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WHAT IS UNCERTAINTY?

In ordinary use, the word 'uncertainty' does not inspire confidence. However, when used in a technical sense as in 'measurement of uncertainty' or 'uncertainty of a test result' it carries a specific meaning and tells us something about the quality of the result, and helps describe the doubt that exists about the result of any measurement. In everyday speak, uncertainty might be expressed as 'give or take', e.g. a stick might be two metres long, give or take a centimetre.

Clinicians and scientists are generally comfortable with the concept of uncertainty in relation to a blood test to determine for example a hormone level, but of course, a semen analysis comprises a combination of different test results. As such it is important to consider the measurement of uncertainty in relation to semen analysis testing and the mechanisms that are in place to attempt to minimise uncertainty measurement when assessing semen samples.

1 EXPRESSING UNCERTAINTY MEASUREMENT

Since there is always a margin of doubt about any measurement, we need ask 'How big is the margin?' and 'How bad is the doubt?'. This is conventionally achieved by considering the width of the margin and the confidence level (which states how sure we are that the 'true value' is within that margin).

It is important to realise that uncertainty is not the same as error. Error is the difference between the measured value and the 'true value' of the thing being measured, whereas uncertainty is the quantification of the doubt about the measurement result. Any error whose value we do not know is a source of uncertainty.

It is also important to consider that a semen analysis result is often described as for example, 'normal', 'abnormal' or 'subnormal'; with these categorisations being based on one or more results of tests performed within the analysis. Whilst it is possible to quantify the measurement uncertainty of some of the individual quantitative elements of a semen analysis, it is not possible to derive the uncertainty measurement of the semen analysis result as a whole due to several unavoidable and uncontrollable confounding factors described below.

2 WHY IS IT IMPORTANT TO CONSIDER UNCERTAINTY?

Uncertainty is a (usually quantitative) indication of the quality of the result. It gives an answer to the question, how well does the result represent the value of the quantity being measured? It allows users of the result to assess its reliability, for example for the purposes of comparison of results from different sources or with reference values or ranges.

In the case of a semen analysis, a result is often compared to a reference range. In this case, knowledge of the uncertainty shows whether the result is well within the reference range or only just makes it. Sometimes a result is so close to the limits of the reference range that the risk associated with the possibility that the measured parameter may not fall within the limit, once the uncertainty has been allowed for, must be considered. In other words, results which fall just outside the normal range may in reality be within the normal range.

We often encounter patients who get differing results (and therefore sometimes conflicting advice) when they have semen analyses performed in more than one laboratory. Whilst this is, more often than not, due to the inherent within-individual variability of semen samples a further complication may be arising. To illustrate this point imagine (although it is of course impossible) a patient were able to have the same sample analysed simultaneously in two Andrology labs. Would we expect the laboratories to get identical results? Only within limits, we may answer, but when the results are close to the specification limit it may be that one laboratory indicates ‘normality’ whereas another indicates an ‘abnormality’. From time to time accreditation bodies have to investigate complaints concerning such differences. This can involve much time and effort for all parties, which in many cases could have been avoided if the uncertainty of the result had been known by the service user.

3 WHERE DO UNCERTAINTIES IN SEMEN ANALYSIS COME FROM?

Many things can undermine a measurement of a semen analysis parameter and importantly these flaws in the measurement may be visible or invisible. Although patients and Andrologists do their best, the nature of semen analyses dictate that they are rarely performed under absolutely perfect conditions and as such, errors and uncertainties can arise from the areas detailed in the table below. However, in some areas it is possible to attempt to control for and minimise these errors and uncertainties and the ways in which we attempt to do this is also included below.

