

Nancy A. Klein, MD • Angela C. Thyer, MD • Paul C. Lin, MD • Amy R. Criniti, MD • Paul S. Dudley, MD • Lynn B. Davis, MD, MS • Gerard S. Letterie, DO  
Nichole M. Barker, DO • Brenda S. Houmard, MD, PhD • Michele J. Cho, MD • Erik C. Mazur, MD • Akhil B. Shah, MD • Kaitlyn A. Wald, MD  
Sarah de la Torre, MD • Tom Walsh, MD • Kevin A. Ostrowski, MD • Jeremy Choy, MD • Marah C. Hehemann, MD

Patient's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Patient's Phone \_\_\_\_\_  
Partner's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Partner's Phone \_\_\_\_\_  
(if applicable)

### General Services

Infertility  Infertility with PCOS  RPL  Egg Freezing  Fertility Preservation **Cancer Dx:** \_\_\_\_\_

### Wellness Program

PCOS Medical Management  PCOS Wellness Nutrition and Lifestyle Management with Nutritionist/Wellness Coach  
 Nutritionist/Wellness Counseling for Fertility or Preconception

### Andrology Diagnostic Services

Name of Patient Completing Semen Analysis is Required: \_\_\_\_\_

Semen Analysis  IUI Only - Intrauterine Insemination

**Results:** Results and handout explaining next steps will be sent to patient and provider approximately 1-2 weeks after appointment.

**Intrauterine Insemination Services (IUI):** Brief appointment prior to IUI is required.

### Hysterosalpingogram Referral Services

Please perform an HSG on my patient.

Reason for testing:

Tubes open  Uterine cavity normal  Recurrent miscarriage  
 Other, please detail \_\_\_\_\_

Please provide the following information to help us take care of your patients:

Gravidity \_\_\_\_\_ Parity \_\_\_\_\_ Age \_\_\_\_\_ Allergic to iodine/contrast  Yes  No  
History of PID Yes  No  Prophylactic antibiotics  Yes  No  
Pertinent Medical History (include surgeries): \_\_\_\_\_  
Diagnosis Code: \_\_\_\_\_

**Patient Instructions:** Call SRM to schedule HSG on first day of your cycle. Test generally occurs between day 6-12 of your cycle or anytime if you are on birth control pills.

**Results:** Results will be sent to provider approximately 1-2 weeks after appointment.

### REFERRING PROVIDER

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

**Referring Office Instructions:** Please fax referral request and attach patient demographic details to SRM at 206-301-5679, retain a copy for your records and give original to patient.

# Patient Guide for Semen Analysis

## **What is a semen analysis?**

The semen analysis is a microscopic examination of semen. A variety of parameters are assessed including concentration (number of sperm), motility, and morphology (shape). Values frequently fluctuate, and result interpretation will require your provider's input. Persistent abnormalities may require additional testing or consultation with an urologist.

## **Scheduling:**

To schedule your appointment, please call 206-301-5000 or toll free at 877-777-6002 for all locations.

## **Prior to Your Appointment:**

For the most accurate test results, abstain from ejaculation for 2-5 days, refrain from using a hot tub or sauna for at least 3 weeks, and wait 3 months if you had a recent fever.

## **The Day of Your Appointment:**

- You must present a government issued picture ID at your appointment.
- Masturbation is the recommended method of collection. Lubricants, saliva or vaginal secretions may interfere with test results.
- You will be directed to a dedicated private collection room for your test. A specimen cup and label for the sample will be provided.

## **Results:**

Results and handout explaining next steps will be sent to patient and provider approximately 1-2 weeks after appointment.

# Patient Guide for Hysterosalpingogram (HSG)

## **What is an HSG?**

A hysterosalpingogram (HSG) is a radiographic test to evaluate both the fallopian tubes and the uterine cavity. A small amount of sterile, iodine containing fluid is injected through a small catheter that has been connected to the cervix. Intermittent exposures will be taken as the iodine solution fills the uterus and flows through the fallopian tubes. If you are allergic to iodine or contrast, please let your provider know as it is recommended to take 25 to 50 mg of Benadryl prior to the procedure. In most cases, this test takes only a few minutes to perform. The most common complaint with this test or contrast is mild to moderate discomfort and cramping.

## **Patient Instructions:**

HSG's are performed by provider referral only. SRM must receive a copy of the patient's written referral prior to scheduling an appointment. Referrals can be faxed to: 206-301-5679.

## **Scheduling:**

To schedule an HSG please call SRM at 206-301-5000 or toll free at 877-777-6002 on the FIRST day of your menstrual period. These tests should be performed after you are done bleeding, but before ovulation (generally days 6-12 of your cycle) or anytime if you are on birth control pills.

