



SJÚKRAHÚSIÐ Á AKUREYRI
AKUREYRI HOSPITAL

Sæðisrannsókn

Sjúkdómsgreining eða ástæða til rannsóknar

Nafn:

Kennitala:

Heimilisfang:

BEIÐANDI Læknanr. Læknir

Innliggjandi sjúklingur á SAK. Deild

GREIÐANDI *Ef þessi reitur er ekki útfylltur greiðir beiðandi rannsókn*

Stofnun.....

Innliggjandi sjúklingur á annarri stofnun

Tryggingastofnun ríkisins

TR greiðir fyrir rannsóknir sjálfstætt starfandi lækna

AMBULANT Framhaldsrannsókn

**Please book an appointment for sperm research at the SAK Laboratory
on : 4630238 or 4630232**

Instructions leaving your sperm sample

- Leave your sample in person at the Laboratory. **Please bring your ID.**
- Bring the sample within one hour. Keep the sample not too cold or too warm (20-37°C), good to keep it inside your clothes on your way to the lab.
- It is important that you observe good hygiene before the sample is produced. Please wash your penis with soap and water the day before and only with water on the day the sample is produced. It is also important that you have not ejaculated at least two days prior to leaving the sample for analysis.
- We only accept urine sample cups that can be purchased at the pharmacy. You must make sure that the sample cup is marked with your own name and social security number.
- **We will not accept unmarked sample cups.**

Please answer the following questions AFTER you have produced the sample:

1. When did you produce the sample? _____ / _____ :

2. Did all the ejaculate come into the cup? Yes No

3. Had high fever during the last 3 months? Yes No

4. How long since your last ejaculation? _____ days

5. Medication, last 3 months? Name: _____

6. Have you had an infertility operation? Yes No

To be filled out by laboratory personnel

Sýni mótttekið

dag: _____ kl. _____ :

Skilríkjum framvísað

Já Nei

Undirskrift starfsmanns: _____