

Dr. _____



5990 Côte-des-Neiges, Mtl (Qc), H3S 1Z5
Tel: 514 344-8022 Fax: 514 344-8024
E-Mail: service@cdllabs.com
Monday to Friday from 8am to 8pm
Sunday from 9am to 3pm

SPERM ANALYSIS REQUISITION

The sperm motility will not be performed if the specimen reception exceeds 1 hr, after collection

STAT Date _____ (YYYY-MMM-DD) Lab ID # _____ Reserved for CDL

Last Name _____ First Name _____ Medicare # _____

Date of birth _____ Telephone # _____ Dossier # _____ (YYYY-MMM-DD)

Partner's Name (if applicable) _____

SPECIMEN INFORMATION (To be completed by patient)

Test requested Fertility (SPGMF) Method of collection Coitus interruptus
 Post-vasectomy (SPGMPV) Masturbation

Date of vasectomy _____ (YYYY-MM-DD) Specimen collected in sterile container (mandatory)

Time of collection _____ (HH : MM)

Time received at the laboratory (at CDL) _____ Days of abstinence _____ (HH : MM) (2-7 days)

COLLECTION PROBLEM (To be completed by patient)

Incomplete specimen None

Other _____

TRANSPORTATION PROBLEM (To be completed by patient)

Exposure to temperatures < 20°C and/or > 37°C None

Other _____

Physician's Name _____ License # _____ Date _____ Signature _____

Patient's Signature _____ Verified by (CDL) _____