

TEST REQUEST FORM

Email completed Test Request Forms to lab@examenlab.com and/or send with patient sample

NOTE: Examen cannot release patient results until the Test Request Form is completed.

TEST

- SpermComet (Standard) Date of sample collection _____
 SpermComet Pro (Oligozoospermia) <5M/mL Abstinence time (days) _____
 SpermComet Pro (Testicular biopsy) Sperm count _____

PATIENT DETAILS

PATIENT NAME	
D.O.B.	
REFERRING CLINICIAN	
CLINIC	
CLINIC ID	
EMAIL	

PATIENT HISTORY

- Miscarriage (natural pregnancy). Number of miscarriages _____
 ART (If yes, please fill in below as appropriate)

IUI/IVF/ICSI	DATE	FERTILISATION	CLINICAL PREGNANCY	MISCARRIAGE	LIVE BIRTH
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER: The information given by this test is not intended to provide professional medical advice. The test does not indicate conclusively that you are infertile or incapable of achieving a pregnancy naturally. Normal full-term pregnancies are still possible with higher levels of DNA damage although DNA damaged sperm are associated with a greater number of miscarriages. The proprietors of this test can provide you with information upon which to make an informed decision but they cannot guarantee that a successful pregnancy will result from any treatment which you choose. The test gives guidance as to those treatments which have the highest potential for a successful pregnancy. Both partners can contribute to a couple's infertility. The usefulness of any test for one partner is dependant on the fertility of the other partner too. You should consult with your clinician/ doctor about these results in the overall picture of your infertility diagnosis and treatment options for you and your partner. This test has been shown to perform successfully in the groups published in peer reviewed scientific literature, but it is still under performance evaluation in larger populations. You are participating in the ongoing performance evaluation when undertaking this test.

PRIVACY NOTICE: For your sample to be tested by ExamenLab Ltd, we will need to record various pieces of information about you. We need this information to ensure that your results can be used to give you the best healthcare information. Wherever we can, we will remove details which identify you. Everyone working for ExamenLab Ltd has a legal duty to keep information about you confidential and we strictly control the passing for information to people not directly involved in your treatment.

For further information please see www.examenlab.com/

- | | |
|--|---------------------------|
| <input type="checkbox"/> I have read and understood this Disclaimer | Patient signature: |
| <input type="checkbox"/> I have read and understood this Privacy Notice | |
| <input type="checkbox"/> I agree for my results to be shared with my referring clinician | Date: |