

Title: Andrology – Patient Information	Revision 2
<i>Master copy of this document resides on Q-pulse.</i>	



University Hospitals Sussex
NHS Foundation Trust

PATIENTS: PLEASE COMPLETE THE FOLLOWING CHECKLIST
(Please circle the appropriate response)

Surname:.....Forename:.....

Is the **date** and **time** specimen produced written on the request form or pot? **Yes / No**

Test is for:

Fertility	
Post Vasectomy	
Post Vasectomy Reversal	

Is it more than 2 days since ejaculation? **Yes / No**

Has the entire sample been collected? **Yes / No**

Is there a request form signed by your Doctor? **Yes / No**
(If not please give details below)

Referring Doctor / Surgery:

For Reception Staff Only

Date and time specimen collected:/.....

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