## **The Day of Your Procedure:**

You may eat and drink normally on the day of your procedure. We recommend that you take over-the-counter ibuprofen 800mg approximately 1-2 hours prior to the procedure in order to decrease cramping. The procedure takes approximately 15 minutes, but plan to be at SRM for up to 60 minutes to allow for check-in and recovery. Most of the time, you will be able to drive yourself home or back to work after the uterine evaluation appointment. However, some patients may experience temporary light-headedness, nausea, or persistent cramping. In these cases a longer recovery time may be needed before you are able to drive. For this reason, when possible, you may want to have someone come with you to the appointment. However, please note that partners are not allowed in the room during the actual procedure.

## **Results:**

Results will be sent to provider approximately 1-2 weeks after appointment.

## **After Your Procedure:**

Complications of HSG are very uncommon. However, rare cases of infection can occur. It's important that you notify SRM immediately if you develop any of the following symptoms over the several days following your appointment:

- Fever (temperature greater than 100.5° degrees Fahrenheit).
- Flu-like symptoms associated with pelvic pain.
- Severe or progressive pelvic pain.
- Heavy vaginal bleeding (saturating a pad)



## Understanding Semen Analysis (SA) Results

A copy of your SA results (including reference ranges) has been provided. These reference ranges follow international standards and were created by studying sperm samples from large populations of fertile individuals. Most individuals (95%) who had caused a pregnancy in the past year had SA values above these reference ranges. Values below the normal reference range are correlated with increased time to pregnancy or infertility and a new patient consultation is recommended.

### Properties of Ejaculation

- *Volume (mL)* – This is the amount of fluid released in an ejaculation. A normal volume is 2-5 mL, which is less than a teaspoon of liquid. Having a very low volume (< 1ml) may suggest a structural or functional problem in the ejaculation process. A low volume can also result from an incomplete collection (“missing the cup” for some of the sample) or having less than the recommended 2 days of abstinence before the test.
- *pH* – The normal range is between 7.2-8.3, and a sample in that range is optimal for sperm health. A sample with low pH (more acidic) can suggest a structural problem in the reproductive tract. A sample with high pH (more alkaline) can suggest infection, especially if white blood cells (WBC’s) are also present.
- *Liquefaction, Viscosity and Agglutination* – These values review the characteristics of the ejaculate and sperm during the time after ejaculation. Normal ejaculation initially resembles a thick gel, which then spreads out (liquefies) within 20 minutes. This liquefaction process allows the sperm to spread out and travel to meet their goal (the egg). Viscosity and agglutination refer to the density of sperm and whether the sperm moves freely through the ejaculate, or if the sperm remain clumped together. A sample that fails to liquefy, with high levels of viscosity or agglutination, can suggest that sperm may not be able to travel well to reach the egg and cause a pregnancy. Having some degree of incomplete liquefaction with what is known as ‘mild gel secretions’ is a common finding. This generally has no impact on fertility, as long as the other values of the SA are normal.

### Properties of Sperm

- *Concentration* – This is the primary value of importance in a semen analysis because it tells us how many sperm are present in the sample. When the sperm concentration is < 15 million/ml, there is a higher chance of fertility difficulty, and a role for fertility treatments.
- *Motility and Progression* – These values refer to how well the sperm are moving, which is important since sperm must travel a (relatively) great distance to meet the egg and cause a pregnancy. Ideally, at least 40% of the sperm assessed under the microscope are moving (overall motility), with 32% swimming progressively (meaning sperm are moving actively, either linearly or in a large circle, regardless of speed). Sperm that are swimming progressively have the best chance of completing their journey to the egg. Sperm are graded on a scale of 0-4 for

progressive rating (speed). An SA does not examine the movement of every sperm in an ejaculate but instead looks at a set number, providing a representative count. When the motility and progression values are decreased, additional testing with a urologist may be recommended, and/or specific fertility treatments discussed.

- **Morphology** – This refers to the overall shape of sperm. Human reproduction is inefficient, and the majority of sperm have some abnormalities to their shape. To complete an SA, a set number of sperm are examined under the microscope. If at least 4% of the examined sperm are shaped perfectly, this is considered a normal morphology. Having a low morphology does not mean a higher chance of miscarriage or birth defects. However, very low morphology, or specific shape abnormalities, can suggest the need for additional testing as well as a role for fertility treatment.

### **Next Steps**

Please refer to the fertility handout for additional information on lifestyle changes and ways to maximize sperm quality.

**If your Semen Analysis indicates abnormalities and you have been attempting pregnancy for more than 6 months with partner >35 years of age or more than 1 year with partner <35 years of age, please schedule a new patient appointment for you and your partner (if applicable) at 206-301-5000.**

- **If significant abnormalities, you may also want to consult with a male fertility specialist/urologist. This can be scheduled through SRM at 206-301-5000.**

*The information in this handout aims to provide context for the values of a semen analysis but should not replace a follow up consult with your provider.*