

Next Generation[®]

Stallion Spermatozoal Morphology Report

Date of Submission: _____ Responsible Party: _____

Referring Veterinarian: _____ Owner: _____

Address: _____ Address: _____

City & State: _____ City & State: _____

Postal Code: _____ Postal Code: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

Name & Reg. #: _____ Age & Breed: _____

History: _____

Morphologic Parameter	Date:	Date:	Date:	Date:
% Normal				
% Abnormal Heads				
% Abnormal Acrosomes				
% Tailless Heads				
% Proximal Droplets				
% Distal Droplets				
% Abnormal Midpieces				
% Bent Midpieces				
% Bent Tails				
% Coiled Tails				
% Premature Germ Cells				
Other Abnormalities				

Overall Comments: _____

Signed: _____ Date: _____

Comments as represented above are based upon semen collected and evaluated on the given date. Fertility issues can arise at any given time for any given reason.