

LAB REFERENCE NO.:

RVI CYTOLOGY

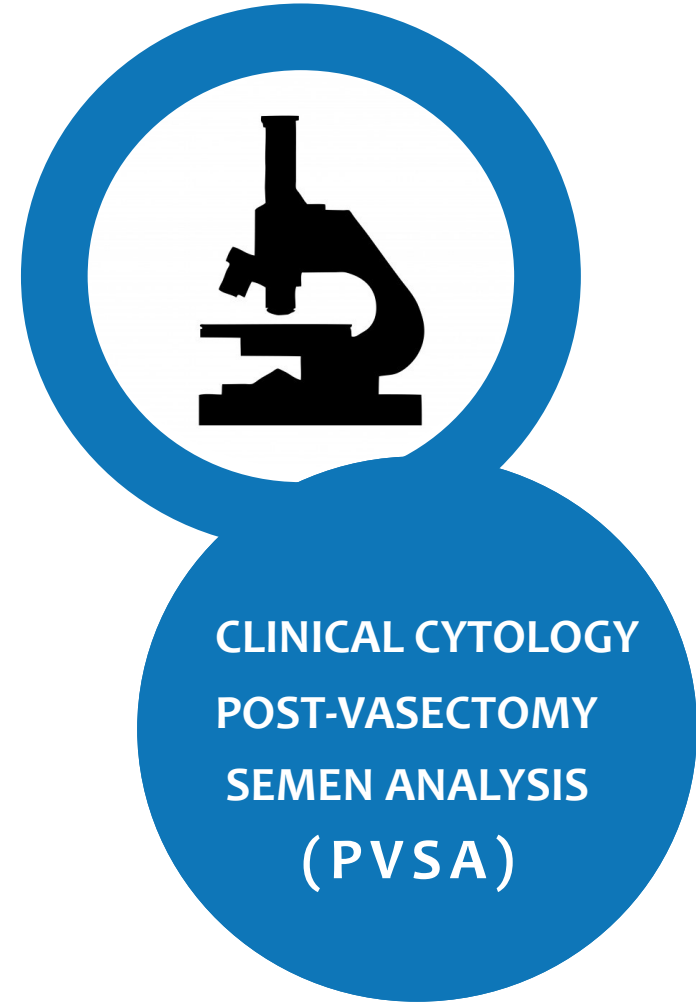
FOR LABORATORY USE ONLY:

SURNAME:	FORENAME(S):
DATE OF BIRTH:	CLINICIAN/GP:
HOSPITAL NO.:	NHS NO.:
HOSPITAL:	WARD/CLINIC:

Time Received:

Macro:

Micro:



Date of Procedure: ___/___/___ (dd/mm/yy)

Requesting Clinician Signature:

.....

Print Name:

.....

Contact No.:

.....

ABST	EJAC
COMP	POTX
DPROD	TPROD

THIS BOX MUST BE COMPLETED BY PATIENT

All questions MUST be answered or your sample may be rejected.

(Please read instructions on the right before completing by encircling the appropriate answer)

I have ejaculated at least 20 times since the vasectomy:

YES / NO

I have abstained from ejaculating for between 2 and 7 days before producing this sample:

YES / NO

The complete sample is in the specimen pot:

YES / NO

Date of Production: ___/___/___

Time of Production: ___:___ (hour:minutes)

I consent for any left-over sample to be used by laboratory staff for training and/or checking quality control in the laboratory:

YES / NO

Contact No.:.....

Signature.....

Date: ___/___/___

Information for Patients:

Before you collect your sample:

- σ The first sample should be submitted **at least 16 weeks** after the vasectomy has been performed
- σ You should have ejaculated at least 20 times prior to submitting your first sample.
- σ Samples should be collected after a minimum of two days but no longer than seven days of sexual abstinence.

To collect your sample:

- σ Use only the container provided for your sample. Do not use a condom to collect your specimen as these are harmful to sperm.
- σ **It is very important that the entire specimen goes into the container and none is lost.** If some sample is lost, select 'N' for the Complete Sample.
- σ Ensure that the container is securely closed.

Please label the specimen container with:

- σ Your full name and date of birth
- σ The type of specimen (semen)
- σ The **date** and **time** the specimen was produced

Please ensure that the request form provides the following information:

- σ Your full name, address and date of birth
- σ Your GP's name and surgery OR referring clinician
- σ The date of your vasectomy
- σ The **date** and **time** the specimen was produced

- σ Consent (or not) for the use of surplus sample for training and validation
- σ Contact telephone number
- σ **NB: samples without complete labels or forms may not be accepted**

Delivering your specimen to the hospital:

- σ Keep the specimen at room temperature or as near to body temperature as possible (for example: by transporting it in your pocket)
- σ Your specimen must be delivered **within 2 hours** of production to the:

**Cellular Pathology Department,
Cytology Reception at the Royal
Victoria Infirmary
(in the New Victoria Wing, LEVEL 3)**

on any weekday (Monday to Friday
excluding Bank Holidays) 8:00AM to
3:00PM.

Please ensure that the sample is handed to a member of staff.

- σ **If any sperm are identified in your sample, you will be asked to provide a repeat sample at the hospital**

https://www.newcastlelaboratories.com/lab_service/cytology/#postvas