

Information for patients

Semen examination

Sperm test are carried out by gynecologists, andrologists or urologists to address fertility issues (fertility examination), exclusion of inflammation of the gonads, sperm evacuation ducts as well carried out as part of the diagnosis of hormonal disorders and before and after surgical procedures.

The purpose of a semen examination (comprehensive sperm diagnostics) is to examine the number of sperm, appearance and mobility of the sperm cells as well as assessment of any pathologically altered sperm cells.

For meaningful test results, it is important that the sperm is collected under „standardized“ conditions:

- Sexual abstinence (no sexual intercourse or masturbation) must be adhered to at least 2 and max. 7 days.
- On examination day, sperm should be won through masturbation at around 7:00 a.m. (**No coitus interruptus!**).
- Complete collection of sperm is necessary! Please indicate completeness.
- Be sure, that you bring the sample to the laboratory within on hour.
Submission time in the laboratory is always WEDNESDAY.
Laboratory in Bautzen between **07:30 a.m. and 09:30 a.m.**
Laboratory in Dresden by **07:30 a.m.** at the latest (pre-registration by telephone required).
- The transport has to take place in suitable sample containers. (please obtain them in advance from the doctor's office/laboratory). The use of common condoms is not allowed, because they contain sperm-toxic components!
- The sample container should be kept at body temperature, therefor it should be preheated accordingly and keep warm during transport (for example wrap in cloths).

If you have any further questions please contact your attending physicians or the laboratory in Bautzen (03591/4890-68, Mrs. Ivanova).

Furthermore, we kindly ask you to complete the following medical informations. Please submit the sample container, the transfer form and this information sheet to the laboratory. This information is of great importance for the interpretation of the findings meaning!

Surname	_____
First name	_____
Birth date	_____
Sample collection	Date _____ Time _____
Sexual abstinence	_____ Days (since the last sexual intercourse / masturbation)
Completeness of the sample	<input type="radio"/> yes <input type="radio"/> no (please tick if applicable)
Special features / notes	_____
Conformation of acknowledgment by signature	_____

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Bremer Straße 57
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