Source of error or uncertainty	Control/minimisation methods
<p><i>The laboratory equipment used to perform measurements.</i></p> <p>Measuring instruments (pipettes, counting chambers etc.) can suffer from errors including bias, changes due to ageing, wear, or other kinds of drift, poor readability, noise (for electrical instruments) and many other problems.</p> <p>Please note that the uncertainty of measurement generated by the pipettes used during semen analysis pales into insignificance compared with the other sources of uncertainty described in sections below</p>	<ul style="list-style-type: none"> • Formal installation and validation • Regular maintenance • Calibration
<p><i>The patient</i></p> <p>It is well recognised that the ‘quality’ of semen samples that a man produces can vary hugely for a variety of reasons, not least of which is normal biological variation. As such it is foolhardy to base a</p>	<ul style="list-style-type: none"> • Performance of repeat semen analyses to help derive a ‘representative’ diagnosis

diagnosis on only one semen analysis.	
<p><i>The semen sample itself</i></p> <p>Human semen is a heterogeneous fluid which undergoes a process of liquefaction shortly after ejaculation.</p> <p>The constituents of seminal plasma are not capable of sustaining sperm motility and viability over prolonged periods</p>	<ul style="list-style-type: none"> • The Andrology Laboratory examines the sample within 60 minutes of it being produced wherever possible • Semen samples are well mixed before aliquots are removed for assessment purposes • Awareness that sampling a non-liquefied sample may lead to an erroneous result
<p><i>Semen sample collection</i></p> <p>The way in which a semen sample is collected can hugely affect its quality.</p> <ul style="list-style-type: none"> • Duration of abstinence • Collection method • Collection vessel • Incomplete collection • Exposure to adverse temperature • Ejaculation to analysis interval 	<ul style="list-style-type: none"> • Patients are advised to abstain from ejaculation for a minimum of two and a maximum of seven days. • Patients are advised to collect their samples by masturbation • Patients are advised to only use the container provided by the Andrology Laboratory • Patients are advised to inform the Andrology Laboratory if any of the sample was spilled. • Patients are advised to protect the sample from extremes of temperature • Patients who produce their sample off-site are advised to deliver the sample to the Andrology laboratory within 60 minutes of it being produced
<p><i>Imported uncertainties</i></p> <p>Calibration of for example, pipettes or heated-stages will have an inherent uncertainty which is then built into the uncertainty the measurement being made.</p> <p>NB. The uncertainty due to not calibrating equipment would obviously be much worse!</p>	<ul style="list-style-type: none"> • It is not possible to control for this <i>per se</i> although it is essential that equipment is regularly calibrated.
<p><i>Operator skill and judgment</i></p> <p>Some measurements (eg assessment of sperm motility by eye) depend upon the</p>	<ul style="list-style-type: none"> • Training

<p>skill and judgment of the person looking down the microscope. For example a sperm is deemed to be progressing rapidly (ie grade A) if it is moving >25µm/sec which equates approximately to 5 x the length of a sperm. Such an assessment is highly subjective!</p> <p>Similarly, the human eye is unavoidably drawn to moving objects and as such is inclined to overestimate sperm motility</p>	<ul style="list-style-type: none"> • IQC • EQA • Use of computer-aided semen analysis
<p>Sampling issues</p> <p>The measurements that are made relating to a particular semen sample must be properly representative of the semen sample itself. This is particularly relevant as human semen is a heterogeneous fluid which undergoes a process of liquefaction shortly after ejaculation.</p>	<ul style="list-style-type: none"> • Semen samples are well mixed before aliquots are removed for assessment purposes • Awareness that sampling a non-liquefied sample may lead to an erroneous result
<p>The environment</p> <p>Temperature, air pressure, humidity and many other conditions can affect the measuring instrument or indeed, the sample being measured</p>	<ul style="list-style-type: none"> • Patients are advised to protect the sample from extremes of temperature • Patients are advised to only use the container provided by the Andrology Laboratory • All motility assessments are performed at 37°C

So, we can see from the table above that there are many very real issues which may cause uncertainty of measurement in relation to a semen analysis and although we can do our best to control for these, many of the control methods listed above rely heavily on patient compliance.

