



**DEPARTMENT OF UROLOGY
MEDICALLY ASSISTED PROCREATION SERVICES
Head: Dr. Angelo Montemurro**

PATIENT STATEMENT BEFORE THE SEMINAL FLUID EXAMINATION

NAME AND SURNAME.....

AGE.....

DAYS OF SEXUAL ABSTINENCE.....

(Please note, as specified at the time of the booking, the days of sexual abstinence required have to be between a minimum of 3 and a maximum of 5, otherwise the test may be done but may not be reliable and therefore would need to be repeated)

MOTIVATION FOR THE EXAM:

- children
- varicocele screening
- screening after a varicocele procedure
- infections
- other

IF YOU HAVE TAKEN ANY MEDICATION DURING THE LAST MONTH PLEASE SPECIFY WHICH ONES:

.....
.....

(Please note, as specified at the time of the booking, in case you have taken antibiotics, anti-inflammatories, or cortisone for several days the test may be done but may not be reliable and therefore would need to be repeated)

HAVE YOU HAD A HIGH FEVER ABOVE 38°C (ABOVE 100,4°F) DURING THE PAST MONTH?

- YES NO

(Please note, as specified at the time of the booking, in case you have had a fever higher than 38°C (100,4°F) for several days the test may be done but may not be reliable and therefore would need to be repeated)

PLEASE REPORT IF YOU ARE AWARE OF BEING POSITIVE TO THE FOLLOWING DISEASES:

- HIV HBSAG HCV HBV OTHER

DATE _____

PATIENT SIGNATURE

The above declaration for children should be filled by a parent/legal guardian (identity document attached)

PARENT/LEGAL GUARDIAN SIGNATURE