

Preparation of the patient for testing:

- Refrain from sexual activity not less than 2 and not more than 7 days, (if the attending physician has not prescribed another regimen);
- Avoid hot bath, sauna or steam bath;
- It is not recommended to provide sperm sample at least two weeks after treatment with antibiotics or cold.

Obtaining the sample:

- You can obtain the sample in the specially equipped sampling room of "Clinic EGV";
- Obtain the sperm sample through masturbation;
- It is prohibited to use lubricant, cream, oil or other ointments when taking the sample;
- DO NOT obtain the sample in the condom, as well as DO NOT pour the sample from the condom into the container;
- It is important to collect all sperm in the container.

Obtaining the sample at home and transporting to laboratory:

- Reception employee of "Clinic EGV" will provide the container for the sample;
- Mark the sample obtaining time in the referral form;
- Deliver the sample to the reception of "Clinic EGV" not later than an hour after taking the sample, holding the sperm container close to the body to provide the required temperature.

We accept sperm samples for laboratory tests during weekdays by prior appointment!

Make an appointment by phone or apply in person in reception.

You can find more information on the testing procedures in our website.

"Clinic EGV", Reg. No. 50003393261

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Referral to out-patient laboratory tests

Referral is valid only by presenting identity document!

PLEASE COMPLETE THE REFERRAL USING BLOCK CAPITALS!



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Patient name, surname: _____

Identity code/ID no.:

Date of birth: / / DD/MM/YYYY

Gender: male

E-mail address: _____

Phone no:

Address: _____

Number of days of abstention: _____

Increased body temperature or fever during the last **2 months**: yes / no
(circle the applicable)

Sent by "Clinic EGV" doctor:

Name, surname: _____

Tests:

Sperm analysis

Sperm oxidative stress test

Sperm HBA test

Sperm MAR test

Sperm DNA Fragmentation test

Total number of tests: _____

Analysed material:

Sperm

material obtained outside SIA "Clinic EGV" laboratory premises, time _____ : _____

all material included in the container.

I certify with my signature that I want to perform the indicated test/s and:

1. I have read and understood the provisions that should be observed before and during the transfer of material,
2. I am aware that violation of these provisions can affect test results,
3. Container marked with my name and surname holds my genetic material,
4. I agree that my test results are issued also to the recipient of results I have indicated:

Second recipient of results none / partner / other (circle the applicable)

Name surname: _____

Identity code/ID no.:

E-mail address: _____

Phone no:

_____ / _____ / _____
date signature patient name, surname

Aizpilda reģistratūras darbinieks

materiāls iegūts SIA "Klīnika EGV"

Pacienta ieiešanas laiks: _____ : _____ Pacienta iziešanas laiks: _____ : _____

Aizpildīšanas datums: _____

Piezīmes: _____

Nosūtījuma datus pārbaudīja _____ / _____ (paraksts / iniciāļi)

Aizpilda laboratorijas speciālists

Materiāls saņemts laboratorijā _____ : _____ (laiks) _____ (datums)

Piezīmes: _____

_____ / _____ (paraksts / iniciāļi)