



ProteX

ProteX Evaluation Form

LOT ID: _____

Clinic Identification

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Date _____

Analysis

	Initial		3 Hours		12 Hours		24 Hours	
	SSC	ProteX	SSC	ProteX	SSC	ProteX	SSC	ProteX
Volume	_____	_____	_____	_____	_____	_____	_____	_____
Concentration	_____	_____	_____	_____	_____	_____	_____	_____
Motility	_____	_____	_____	_____	_____	_____	_____	_____
Forward progression	_____	_____	_____	_____	_____	_____	_____	_____
Total motile sperm	_____	_____	_____	_____	_____	_____	_____	_____
Time collected	_____	_____	_____	_____	_____	_____	_____	_____
Time of analysis	_____	_____	_____	_____	_____	_____	_____	_____
Location of collection (in clinic or off-site at home)	_____	_____	_____	_____	_____	_____	_____	_____
Reason for infertility	_____	_____	_____	_____	_____	_____	_____	_____

Sperm Wash

	Previous	ProteX
Volume	_____	_____
Concentration	_____	_____
Motility	_____	_____
Forward progression	_____	_____
Total motile sperm	_____	_____
Time collected	_____	_____
Time of analysis	_____	_____
Location of collection (in clinic or off-site at home)	_____	_____
Reason for infertility	_____	_____

For samples collected in ProteX with media added,
 see [Semen Parameter Calculator \(XLS\)](#) to help
 back-calculate semen parameters in the native sample.