4 QUANTIFICATION OF UNCERTAINTY

This section seeks, where possible, to quantify the uncertainty of measurement for individual parameters within a semen sample. This allows individual parameters within the analysis to be appropriately interpreted.

At the end of each section, we have attempted to relate the data to clinical practice by suggesting some **points for consideration**, which may help your interpretation.

4.1 Within-patient variation

To demonstrate just how much the quality of semen samples can vary within the same individual, the table below shows data relating to 20 donors who provided a total of 754 ejaculates (minimum of 10 each). The parameter means for all 20 donors are shown together with the mean CV, with the latter representing the between-sample variation for each donor.

	Volume	Concentration	Progression (a+b)	Total Count
Mean (Range)	3.3 (1.1-6.5)	74.8 (43.5-136)	56.0 (44.5-68.5)	227.5 (85.3-557.1)
Mean CV between sample (Range)	26.1 (15.3-42.3)	33.2 (13.6-49.6)	15.2 (10.1-21.5)	43.9 (20.7-68.4)

Points for consideration - clearly, men will produce samples of very variable quality. Diagnosis of sub-normality should not be based on a single semen sample.

4.2 Volume measurement

Semen volume is measured by weight. Uncertainty related to the measurement of semen sample volume is very small as demonstrated below where the weight of the same semen sample + pot was determined 10 times. (June 2017)

Mean weight (gms)	13.871
Range	13.870-13.872
CV	0.006

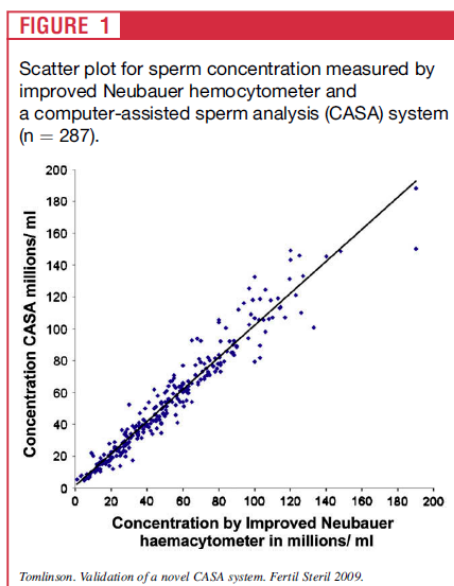
Clearly, the same sample measured repeatedly gives almost exactly the same result.

Points for consideration – the reported volume of a semen sample is extremely reliable.

4.3 Concentration

4.3.1 Manual vs computer-aided concentration measurements

Figure 1 below shows the correlation between CASA and ‘manual’ sperm concentration measurements for 287 semen samples.



These data clearly show that the Sperminator CASA machine can measure sperm concentration at least as well as the conventional haemocytometer method.

Points for consideration – whenever possible concentration measurements are performed using a CASA machine.

4.3.2 Measurement of sperm concentration using CASA

Although we use CASA machines wherever possible, measurement uncertainty still exists. The table shows the results of 10 CASA concentration measurements performed on the same aliquot of 10 different samples.

Variability observed when using CASA to measure sperm concentration on the same slide 10 times for 10 different samples (June 2017)

n=10 x 10	
CV	2.85-26.84

The CV shown above is quite high. However, when we take repeated aliquots of the same semen sample (see table below) the CV is much larger due to the sampling variability associated with sampling a heterogeneous fluid such as human semen.

Variability observed when using CASA to measure sperm concentration on 10 aliquots of the same sample (June 2017)

n=10	
Mean concentration (millions/ml)	51.5
Range	48-57
CV	6.02

Points for consideration – the uncertainty associated with measuring sperm concentration, even using CASA technology is quite high.

4.3.3 Manual measurement of sperm concentration

Unfortunately, CASA systems require reasonable numbers of sperm present in the sample (more than approximately 8 million per ml) to function optimally. Therefore, we remain reliant on manual measurement of sperm concentration for semen samples containing lower concentrations of sperm. As such, it is prudent to examine the uncertainty associated with the manual measurements of sperm concentration.

