

# REPRODUCTIVE BIOLOGY LABORATORY / PACIFIC IVF

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Honolulu, HI 96826

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Laboratory Director

## SEMEN ANALYSIS INFORMATION

Please fill out this information to assist us in the evaluation of your semen analysis results.

Patient name: \_\_\_\_\_ Date of analysis: \_\_\_\_\_

Doctor and/or clinic requesting test: \_\_\_\_\_

1. Specimen was  collected in the hospital  collected elsewhere and transported to the hospital  
time of collection \_\_\_\_\_  
exposed to excessive heat or cold? \_\_\_\_\_

2. Days of abstinence (no sexual activity): \_\_\_\_\_ days

3. Specimen was collected into a sterile specimen container:  Yes  No

4. Specimen collected by:  Masturbation  
 Intercourse / withdrawal  
 Other \_\_\_\_\_

5. Did you have any problems collecting the specimen?  No  
 Incomplete specimen collected  
 Other \_\_\_\_\_

6. Are you now taking or in the last three months have you taken prescription medication?  Yes  No  
If yes, please list the medication name(s) and purpose. \_\_\_\_\_

7. Have you taken non-prescription medications (cold capsules, etc.) within the last two days?  Yes  No  
If yes, please list the medication name(s) and purpose. \_\_\_\_\_

8. Is this your first semen analysis?  Yes  No – please inform the laboratory technician

**LAB USE ONLY**

Time delivered to the lab: _____	I.D. Verified: _____	Case #: _____
Time analysis started: _____	Tech: _____	Temp: _____
Time motility analysis done: _____	Rx received: _____	pH: _____

Results reported to: \_\_\_\_\_  
Phoned (Time) \_\_\_\_\_  
Verbal verification (Initial) \_\_\_\_\_  
Faxed (Date) \_\_\_\_\_  
Mailed (Date) \_\_\_\_\_  
Delivered (Date) \_\_\_\_\_

Fill out if patient had a previous SA:  
Date of last SA \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Results \_\_\_\_\_

Results reviewed by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Analytical / Clerical / Sup. review)