Andrology center

PATIENT INFORMATION FORM

PATIENT DETAILS

Patient Name

Date of Birth DD / MM / YYYY

Medical Record / ID No:

Phone No: (Optional)

Email: (Optional)

Partner's Name

Partner's Date of Birth DD / MM / YYYY

Years of Infertility

PATIENT SEROLOGY REPORT

Serology Report Date DD / MM / YYYY

Patient Serology Status ☐ -VE ☐ +VE

If Positive Specify Details

SAMPLE COLLECTION DETAILS

Hospital / Centre Name

Doctor Name

Tests

- ☐ SCSA® Test
- ☐ Semen Analysis
- ☐ _____

Collection Date / Time DD/MM/YYYY HH:MM

Abstinence Days

Count M/ml

OCCUPATIONAL EXPOSURE & LIFESTYLE HABITS

Occupation Related Exposures (If any)

☐ Fertilizers/Pesticides ☐ Chemicals/Dyes ☐ Dust/Cement ☐ Paints/Solvents ☐ Radiation ☐ High Temperature

Smoking

☐ Yes ☐ Occasional ☐ No ☐ Quit

Alcohol Consumption

☐ Yes ☐ Occasional ☐ No ☐ Quit

Others

☐ Gym Supplements

PATIENT MEDICAL HISTORY

Conditions Within Past 6 Months

☐ Fever >104°F ☐ Jaundice ☐ Typhoid ☐ Tuberculosis ☐ UTI
☐ Mumps ☐ Covid19 ☐ Others

Existing Medical Conditions

☐ Diabetes ☐ BP ☐ Cholesterol ☐ Thyroid ☐ Erectile Dysfunction

Past Surgical History

☐ Varicocelectomy ☐ Hydrocelectomy ☐ Penal/Testis Surgery
☐ Undescended Testis ☐ Vasectomy/Reversal
☐ Circumcision ☐ Others_____

Current Medications

☐ Diabetes ☐ BP ☐ Cholesterol ☐ Thyroid ☐ Antioxidants
☐ Anti-anxiety/Cortisones ☐ Steroids ☐ Fertility Medicines
☐ Others_____

PATIENT FERTILITY HISTORY

Type of Infertility

☐ Primary ☐ Secondary

Details of the semen test have been explained to my complete satisfaction. I give my consent to Andrology Center to process my sample for testing and to also use any clinical, personally unidentifiable information, for research.

Miscarriages

☐ Yes ☐ No

Previous ART Treatments

☐ IUI [cycles] ☐ ICSI [cycles] ☐ IVF [cycles] ☐ TESA [cycles]

(Signature)

TÜV AUSTRIA ISO 9001 : 2015

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Andrology center

BEFORE COLLECTION

Abstinence

Abstinence of **1 to 2 days** is necessary before providing Sample for SCSA® Test

Serology Report

HIV, HBsAg, HCV & **VDRL/RPR** Test Reports required

Should not be more than **6 months** old

SAMPLE COLLECTION

Semen Sample

Liquefy at **room temperature** for **1 hour**

Raw Sample

Aliquot **raw sample** equally into 2 cryovials

NO CRYOPROTECTANT

Freezing

Fast freeze raw sample in Liquid Nitrogen

AFTER COLLECTION

Arrange Pick-up

✆ **+91 944 379 3934**

✉ **lab@andrologycenter.in**

We will organise the pickup

Shipping

Send 1 **cryovial** for SCSA® Test with Patient Information Form

Keep 1 vial as **Backup** till the report is generated

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