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Origination 1/6/2022 Document Laura Bellon: Contact Medical 10/22/2024 Last **Technologist** Approved Lead Effective 10/22/2024 Area Laboratory-Last Revised 10/22/2024 Urinalysis Next Review 10/22/2026 **Applicability**

Sperm Reporting Workflow

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

When spermatozoa is classified on the UN analyzer or observed in a manual microscopic examination of sediment, it is our practice to report such findings. This workflow defines the conditions under which such findings must be reviewed by a second technologist and states the protocol for reporting presence of spermatozoa. Documentation of the secondary review is site dependent.

II. PRINCIPLE:

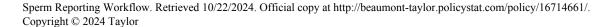
- A. If the patient is male >/=10 years of age, the result of 'PRESENT' should be released, no confirmation is necessary.
- B. If the patient is male <10 years of age or a female of any age, the result of 'PRESENT' is NOT released until confirmed by a second Technologist, Lead Technologist, Manager, or Pathologist.
- C. At Canton, the specimen will be saved for at least 24 hours for re-evaluation, if the presence of sperm is in question by the caregiver. The technologist on the following shift, will perform a secondary review of the specimen.

III. PROCEDURE:

- A. When sperm are classified in any female or any male <10 year of age:
 - 1. Verify the patient information on the label on the sample container matches the patient information on the instrument or patient log.

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- Immediately request another Technologist, Lead Technologist, Manager, or Pathologist to confirm the presence of sperm by looking at the specimen using a manual microscopic examination at Corewell Dearborn, Taylor, Trenton and Wayne. Corewell Canton will save the specimen for a secondary review by the technologist on the following shift.
 - a. If results agree, document the review by a second technologist according to each sites' documentation protocol, which may include one or more of the following: (Note: It is the technologist's responsibility to know their sites' documentation protocol.)
 - Type in the comment "Rechecked and Verified" in the white comment box and then type the Last Name, First Initial or Tech Code" of the second technologist in the yellow lab comment box in the Laboratory Information system (LIS).
 - ii. Document the second technologist's initials on the printout from the UN analyzer.
 - iii. Document the second technologist's initials on the Urinalysis Manual Results worksheet.
 - b. If results disagree:
 - i. Pipette a new sample for a microscopic exam and have both technologists review the sample for sperm again.
 - ii. Determine the result that both technologists agree upon.
 - iii. Document the review by a second technologist according to each sites documentation protocol, which may include one or more of the following: (Note: It is the technologist's responsibility to know their sites documentation protocol.)
 - a. Type in the comment "Rechecked and Verified" in the white comment box and then type the Last Name, First Initial or Tech Code" of the second technologist in the yellow lab comment box in the Laboratory Information system (LIS).
 - b. Document the findings and the second technologist's initial on the printout from the UN analyzer.
 - c. Document the second technologist's initials on the Urinalysis Manual Results worksheet.
 - iv. If the second technologist does not agree with the original reporting and concurrence is not reached, refer to management or a pathologist for further review.
- 3. If both techs determine that sperm is present, release the results and refrigerate the sample. Indicate on the container that it must not be discarded for at least one week.



IV. CRITICAL RESULTS:

The following results must be called to the patient's caregiver according to the Laboratory Test Directory.

- A. Sperm present in outpatient females <16 years.
- B. Sperm present in all Nursing Home females.
- C. Sperm present in Inpatient and Emergency Center females.
- D. Sperm present in all males <10 years.

Approval Signatures

Step Description	Approver	Date
Medical Director	Muhammad Arshad: Chief, Pathology	10/22/2024
Medical Director	Jeremy Powers: Chief, Pathology	10/4/2024
Policy and Forms Steering Committee Approval (if needed)	Laura Bellon: Medical Technologist Lead	10/1/2024
	Christopher Ferguson: Dir, Lab Services	10/1/2024
	Helga Groat: Supv, Laboratory	10/1/2024
	Kristen DiCicco: Mgr, Laboratory	9/24/2024
	Ashley Beesley: Mgr, Laboratory	9/24/2024
	Katherine Persinger: Mgr, Laboratory	9/20/2024
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