



Centre for Reproduction and Gynaecology **Wales and West**

**Centre for Reproduction and Gynaecology Wales and West**

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## **\*NEW BASIC SEMEN ANALYSIS SERVICE AT CRGW PLYMOUTH (formerly Ocean Suite)\***

Please find enclosed an information sheet that provides the instructions to be given to the patient for booking, preparing for and attending the appointment.

Due to the Covid-19 pandemic, our practices and treatments have had to be adapted. Therefore, we ask you to complete this form **and** the Covid-19 questionnaire as accurately and fully as possible.

**Failure to complete these forms completely will result in the sample being rejected and the analysis not being carried out. This is for the health and safety of our staff and patients.**

If you require any further information please do not hesitate to contact CRGW on 01752 787 999 or email [lab@crgwplymouth.co.uk](mailto:lab@crgwplymouth.co.uk).

**PLEASE NOTE – WE DO NOT PROVIDE A POST VASECTOMY CHECKING SERVICE**

## Patient Information Sheet

### Instructions:

- These tests are undertaken at **CRGW Plymouth**, 10 William Prance Rd, Plymouth PL6 5WR. Please follow the instructions given below:
- Please telephone CRGW Plymouth to book an appointment on **01752 787 999**.
- All appointments must be booked in advance. Appointments are available Mon – Fri only am & pm.
- No appointment = no testing.
- Abstain from ejaculation (intercourse or masturbation) for 2 to,5 days before producing sample.
- Ideally, smoking/drug use should be stopped for at least 3 months prior to the test and alcohol intake should be kept to a minimum.
- **Sample production** – Clean the penile area before producing the sample by masturbation. Only use the container provided. **Do not use a condom or any other lubricants.**
- Produce your sample **at home** and bring it to the unit **WITHIN ONE HOUR OF PRODUCTION** at your allocated appointment time. Try to keep the sample warm (by placing it in a pocket close to the body).
- Complete all the details on the form below and the Covid questionnaire and hand those over with your sample.
- Make sure you have written **your name and date of birth** on the sample pot.
- If you are unable to attend your appointment for any reason please ring to cancel/ change your appointment on 01752 787 999.
- **Please fill this part of the form in prior to your appointment:**

Male patient full name	
Male date of birth	
Male NHS Number	
Partner full name	
Partner date of birth	
GP Name	
GP Surgery	
GP Phone number	

- **Please fill this in after you have produced your sample:**

Date sample produced?		Time sample produced?	
Number of days abstinence (from ejaculation)?		Any spillage?	YES/NO If yes how much?.....
<b>Please indicate any of the following in the last three months</b>			
Any significant illness?			
Medications taken?		Alcohol/drug consumption in last 48 hours?	

I, \_\_\_\_\_, declare that this is my semen sample and that my details correspond with the details written on the sample container. I confirm that my sample has not been tampered or interfered with in any way between the time of production and the time it has been handed in to the laboratory.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_