



Dear Sir,

Your doctor has prescribed a Semen function test.

A certain number of **precautions should be respected before sperm** collection to avoid any false/inaccurate results.

- ✓ Refrain from sexual intercourse for 2 to 7 days.
- ✓ The evening before your test, drink 1.5 L of water for a test undertaken the following morning (for tests during the afternoon, drink the same quantity of water in the morning)
- ✓ Urinate during the night if necessary, and one last time before collection of the sample.
- ✓ Preparation of your sample tube: clip the tube onto the green base and then remove the cap without contaminating the inside of the tube.
- ✓ Wash your hands and tip of your penis (foreskin retracted) using soap and water, rinse thoroughly, and dry.
- ✓ Collect **all of the** sperm in the tube after masturbation. **Close the lid securely.**
- ✓ **Place the tube, along with its transparent sachet and this form duly completed into the shipping bag**
- ✓ Take this to **LABOUEST - ANGERS CENTRE Laboratory**, ensuring that it remains at a constant temperature of between 20° and 30°C and as soon as possible (within 45 minutes).

If your doctor has prescribed an analysis for: **A Sperm Migration Test (SMT) or MAR-TEST or sperm biochemical analysis** : A Prior Consent Request is required to be receive reimbursement by your Health Insurance Office. This is entirely separate from any payment for 100% sterility.

So as this **Prior Consent Request** be valid, you should ask the laboratory to duly complete the form issued to you by your doctor **ahead of the examination**.

Send sections 1 and 3 to the Examining Doctor at the Health Insurance Office of the male patient. Please retain a copy of section no. 2.

If you are subscribed to any other Health Insurance Office than the CPAM 49, you must contact them to be notified of the exact address to which you should send your Prior Consent Form so as to avoid any subsequent refusal, if you fail to do so you will be liable to make payment in full.

On the day of your examination: Please bring along your prescription, Health Card (Carte Vitale), Mutual Health Insurance certificate, and any proof of 100% fee cover and your Prior Consent Form (section no. 2).

If you also require a blood test , please also bring the corresponding prescription.

Please also bring along with your specimen after indicating:

Your Surname, Given names:.....Date of birth: .../..

.../... Number of days of abstinence from sexual intercourse:Specimen: in the Lab – at Home

Time of specimen:

Any issues during the specimen: No - Yes:Complete specimen following ejaculation: No - Yes.

✓ Any difficulties in having a baby: No - Yes, given name of your spouse/partner:

.....Date of birth: .../...../...

Do you smoke: No - Yes/Cannabis: No – Yes Have you recently had a urinary tract infection or genital infection: No - Yes Have you had a Fever in the last 3 months: No - Yes Are you currently on any medication: No - Yes:

Genital-Urinary History (testicular ectopia, varicocele, inguinal hernia): No - Yes:

Endocrinological history (hormone problems) No – Yes:.....

Exposure to heat, toxins, pesticides, radiation, chemotherapy...: No - Yes:.....

Do you suffer from any chronic illness: No -

Yes:.....

✓ Post-vasectomy check-up: No – Yes, Date of procedure:...../...../.....

✓ Inspection of heat-based/ring contraception No - Yes

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