

Assisted Conception Unit
Esher Wing Level 7
Kingston Hospital
Galsworthy Road
KT2 7QB

Kingston Hospital
Seminal Fluid Analysis
(GP Form)
www.kingstonacu.org.uk
www.kingstonsemenanalysis.org.uk

NHS Number:

Name: DOB:

Relevant Information

Where to send report:
Include GP Name

In order to arrange an appointment for the analysis it is necessary to book your appointment on our website

www.kingstonsemenanalysis.org.uk

You will need your NHS number when registering. It is a 10 digit number which should be on the top of this form and on the pot. If you do not know this number please enquire at your GP surgery

Please note that the specimen pot must be **clearly labelled** with the name and date of birth of the male partner. **Failure to do so may mean that the sample will not be analysed.**

Results are not available from the laboratory. Results are usually sent to your GP within 10 days of the analysis.

Patient to complete this section :
Was entire sample collected: y / n

Date:

Time of ejaculation Number of days from last ejaculation

Laboratory use:

Volume (ml) Concentration

Motility A A+B Morphology (%NF)