

LAB NUMBER ONLY



Royal Devon and Exeter
NHS Foundation Trust

Post Vasectomy Investigation Request Form

IMPORTANT: Please complete ALL DETAILS on form and specimen. Patient details may be typed onto the form directly and then printed and given to the patient to complete. Forms with illegible or missing data may be rejected.

| PATIENT DETAILS | | | | | | | | | | TO BE COMPLETED BY PATIENT | |
|---|---|---|---|---|-----|---|---|---|--|---|--|
| NHS No. (or hosp no) | | | | | | | | | | MUST be completed or the sample will be rejected | |
| Surname | | | | | | | | | | | |
| Forename | | | | | | | | | | | |
| DoB | D | D | M | M | Y | Y | Y | Y | | | |
| Private | | | | | NHS | | | | | Date of collection | |
| | | | | | | | | | | DD/MM/YYYY | |
| CONSULTANT / GP | | | | | | | | | | Time of collection | |
| WARD / DEPARTMENT GP SOURCE CODE | | | | | | | | | | HH:MM | |
| COPY OF REPORT TO | | | | | | | | | | Did you collect the entire sample? | |
| REQUESTED BY (BLOCK CAPITALS) | | | | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| SIGNATURE | | | | | | | | | | NB. Samples not received within 4 hours of collection will not be suitable for the assessment of motility | |
| 1st / 2nd or other sample post vasectomy | | | | | | | | | | | |

Instructions to patient for collection of seminal fluid for post vasectomy analysis

- You should have a specimen container and instructions from your GP or clinician.
- The container provided **MUST** be labelled with your **FULL NAME**, **DATE OF BIRTH** and the **DATE** and **TIME** of collection. **Unlabelled specimens will not be accepted, so please make sure that the specimen is clearly identified.**
- The specimen should ideally be collected in the morning and preferably delivered within 4 hours.
- PLEASE DELIVER THE SPECIMEN AND REQUEST FORM TO:**
Post Box in Main Reception, Pathology Laboratory, Royal Devon & Exeter Hospital (Wonford), Church Lane, Exeter EX2 5AD
(see overleaf for directions)

See website for further information:

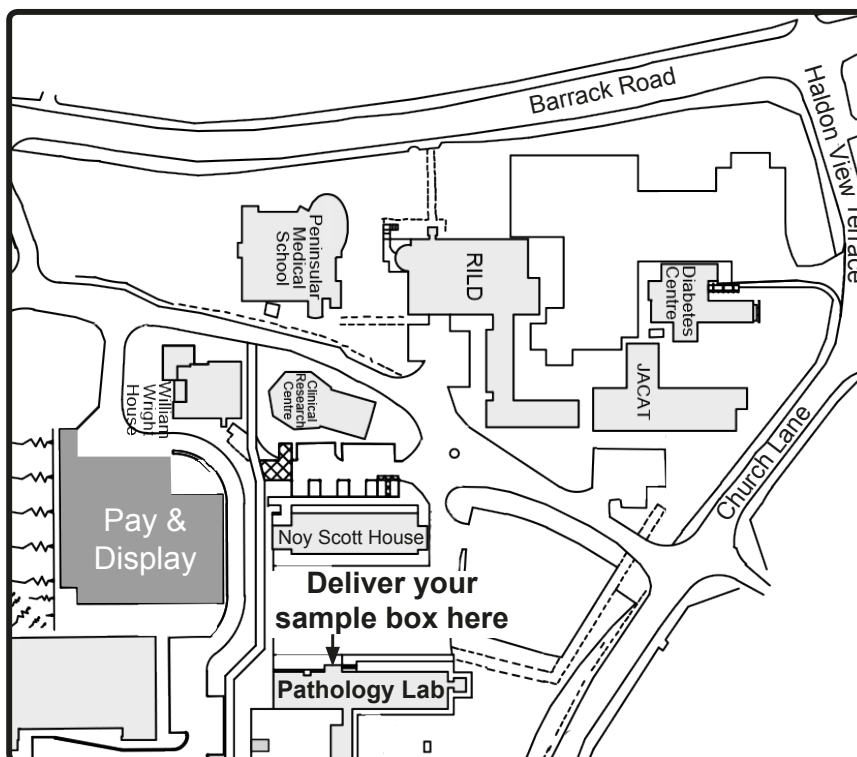
exeterlaboratory.com/cellular-pathology/post-vasectomy-semen-analysis

The results of your test will be sent to your doctor.

CYTOPATHOLOGY REPORT

Directions

- **Travelling along Barrack Road from Topsham Road**, go through the traffic lights, pass the hospital main entrance on your right, pass a second entrance to the hospital on the right, then take the next right turning into Church Lane. Take the second right turn into the hospital grounds. The Pathology building is the four storey building on the left.
- **Approaching from the city centre**, from Heavitree Road turn right at the traffic lights into Barrack Road, go through the next traffic lights and take the next left into Church Lane. Take the second right turn into the hospital grounds. The Pathology building is the four storey building on the left.



LAB USE ONLY

| | | | | | | | | | | | |
|-------------------------|--|-------------|--|------|------------|-----|--|----------|--|-----------|--|
| Specimen code | | Prepared by | | Date | DD/MM/YYYY | PAP | | Wet prep | | No labels | |
| Specimen description | | | | | | | | | | | |
| Wet preparation results | | | | | | | | | | | |

| | | |
|-------------------------|------------|------------------|
| Date of specimen | DD/MM/YYYY | (same day) |
| Time specimen collected | HH:MM | |
| Time specimen received | HH:MM | (within 4 hours) |
| Volume (ml) | | (1-10ml) |
| Complete sample (Y/N) | | (Yes) |
| PAP result | | |

Result of Post Vasectomy Examination

| | |
|--|-------------------------------|
| | No sperm seen in centrifugate |
| | Motile sperm present |
| | Sperm present (< 100,000/ml) |
| | Sperm present (> 100,000/ml) |
| | Unsatisfactory specimen |

Reference values in brackets