

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:	
<input type="checkbox"/> Semen Analysis	Collected: _____	<input type="checkbox"/> Masturbation	<input type="checkbox"/> Complete	<input type="checkbox"/> Specimen Cup	Abstinence: _____
<input type="checkbox"/> Direct ASAB	Arrived: _____	<input type="checkbox"/> Aspiration	<input type="checkbox"/> Incomplete	<input type="checkbox"/> SCD	Vas. Reversal: _____
<input type="checkbox"/> Freeze	Examined: _____	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Gelatinous Masses		
<input type="checkbox"/> MESA/TESE	Completed: _____	<input type="checkbox"/> Retrograde	<input type="checkbox"/> Viscous		Physician: _____
		<input type="checkbox"/> Home Collection			Lab Dir: <u>M. VerMilyea,</u>
		<input type="checkbox"/> Incomplete Collection			<u>PhD, HCLD/CC (ABB)</u>

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: $\geq 20.0 \times 10^6$ /mL
Concentration: _____ $\times 10^6$ /mL	Total Count: $\geq 40.0 \times 10^6$
Total Count: _____ $\times 10^6$	Motility: $\geq 50\%$
Motility: _____ %	Normal Morphology: $\geq 15\%$
Normal Morphology: _____ %	White Blood Cells: $< 1 \times 10^6$ /mL
White Blood Cells: _____ $\times 10^6$ /mL	Progression (1-slow to 4-fast): ≥ 2
Immature Sperm: _____ $\times 10^6$ /mL	
Total Motile: _____ $\times 10^6$	
Total Motile Normal: _____ $\times 10^6$	
Progression (1-slow to 4-fast): _____	Andrologist: _____
Comments: _____	

Anti-Sperm Antibody Test

Direct ASAB	% Head	% Mid	% Tail	% Tail Tip	% Multi	% Total	Interpretation (positive if IgG or IgA $\geq 20\%$)
IgG							
IgA							

Andrologist: _____

FREEZE INFORMATION:

Tank	
Canister	
Cane	
Method Frozen	Standard Sperm Freeze

Andrologist: _____

SPECIAL COLLECTION INSTRUCTIONS:

Recommended Days Abstinence	
In Media	
With Chymo	
Other	

Andrologist: _____

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