

**Austin IVF, LP**

6500 N. Mopac, Bldg.3, Suite 3102

Austin, Texas 78731

(512)610-7474

**Semen Analysis/Anti-Sperm Antibody Test**

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ (M)

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ (F)

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

**Test(s) Ordered:**

- ☐ Semen Analysis  
☐ Direct ASAB  
☐ Freeze  
☐ MESA/TESE

**Times:**

Collected: \_\_\_\_\_  
Arrived: \_\_\_\_\_  
Examined: \_\_\_\_\_  
Completed: \_\_\_\_\_

**Method of Collection**

- ☐ Masturbation  
☐ Aspiration  
☐ Biopsy  
☐ Retrograde  
☐ Home Collection  
☐ Incomplete Collection

**Liquefaction:**

- ☐ Complete  
☐ Incomplete  
☐ Gelatinous Masses  
☐ Viscous

**Collected In:**

- ☐ Specimen Cup  
☐ SCD

Abstinence: \_\_\_\_\_  
Vas. Reversal: \_\_\_\_\_

Physician: \_\_\_\_\_  
Lab Dir: K. Silverberg, M.D.

Medications/Illness in the last 90 days: \_\_\_\_\_

**Semen Analysis****Results**

Volume: \_\_\_\_\_ ml  
Concentration: \_\_\_\_\_ x 10<sup>6</sup>/ml  
Total Count: \_\_\_\_\_ x 10<sup>6</sup>  
Motility: \_\_\_\_\_ %  
Normal Morphology: \_\_\_\_\_ %  
White Blood Cells: \_\_\_\_\_ x 10<sup>6</sup>/ml  
Immature Sperm: \_\_\_\_\_ x 10<sup>6</sup>/ml  
Total Motile: \_\_\_\_\_ x 10<sup>6</sup>  
Total Motile Normal: \_\_\_\_\_ x 10<sup>6</sup>  
Progression (1-slow to 4-fast): \_\_\_\_\_

**Normal Values (WHO 4th ed.)**

Volume: ≥ 2.0 ml  
Concentration: ≥ 20.0 x 10<sup>6</sup>/ml  
Total Count: ≥ 40.0 x 10<sup>6</sup>  
Motility: ≥ 50%  
Normal Morphology: ≥ 15%  
White Blood Cells: < 1 x 10<sup>6</sup>/ml  
Progression (1-slow to 4-fast) ≥ 2

Andrologist: \_\_\_\_\_

Comments: \_\_\_\_\_

**Anti-Sperm Antibody Test**

Direct ASAB	% Head	% Mid	% Tail	% Tail Tip	% Multi	% Total	Interpretation (positive if IgG or IgA ≥ 20%)
IgG							
IgA							

Andrologist: \_\_\_\_\_

**FREEZE INFORMATION:**

Tank	
Canister	
Cane	
Method Frozen	

Andrologist: \_\_\_\_\_

**SPECIAL COLLECTION INSTRUCTIONS:**

Recommended Days Abstinence	
In Media	
With Chymo	
Other	

Andrologist: \_\_\_\_\_

Specimen Dropped Off By (Patient/Partner): <b>X</b> SIGNATURE ON FILE	Time: _____	Specimen is Correctly Labeled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Specimen Received By (Staff):	Time: _____	ID Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No

**PHYSICIAN RECOMMENDATIONS:****X** \_\_\_\_\_☐ Normal Fertility Potential☐ Needs Further Evaluation☐ Other \_\_\_\_\_