Androlgy center

PATIENT INFORMATION FORM

PATIENT DETAILS

Patient Name | **Date of Birth** | **Medical Record / ID No:**

DD / MM / YYYY

Patient Occupation | **Phone No:** (Optional) | **Email** (Optional)

Patient Address (Optional)

Partner's Name | **Partner's Date of Birth** | **Years of Infertility**

DD / MM / YYYY

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 _____

High Caffeine Consumption

☐ Coffee ☐ Tea
☐ Colas ☐ Others

Others

☐ Laptop Usage
☐ Gym Supplements

PATIENT MEDICAL HISTORY

Conditions Within Past 6 Months

☐ Fever >104°F ☐ Jaundice ☐ Typhoid ☐ Tuberculosis
☐ Urinary Tract Infection ☐ Mumps ☐ Others_____

Existing Medical Conditions

☐ Diabetes ☐ BP ☐ Cholesterol ☐ Thyroid ☐ Erectile Dysfunction
☐ Varicocele ☐ Hydrocele ☐ High BMI/Obesity ☐ Cancer ☐ Allergy

Past Surgical History

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

Current Medications

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

PATIENT FERTILITY HISTORY

Type of Infertility

☐ Primary ☐ Secondary

Male Infertility in Family

☐ Father ☐ Brothers ☐ None

Miscarriages

☐ Yes ☐ No

Previous ART Treatments

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

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

(Signature)

TÜV AUSTRIA ISO 9001 : 2015

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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 4 cryovials

NO CRYOPROTECTANT

Freezing

Fast freeze raw sample in Liquid Nitrogen

AFTER COLLECTION

Arrange Pick-up

+91 944 379 3934

info@andrologycenter.in

We will organise the pickup

Shipping

- Send **2 cryovials** for SCSA® Test with Patient Information Form
- Keep 2 vials till the report is generated