

Semen Analysis/Anti-Sperm Antibody Test

Date: _____

Patient's Name: _____

Partner's Name: _____

SSN: _____

SSN: _____

DOB: _____

DOB: _____

TEST(S) ORDERED:	TIMES:	METHOD OF COLLECTION:	LIQUEFACTION:	COLLECTED IN:	Abstinence: _____
<input type="checkbox"/> Semen Analysis	Collected: _____	<input type="checkbox"/> Masturbation	<input type="checkbox"/> Complete	<input type="checkbox"/> Specimen Cup	Vas. Reversal: _____
<input type="checkbox"/> Direct ASAB	Arrived: _____	<input type="checkbox"/> Aspiration	<input type="checkbox"/> Incomplete	<input type="checkbox"/> SCD	Physician: _____
<input type="checkbox"/> Freeze	Examined: _____	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Gelatinous Masses		Lab Dir: <u>M. VerMilyea,</u>
<input type="checkbox"/> MESA/TESE	Completed: _____	<input type="checkbox"/> Retrograde	<input type="checkbox"/> Viscous		<u>PhD,HCLD/CC (ABB)</u>
		<input type="checkbox"/> Home Collection	<input type="checkbox"/> Clump/Debris observed		
		<input type="checkbox"/> Incomplete Collection	results may be inaccurate		

Medications/Illness in the last 90 days: _____

Semen Analysis

Results:

Normal Values (WHO 4th ed.):

Initial Volume: _____ mL	Volume: ≥ 2.0 mL
Resuspended Volume (if applicable): _____ mL	Concentration: ≥ 20.0 x 10 ⁶ /mL
Concentration: _____ x 10 ⁶ /mL	Total Count: ≥ 40.0 x 10 ⁶
Total Count: _____ x 10 ⁶	Motility: ≥ 50%
Motility: _____ %	Normal Morphology: ≥ 15%
Normal Morphology: _____ %	White Blood Cells: < 1 x 10 ⁶ /mL
White Blood Cells: _____ x 10 ⁶ /mL	Progression (1-slow to 4-fast): ≥ 2
Immature Sperm: _____ x 10 ⁶ /mL	pH: 7.2 - 7.8
Total Motile: _____ x 10 ⁶	Andrologist: _____
Total Motile Normal: _____ x 10 ⁶	
Progression (1-slow to 4-fast): _____	
pH: _____	
Appearance: _____ Gray _____ Opaque _____ Other: _____	

Comments: _____

Anti-Sperm Antibody Test

Direct ASAB	% Head	% Mid	% Tail	% Tail Tip	% Multi	% Total	Interpretation (positive if IgG ≥ 20%)
IgG							

FREEZE INFORMATION:

Tank	
Canister	
Cane	
Method Frozen	Standard Sperm Freeze

SPECIAL COLLECTION INSTRUCTIONS:

Recommended Days Abstinence	
In Media	
With Chymo	
Other	

Specimen Dropped Off By (Patient/Partner):	Time:	Specimen is correctly labeled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Specimen Received By (Staff):	Time:	ID Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No