4.3.3.1 Within-observer variability

The table below shows the results of 10 manual concentration measurements performed on the same sample by the same operator.

Variability observed with the same observer performing a manual concentration measurement on the same sample 10 times (June 2017)

n=10	
Mean concentration (millions/ml)	88.22
Range	85-94
CV	2.99

The CV is reasonable and similar to that those derived using the CASA system.

4.3.3.2 Between-observer variability

The table below shows the results of 4 operator performing manual concentration measurements on 10 different samples. Please note that the variability seen here may be a combination of true 'between-observer' variability together with sampling error.

Variability observed with 4 observers performing a manual concentration measurement on the same sample at the same time (June 2017)

	op 1	op2	op3	op4	Mean	Max	Min	SD	CV
1	21	21	19	18	19.75	21	18	1.50	7.59
2	18	23	17	16.5	18.63	23	16.5	2.98	16.01
3	56	61	53	52.5	55.63	61	52.5	3.90	7.02
4	58	63	54	34	52.25	63	34	12.71	24.33
5	28	29	22	28	26.75	29	22	3.20	11.97
6	68	61	61	78	67.00	78	61	8.04	12.00
7	69	66	77	68	70.00	77	66	4.83	6.90
8	27	28	34	34	30.75	34	27	3.77	12.28
9	50	55	67	52.5	56.13	67	50	7.53	13.42
10	10	9	13	20.5	13.13	20.5	9	5.20	39.64
								Mean CV	15.11557

Once again, the CVs are large, particularly when concentration is lower.

Points for consideration – the uncertainty associated with manually measuring sperm concentration can be large, particularly at lower sperm concentrations.

4.4 Motility

There are principally four areas in which uncertainty of measurement can be introduced when measuring sperm motility these being

- i. the time interval between ejaculation and analysis
- ii. the effect of temperature
- iii. the effect of the operator or CASA system and
- iv. the difference between operators

4.4.1 Time interval between ejaculation and analysis

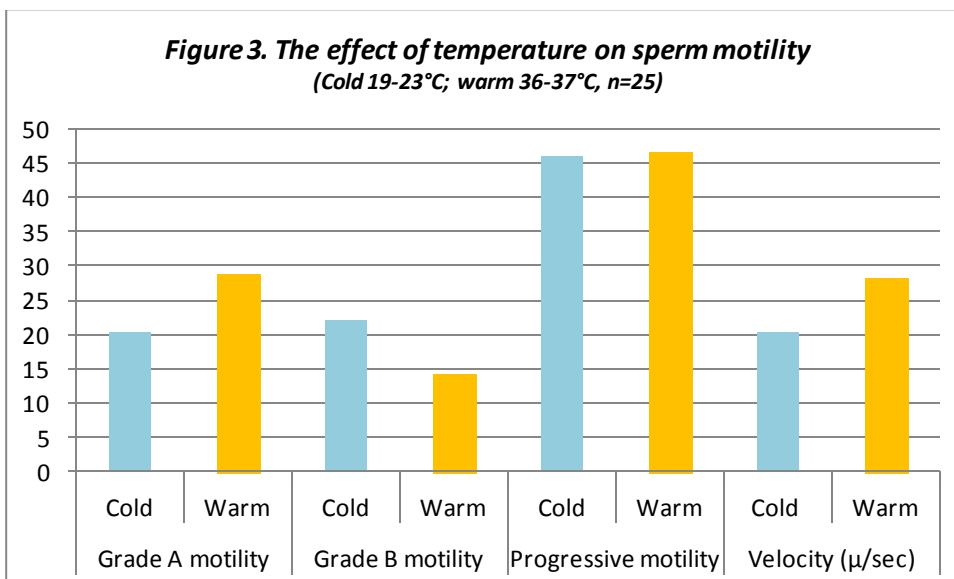
Sperm motility in some semen samples will start to decline after approximately 60 minutes. As such, the Andrology Laboratory endeavours to perform all motility analyses within 60 minutes of ejaculation.

