

 SJÚKRAHÚSIÐ Á AKUREYRI AKUREYRI HOSPITAL		Sæðisrannsókn	
Sjúkdómsgreining eða ástæða til rannsóknar		Nafn:	
BEIÐANDI Læknanr. Læknir		Kennitala:	
		Heimilisfang:	
<input type="checkbox"/> Innliggjandi sjúklingur á SAK. Deild		GREIÐANDI Ef þessi reitur er ekki útfylltur greiðir beiðandi rannsókn	
		<input type="checkbox"/> Stofnun.....	
<input type="checkbox"/> Innliggjandi sjúklingur á annarri stofnun		<input type="checkbox"/> Tryggingastofnun ríkisins <i>TR greiðir fyrir rannsóknir sjálfstætt starfandi lækna</i>	
		<input type="checkbox"/> AMBULANT <input type="checkbox"/> 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 try to ejaculate 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 <input type="checkbox"/> No <input type="checkbox"/>
3. Had high fever during the last 3 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. How long since your last ejaculation?	_____ days
5. Medication, last 3 months?	Name: _____
6. Have you had an infertility operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>

To be filled out by laboratory personnel

Sýni mótttekið dag: _____ kl. : _____

Skilríkjum framvísað Já Nei

Undirskrift starfsmanns: _____