

# Semen Analysis Referral Laboratory Form

## Referrer information

Date of referral  Referring doctor   
Hospital/Dept

### For referring doctors outside the Edinburgh Fertility Centre:

Phone number  Email

## Patient and partner information

### Patient information

Name   
Address   
DOB / CHI   
(Attach addressograph, if available)  
Phone number

### Partner information

Name   
Address   
DOB / CHI

## Andrology request information

Type of analysis  Routine fertility investigation<sup>1</sup>  
 Vasectomy reversal  
 Post-chemo/radiotherapy follow-up  
 Query retrograde ejaculation<sup>2</sup>  
 Post-vasectomy semen analysis<sup>3</sup>

Has the patient had a semen analysis before?

Yes  No

If yes, date of last semen analysis

Other relevant information:

**Does the patient have an appointment scheduled within the next 6 weeks for semen analysis results to be discussed?**

Yes – Results will be discussed at their next appointment

No – Patient is to be phoned by doctor to provide results

### Submission of referral

Please note that incomplete referrals will not be actioned.

- Provide the patient with the Semen Analysis Laboratory Form with labels attached.
- Provide the patient with the correct specimen pot (weighed and toxicity tested) with label attached.
- Advise the patient to wait at least 2 working days before phoning the laboratory for an appointment (phone number on Semen Analysis Laboratory Form)
- Please put the referral form in the referral tray in the andrology office or email [RML.enquiries@nhs.scot](mailto:RML.enquiries@nhs.scot).

<sup>1</sup> One semen analysis required in the first instance. Report will indicate if a repeat is required.

<sup>2</sup> Please provide two specimen pots if querying retrograde ejaculation.

<sup>3</sup> Confirmatory tests only (i.e. if sperm seen in the last sample analysed by NHS Lothian Pathology Dept).