

<p> <small>† CATHOLIC HEALTH INITIATIVES</small> Franciscan Health System St. Anthony Hospital Gig Harbor, WA St. Clare Hospital Lakewood, WA St. Elizabeth Hospital Enumclaw, WA St. Francis Hospital Federal Way, WA St. Joseph Medical Center Tacoma, WA </p>	<h1 style="color: blue; margin: 0;">WORK INSTRUCTION</h1>	<p> DOCUMENT NUMBER R-W-HEM1415-02 Copy ID J, F, C, A, ENUM, GIGL <small style="color: red;">Unauthorized use or copying of this document is prohibited by FHS.</small> </p>
<h2 style="margin: 0;">SEMEN ANALYSIS POST VAS</h2>		

PURPOSE

To provide instruction for performing a wet-prep on post vasectomy semen specimens.

BACKGROUND

A wet-prep exam of semen for spermatozoa is performed to validate a successful vasectomy surgery.

SPECIMEN REQUIREMENTS

SPECIMEN: Semen collected in a sterile container.
STORAGE: Maintain at 20-40 °C. Avoid direct light exposure.
STABILITY: Specimen must arrive within 1 hour of collection, testing performed within 1-2 hours after collection.

Note: Samples that are delayed in delivery should not be rejected and have testing performed. Results should be reviewed by a lead tech or MT-Coordinator to evaluate if results can be released. For samples received beyond stability limits, use the Cerner phrase: SP LIMIT (Semen specimen received beyond stability limit, results may be affected. Please recollect if clinically indicated.)

REAGENTS/EQUIPMENT

- Microscope, tally counter.
- Glass slides and coverslips

INSTRUCTIONS

SPERM WET PREP

1. Place one drop of well-mixed, liquefied semen on a glass slide. Cover with coverslip.
2. If specimen fails to liquefy, see work instruction R-W-HEM1408
3. Check the appearance of the sample for gelatinous clumps, contaminants, or visible blood is present. Report in Cerner with a footnote.
4. Scan through the entire depth of ten fields using 50X magnification with condenser lowered or using phase-contrast microscopy.
5. If sperm present, check for motile sperm forms. Estimate the percentage of spermatozoa moving with forward progression of one head length, or more.

Note: Cerner automatically attaches the following footnote on the patient report: Decreased motility may be the result of non-viable or non-motile sperm.

6. If sperm present result SPERM WET as FEW or MOD. Result SPERM SPUN as N/A.
7. If no sperm are seen, result as ABSENT and continue to next section SPERM SPUN.

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Related Documents: R-W-HEM1408	Forms	

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<h3>SEMEN ANALYSIS POST VAS</h3>		

SPERM SPUN

1. Centrifuge 1/2 of the specimen at 1000 rpms for 15 minutes and reexamine.
2. If no sperm is found, report as ABSENT.
3. If sperm seen, report as RARE and continue with the next section.

MOTILE SPERM

1. If sperm present, check for motile sperm forms. Estimate the percentage of spermatozoa moving with forward progression of one head length or more.
2. Result as:
 - NONE if no forward progression
 - FEW if 0-10% forward progression
 - MOD if >10% forward progression

CERNER ORDERING AND RESULTING

Document results on a worksheet and result in Cerner using TSA or ACC.
Test order: POST VAS

SPERM WET: Absent, Few, Mod
SPERM SPUN: N/A, Absent, Rare
MOTILE SPM: None, Few, Mod

REFERENCE RANGE

Spermatozoa absent

REFERENCES

1. World Health Organization, WHO Laboratory Manual for the Examination of Human Semen and Sperm-cervical Mucus Interaction, 4th ed., 1999.
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3. Adelman, Marilyn Marx, and Cahill, Eileen M., Atlas of Sperm Morphology, American Society of Clinical Pathologists, 1989.
4. Susan King Straasinger "Urinalysis and Body Fluids" 3rd Edition, 1994 F.A. Davis Company.
5. Henry, John, M.D., Clinical Diagnosis and Management by Laboratory methods, 16th ed., 1984, Saunders

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