# ANDROLOGY SOLUTIONS Dedicated to male fertility



# Semen Assessment in Fertility and Pathology Laboratories and Clinics

## Page 1: Welcome

This survey follows on from the survey we sent out last year to gauge opinion regarding semen analysis practice in laboratories around the UK.

Last year's survey provided some very interesting results but it was apparent that in order to obtain a more complete picture, we really need your help in answering some further questions.

This survey should only be answered by a technician who is routinely performing semen analysis in your laboratory. It should only take a maximum of 10 minutes of your time.

Thank you so much to those of you who contributed last year and thank you so much for your contribution today.

### Page 2: About the Laboratory

- **1**. Describe your laboratory (tick which applies)
  - NHS Pathology
  - O NHS Fertility
  - O Private Pathology
  - O Private Fertility
  - Other/Combination of above

**1.a.** If other/combination of the above (please specify)

#### 2. What is your position/job in your clinic/laboratory?

- C Biomedical Scientist
- Clinical Embryologist
- Clinical Andrologist
- O MLA
- Other

2.a. If you selected Other, please specify:

#### 3. Is your laboratory accredited?

□ UKAS

	СРА
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- □ HFEA
- $\square$  None of the above
- □ Other
- 3.a. If you selected Other, please specify:

#### 4. What is the purpose of your laboratory semen analyses (tick all that apply)?

- □ Diagnostic test for male infertility/reproductive function
- □ To select which assisted conception procedures to use in the clinic
- □ Sperm donor work-up
- □ Other
- *4.a.* If you selected Other, please specify:

# Page 3: Performance of Semen Analysis and Reference Values

**5.** Does your laboratory carry out semen analysis AND report ALL parameters strictly according to WHO 2010 guidelines?

O Yes

O No

#### 6. Which reference values do you use on your semen analysis report?

- □ Validated in-house reference ranges
- □ WHO 2010 reference values
- □ Other
- 6.a. If you selected Other, please specify:

#### 7. Does your lab use one of the following to assess motility?

- CASA system or equivalent
- Manual motility assessment
- Other
- 7.a. If you selected Other, please specify:



#### 8. How does your lab report motility (please tick all that apply)?

- □ Total motility (%)
- $\square$  Progressive motility (% a + b)
- □ Rapid progressive motility (% a)
- □ Sluggish progressive motility (% b)
- □ Non-progressive motility (% c)
- □ Immotile (% d)
- □ Other, for example, progression out of 4, velocity etc.

#### 8.a. If you selected Other, please specify:

#### 9. Does your lab perform sperm counts on (tick relevant box):

- Motile sperm
- Immobilised/Fixed sperm

#### *10.* What chamber does your lab use for counting sperm?

- Horwell
- Makler

#### Improved Neubauer

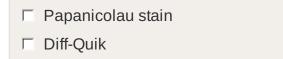
- CASA
- □ Other

#### *10.a.* If you selected Other, please specify:

#### **11.** In your laboratory, is morphology performed on:

- Fixed samples
- Motile samples

#### *12.* Are samples stained for morphology in the lab using:



- □ Schorr
- Rapid staining
- □ None
- □ Other

*12.a.* If you selected Other, please specify:

#### **13**. Does your laboratory report specific types of sperm defects (e.g.

#### globozoospermia, pyriform heads etc.)?

○ Yes

O No

*13.a.* If you selected No, please explain why:

#### **14.** Does your lab report the following parameters (tick yes or no):

	Yes	No
Volume	C	C
рН	C	O
Appearance	C	0
Liquefaction	C	0
Viscosity	C	O
Vitality	C	0
Round cells/other cells		O
Peroxidase positive cells or leukocytes		0
Antisperm antibodies		0

## Page 4: Quality Control in the Laboratory

**15.** Does your laboratory/clinic adhere to best practice guidelines (i.e. international standards (ISO15189) and WHO 2010 criteria)?

© Yes			
© No			

**16.** Does your laboratory take part in the UK NEQAS assessment?

O Yes

O No

**16.a.** If yes, does the lab implement the exact same method of assessment for the patient samples, as they do for the UK NEQAS samples? ~ For example, you may use a Neubauer chamber for NEQAS samples, but Horwell for your patient samples

○ Yes

O No

16.a.i. If you selected No, please explain why:

#### **17.** Does your lab have internal quality controls in place?

O Yes

O No

**17.a.** If you selected No, please explain why:

# **18.** What comment do you include on the patient report if the values are outside of the normal range?

- □ This sample is only suitable for ICSI treatment
- □ Referral to a fertility clinic
- □ Referral to an urologist
- □ None
- □ Other

*18.a.* If you selected Other, please specify:

## Page 5: Final page

Thank you for completing this survey.