

The information to be provided in reponse to question marked with a \* is required

Surname : Forename: Date of birth: / / CNS no: E-mail:@ 00/+ L L L	For use by the laboratory only
Number of days of abstinence * D (2 to 5 d	ays recommended)
INDICATION *  Fertility report Upper genital tract infection (MAGI = male acc Blood in semen Semen analysis anomalies Others:	essory gland infection)
Date/time of the collection * Place of collection *	∟ / ∟ / ∟2.0 at ∟ : ∟
Has all the ejaculate been collected? * If no, please specify the problem encountered	YES NO
Recent (less than 10 days) antibiotic treatment?	YES NO

## SEMEN COLLECTION **RECOMMENDATIONS SEMEN COLLECTION**



01. Urinate **before** starting collection



02. Wash your hands carefully



03.

Pull back the foreskin and clean the glans and penis with the disinfecting wipes provided



04.

Open the sample container. Turn the cover over and place it on the table. Do not touch the inside of the cover or container

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## 05.

Collect the sample by masturbation. Collect all the ejaculated semen in the sterile container A No use of condoms



06. Write your Surname and Forname on the sample

## 07.

Report to the nurse when collection is complete or take the container to the laboratory within two hours



## 08. Any problems encountered during collection must be reported. Inform laboratory staff if collection is incomplete



Find a center



Save time pre-register