

## Overview

### Useful For

Diagnosing male infertility

Selecting the most cost-effective therapy for treating male-factor infertility

Quantifying the number of germinal and white blood cells per mL of semen

### Method Name

Kruger Criteria Strict Morphology

### NY State Available

No

## Specimen

### Specimen Type

Semen

### Additional Testing Requirements

Conventional semen analysis, FER / Semen Analysis, Semen. should be performed in conjunction with this test.

### Shipping Instructions

**Semen specimen must arrive within 24 hours of collection. Send specimen Monday through Thursday only and not the day before a holiday.** If holiday falls on a Saturday, holiday will be observed on the preceding Friday. Sunday holidays are observed on the following Monday. Specimen should be collected and packaged as close to shipping time as possible. **Laboratory does not perform testing on weekends.**

### Necessary Information

**Specimen volume is required.**

### Specimen Required

**Container/Tube:** Semen Analysis Kit (T178)

**Collection Instructions:** Patient should have 2 to 7 days of sexual abstinence at the time of semen collection for accurate results.

**Specimen Volume:** Total ejaculate

### Specimen Minimum Volume

A minimum count is needed. Lab will determine.

**Reject Due To**

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Semen	Ambient		

**Clinical & Interpretive****Clinical Information**

Infertility affects 1 out of 6 couples of child-bearing age. Approximately 40% of infertility has a female-factor cause and 40% a male-factor cause. The remaining 20% of infertility is due to a combination of male- and female-factor disorders or is unexplained.

Abnormalities in sperm morphology are related to defects in sperm transport, sperm capacitation, the acrosome reaction, binding/penetration of the zona pellucida, and fusion with the oocyte vitelline membrane. All of these steps are essential to normal fertility.

Strict criteria sperm morphology testing also greatly assists with selecting the most cost-effective in vitro sperm processing and insemination treatment for the couple's in vitro fertilization (IVF) cycle. Sperm with severe head abnormalities are unlikely to bind to the zona pellucida. These patients may require intracytoplasmic sperm injection in association with their IVF cycle to ensure optimal levels of fertilization are achieved. This, in turn, provides the patient with the best chance of pregnancy.

**Reference Values**

Normal forms

> or =4.0%

Germinal cells/mL

<4 x 10<sup>6</sup> (normal)

> or =4 x 10<sup>6</sup> (Elevated germinal cells in semen are of unknown clinical significance)

WBC/mL

<1 x 10<sup>6</sup> (normal)

> or =1 x 10<sup>6</sup> (Elevated white blood cells in semen are of questionable clinical significance)

**Interpretation**

Categorizing sperm according to strict criteria based on measurements of head and tail sizes and shapes. Sperm with abnormalities in head/tail size/shape may not be capable of completing critical steps in sperm transport and fertilization.

**Clinical Reference**

1. Kruger Morphology Conference, Boston, MA, October 9, 1993
2. Cooper TG, Aitken J, Auger J, et al, eds. WHO laboratory manual for the examination and processing of human semen. 5th ed. WHO Press; 2010
3. Bjorndahl L, Apolikhin O, Baldi E, et al, eds: WHO laboratory manual for the examination and processing of human

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semen. 6th ed. World Health Organization; 2021

## Performance

### Method Description

Sperm is categorized according to strict criteria based on measurements of head and tail sizes and shapes. Sperm with abnormalities in head/tail size/shape are not capable of completing steps in the sperm transport and fertilization process. Quantification of the germinal and white blood cell (WBC) content in semen is performed because the presence of germinal and WBCs are indicative of possible disorders in spermatogenesis and genital tract infection, respectively. (Wazzan W, Thomas A: Genital infection and male infertility. AFS Annual Meeting, Postgraduate course, 1990; Menkveld R, Oettle E, Kruger T, et al: Atlas of human sperm morphology. Williams and Wilkins, Baltimore, MD, 1991; Scoring is based on a modified method of WHO laboratory manual for the examination of human semen and sperm-cervical mucus interaction. 5th ed. Cambridge University Press; 2010)

### PDF Report

No

### Day(s) Performed

Monday through Friday

### Report Available

2 to 4 days

### Specimen Retention Time

Slides: at least 6 months

### Performing Laboratory Location

Rochester

## Fees & Codes

### Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

### Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

**CPT Code Information**

89398

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
MSTC	Strict Criteria Sperm Morphology	48812-2

Result ID	Test Result Name	Result LOINC® Value
OVAL2	Strict Morph NL	10622-9
ACRSM	Acrosom Defect	66494-6
HDSAB	Head Shape Abnormal	66495-3
HDZAB	Head Size Abnormal	66496-1
MD	Midpiece Defect	10603-9
TAILD	Tail Defect	10604-7
DBLF	Double Forms	66497-9
MULTI	Multiple Defects	66498-7
GERM3	Germ Cells/mL	10576-7
WBC6	WBC/mL	10579-1
CMT56	Comment	48767-8