

PATIENT DATA		Medical Provider	
Name			
First name	Date of birth		
Street			
Postal code / city			
Partner details		Invoice	
Name, first name, date of birth		<input type="checkbox"/> Patient	<b>Copy</b> <input type="checkbox"/> Patient <input type="checkbox"/> Other
		<input type="checkbox"/> Insurance	
		<input type="checkbox"/> Sender	
Clinical data – sperm collection			
(date / time)		Sample loss: <input type="checkbox"/> no <input type="checkbox"/> less <input type="checkbox"/> a lot	
Days since last ejaculation before appointment		Other:	

### Application for a Fertility-Spermiogram

Please make an appointment. Phone 044 269 99 52 (available Mo – Fr from 9:00 to 16:00) or via online-booking : [www.medica.ch](http://www.medica.ch)

Spermiograms will only be done with a prior appointment.

### Preparation

The last ejaculation should be 2 to 5 days ago.

### Probe sampling

Wash your hands and the penis. Do not use any condoms, lubricant or massage oil.

Place the ejaculate directly in the specimen cup provided by your doctor.

### Delivery of the sample

Bring the sample no sooner than 1 hour before your appointment to the lab at the Rämistrasse 42. The cup should be transported near the body. Avoid heat and cold.

#### SPERMIOGRAM STANDARD (WHO 2021)

Spermiogram (volume, concentration, mobility, morphology, vitality, CASA differentiation)

Auto-antibodies (MAR-test)

Biochemistry (Carnitine, Fructose, Citrate)

(Fructose is not covered by insurance: CHF 31)

with Chlamydia trachomatis-PCR

#### OXIDATIVE STRESS (sORP)

Additional examination to the spermiogram

Not covered by insurance: CHF 90

#### DNA-FRAGMENTATION (HALO-test)

Analysis with separate probe sampling and appointment, incl. required sperm preparation  
Not covered by the insurance: CHF 400

#### MICROBIOLOGY

General bacteriology, Mycoplasma-PCR, Ureaplasma-PCR, Chlamydia trachomatis-PCR

**No appointment and no advance notification are necessary**

**Sample collection at home**

**Delivery Mo-Fr 7.30 -16.00**

Within 2 hours after ejaculation

#### SPERMIOGRAM SMALL (WHO 2021)

Spermiogram (Volume, concentration, mobility, morphology, vitality, CASA differentiation)

Additional analyses :

Auto-antibodies (MAR-test)

biochemistry (Carnitine, Fructose, Citrate)

#### SPERM PREPARATION BEFORE IUI

Dense gradient centrifugation

**Appointment is required**

#### VASECTOMY-CONTROL

First control 12 weeks after operation and more than 30 ejaculations

**No appointment, no notification in advance is necessary**

**Sample collection at home**

**Delivery Mo-Fr 7.30-16.00**

Date of operation:

## Anamnestic data (spermiogram)

- Wish to have children  no  yes, since.....
- Do you already have children?  no  yes
- Has your wife had an abortion?  no  yes
- Mumps, testitis, prostatitis, urethritis  no  yes: .....
- Sexually transmitted diseases (STD's)  no  yes: .....
- Treatment, intervention in conjunction with hernia, undescended testes, varicocele, torsion of the testicles  no  yes: .....
- Antibiotics within the last 3 months  no  yes
- Regular medication  no  yes: .....
- Illness within the last 3 months with fever above 38°C  no  yes: .....
- Smoker  no  yes
- Professional burden: Heavy metals, pesticides, radioactive substances, high voltage current, substances of the plastic industry  no  yes:.....
- Previous Spermograms  no  yes: .....

## How to reach Wolfbachstrasse 17

With Tram 3 from central station or 5 and 9 from Bellevue to Tramstop Kunsthaus.

You have the possibility to park your car at the Wolfbachstrasse.

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I acknowledge and agree that I must pay for the laboratory tests I have requested directly on site at medica. I am also aware that these services ordered by me may not be reimbursed by my health insurance.

With my signature, I confirm that I agree to the processing of my data and the disclosure of the data to third parties (e.g. my health insurance company) in accordance with the currently valid information on data protection for medica patients, which can be accessed via the QR code below.



I am aware of the possible risks of data exchange of particularly sensitive personal data (e.g. possible access by unauthorized third parties through insecure communication channels) as well as my rights and give my consent for mutual contact between the laboratory and me as a patient through the contact information provided above. Patient information will only be passed on by medica via secure communication channels. I agree that administrative requests, such as rescheduling appointments, may be made using unencrypted e-mail communication (@hin address to recipient address such as @bluewin.ch, @gmail.com etc.).

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Place, date:

Signature :

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