RR (Ppx OPD **(Please write clearly using BLOCK capitals, as this is the address to which the results will be returned)**

Doctors Name / Surname: _____ Tel: _____

Address: _____ Fax: _____

| Service requested | Tick | Indication for Test | Clinical Details |
|---|------|---------------------|---|
| Routine Semen Analysis Previous SA Test results: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not applicable <input type="checkbox"/> <i>If abnormal, please include details of abnormality and where test was performed:</i> | | | History of recent illness / current treatment / medication/ known infection risk: Previous ART Treatment history: |
| DNA Integrity Testing Only | | | |
| Both Routine Semen Analysis and DNA Integrity Testing <i>(If sample volume permits, otherwise a second appointment will be arranged)</i> | | | |
| Request for Semen Cryostorage | | | Appointment arranged to sign freezing consent YES <input type="checkbox"/> NO <input type="checkbox"/> Freezing Consent signed YES <input type="checkbox"/> NO <input type="checkbox"/> Appointment made for EU screening YES <input type="checkbox"/> NO <input type="checkbox"/> EU screening within date YES <input type="checkbox"/> NO <input type="checkbox"/> |

Rotunda IVF
Semen Analysis / Cryostorage Request Form

To be filled in by Client (after sample collection)

1. Date:/...../.....
2. Time of collection of sample:.....
3. Period of abstinence from ejaculation (*from intercourse/masturbation*)..... days.
4. Did you take this sample at: Home Rotunda IVF Elsewhere
5. Is this the first sample that you have produced at **Rotunda IVF**? Yes No
6. Was the full sample collected into the pot? ? Yes No
- If NO, was more than half of the sample collected? Yes No
7. Did you have any difficulty producing this sample? Yes No

If there is any information you would like to add which you feel may be relevant to the interpretation of your result: e.g. recent illness, or medication:

Consent for Routine Analysis:

I consent to the procurement of my semen sample for the purpose of analysis and confirm that the name and date of birth on both this form and on the sample container relate to me and are accurate. I understand that if there is any discrepancy between these and the form I have completed that my sample will not be processed.

Print Name: _____ Sign: _____

Date: _____

Witness Name: _____ Sign: _____

Date: _____

Consent for DNA Integrity Testing

I consent to the procurement of my semen for testing of my semen for DNA Fragmentation Index testing. I give consent to Rotunda IVF to analyse my semen and to cryopreserve and store it until it is shipped for analysis to the Biomnis laboratory (France). After it has been tested, I am aware that it will discarded and will not be used for any in vitro human application.

I further confirm that the name and date of birth on both this form and on the sample container relate to me and are accurate. I understand that if there is any discrepancy between these and the form I have completed that my sample will not be processed.

Print Name: _____ Sign: _____

Date: _____

Witness Name: _____ Sign: _____

Date: _____

Lab use only:

Date and Time Received:...../...../..... am/pm Lab A / No.....