

LAB REFERENCE NO.:

RVI CYTOLOGY

FOR LABORATORY USE ONLY:

SURNAME:	FORENAME(S):
DATE OF BIRTH:	CLINICIAN/GP:
HOSPITAL NO.:	NHS NO.:
HOSPITAL:	WARD/CLINIC:

Time Received:

Macro:

Micro:

Date of Procedure: ____ / ____ / ____ (dd/mm/yy)

Requesting Clinician Signature:

.....

Print Name:

.....

Contact No.:

.....

ABST	EJAC
COMP	POTX
DPROD	TPROD

CLINICAL CYTOLOGY
POST-VASECTOMY
SEMEN ANALYSIS
(PVSA)

THIS BOX MUST BE COMPLETED BY PATIENT

All questions **MUST** be answered or your sample may be rejected.

(Please read instructions on the right before completing by encircling the appropriate answer)

I have ejaculated at least 20 times since the vasectomy:

YES / NO

I have abstained from ejaculating for between 2 and 7 days before producing this sample:

YES / NO

The complete sample is in the specimen pot:

YES / NO

Date of Production: ____/____/____

Time of Production: ____:____ (hour:minutes)

I consent for any left-over sample to be used by laboratory staff for training and/or checking quality control in the laboratory:

YES / NO

Contact No.:

Signature

Date: ____/____/____

Information for Patients:

Before you collect your sample:

- σ The first sample should be submitted **at least 16 weeks** after the vasectomy has been performed.
- σ You should have ejaculated at least 20 times prior to submitting your first sample.
- σ Samples should be collected after a minimum of two days but no longer than seven days of sexual abstinence.

To collect your sample:

- σ Use only the container provided for your sample. Do not use a condom to collect your specimen as these are harmful to sperm.
- σ Collect your specimen at **home**.
- σ **It is very important that the entire specimen goes into the container and none is lost.** If some sample is lost, select 'N' for the Complete Sample.
- σ Ensure that the container is securely closed.

Please label the specimen container with:

- σ Your full name and date of birth
- σ The type of specimen (semen)
- σ The **date** and **time** the specimen was produced

Please ensure that the request form provides the following information:

- σ Your full name, address and date of birth
- σ Your GP's name and surgery OR referring clinician
- σ The date of your vasectomy

- σ The **date** and **time** the specimen was produced
- σ Consent (or not) for the use of surplus sample for training and validation
- σ Contact telephone number
- σ **NB: samples without complete labels or forms may not be accepted**

Delivering your specimen to the hospital:

- σ Keep the specimen at room temperature or as near to body temperature as possible (for example: by transporting it in your pocket)
- σ Your specimen must be delivered **within 2 hours** of production to the:

Cellular Pathology Department at the Royal Victoria Infirmary (in the New Victoria Wing, LEVEL 3) on any week day (Monday to Friday) 8:00AM to 3:00PM (excluding Bank Holidays). Please ensure that the sample is handed to a member of laboratory staff.

- σ If any sperm are identified in your sample, you will be asked to provide a repeat sample at the hospital