

Access	ion #	(lab only)	

Semen Analysis Requisition

(Regional Fertility & Women's Endocrine Clinic)

PHN		Alternate Identifier			Date of Birth (yyyy-Mon-dd)						
Patient	Last Name First I		First N	lame		Middle		Gender □ M □ F	Phone		
Δ.	Address City/		City/To	own Prov		Postal Code			Location		
stor (s)	Requestor Name (last, first)		Copy to (last, first)				Copy to (last, first)				
	Location/Facility/Address		Location/Facility/Address			Loca	Location/Facility/Address				
	Fax Number		Fax Number			Fax	Fax Number				
æ	Healthcare Provider ID		Healthcare Provider ID			Hea	Healthcare Provider ID				
Co	llection	Date (yyyy-Mon-dd)	Time	(24 hr)	Location			Collector	· ID		
Time of specimen in Lab (24 hr)			Was total specimen collected? ☐ Yes ☐ No				Method of collection ☐ Masturbation				
Date of last ejaculation (yyyy-Mon-dd)				Female Partner's Last Name			Fe	Female Partner's First Name			
Female Partner's Date of Birth (yyyy-Mon-dd) Female Partner's Personal Healthcare Number (PHN)											
Те	st Reque	est									
	Semen An	alysis									
□ Post-Vasectomy, Date of operation (yyyy-Mon-dd)											
		nosis, Date of operation									
		esting (by special request)									
Instructions for Patient											
1. Semen analysis is completed by appointment only. Please call 780-735-5609 and select 0 for reception to book an appointment. Walk-Ins will no longer be accepted .											
2. Refrain from any ejaculation for approximately 2 – 3 days and not more than 5 days prior to the specimen collection.											
3. Wash hands and collect the specimen into the clean plastic specimen container which has been provided.											
4. As the greatest concentration of sperm is found in the first portion of the ejaculate, the specimen should be collected by masturbation only. Do not use any form of contraceptive device or lubricant.											
5. Keep the specimen at body temperature.											
6. The specimen should be brought to the lab within 1 hour after collection.											
The laboratory is located at 256 Community Services Centre, West Wing, Royal Alexandra Hospital Site. Please refer to this link for Royal Alexandria Hospital public parking information and map -											
http://www.albertahealthservices.ca/assets/info/park/if-pmap-royal-alexandra-hospital.pdf											
7. Please fill in the required information above and give the form and specimen to the technologist.											

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