

Specimen Collection/delivery information slip

Please complete the following information and bring to the department with your sample.

Fertility test/Post vasectomy test (please delete as appropriate)

*Compulsory information needed, failure to complete will result in specimen rejection

Patient name:.....**DOB**.....*

Time specimen produced into container:*

Specimen produced:.....On site / At home*

Nº days since last ejaculation/ sexual intercourse.....*

Was all the sample collected in the container? Y / N *

Any medication and or illness

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.....
.....

Any other information

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.....
.....

Name of person of delivering specimen to department

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After testing, your remaining specimen may be used for quality checks, audit purposes or teaching.

Please sign beneath if you consent to your specimen being used:

I(your name) consent to my sample being used for training or Quality control purposes.