Points for consideration –Patients who produce samples off-site should be strongly advised to deliver the samples to the Andrology Lab within 60 minutes of ejaculation.

Any instance where sperm motility is reduced and the motility assessment was performed over 60 minutes after ejaculation (e.g. where the sample was produced off-site) will be highlighted on the report.

4.4.2 Effect of temperature

Figure 3 below, demonstrates that more sperm swim faster at 37°C than at room temperature.



Points for consideration - All motility analyses performed within the Hewitt Fertility Centre Andrology Laboratories are performed at 37°C.

Failure by patients to follow instructions regarding sample production and transport will be noted on the report.

4.4.3 Manual vs computer-aided motility measurements

Error and uncertainty associated with motility measurement is often difficult to demonstrate as the industry lacks a ‘gold standard’ methodology. Indeed manual motility measurements are almost impossible to validate unless they are compared directly to an objective measurement such as those derived by computer-aided semen analysis (CASA). The table below shows the results for manual vs computerised motility measurements for 100 semen samples.

Manual versus computer derived motility measurements for the same samples (median %, n=100)

Motility grade (median)	Manual	CASA	Correlation coefficient (r)	Significance
Rapid (a)	25	21	0.863	<0.0001
Medium (b)	16	11.5	0.327	<0.001
Slow (c)	8	15	0.168	NS
Static (d)	50	50	0.845	<0.0001
Progressive (a+b)	42	32.5	0.845	<0.0001

These data clearly show that the human eye tends to over-estimate the speed at which sperm are progressing by up to 20% compared to the CASA system.

Points for consideration – whenever possible motility measurements are performed using a CASA machine to remove subjectivity. Please note, however, that CASA machines cannot be used for samples with low sperm concentrations.

4.4.4 Measurement of sperm motility using CASA

Although we use CASA machines wherever possible measurement uncertainty still exists. The table below shows the results of 10 CASA motility measurements performed on the same aliquot of 10 different semen samples..

Variability observed when using CASA to measure sperm motility on the same slide 10 times for 10 different samples (June 2017)

Motility grade (n=10 x 10)	CV
Rapid (a)	5.8 – 58.7
Medium (b)	8.2 – 29.8
Slow (c)	18.7 – 29.6
Static (d)	6.0 – 39.1

The CVs shown in the table above are high. However, when we take repeated aliquots of the same semen sample (see table below) the CV is higher still due to the sampling variability associated with sampling a heterogeneous fluid such as human semen.

Variability observed when using CASA to measure sperm motility on 10 aliquots of the same sample (June 2017)

Motility grade (n=10)	Mean	Range	CV
Rapid (a)	24	20-29	12.88
Medium (b)	20.9	15-26	16.34
Slow (c)	8	5-10	25
Static (d)	47.1	41-55	10.37

Points for consideration – the uncertainty associated with measuring sperm motility, even using CASA technology is high.

4.4.5 Manual measurement of sperm motility

Unfortunately, CASA systems require reasonable numbers of sperm present in the sample (more than approximately 8 million per ml) to function optimally. Therefore, we remain reliant on manual measurement of sperm motility for semen samples containing lower concentrations of sperm. As such, it is prudent to examine the uncertainty associated with the manual measurements of sperm motility.

4.4.5.1 Within-observer variability

The table below shows the results of 10 manual motility measurements performed on the same sample by the same operator. Please note i. that some variability may occur due to natural ‘deterioration’ of sperm motility over the time taken to perform the 10 measurements and ii. The variability seen here will be a combination of true ‘within-observer’ variability together with sampling error.

Variability observed with the same observer performing a manual motility assessment on the same sample 10 times (June 2017)

Motility grade (n=10)	Mean	Range	CV
Rapid (a)	46.2	42-53	7.55
Medium (b)	10.1	8-12	17.12
Slow (c)	5.1	4-7	23.47
Static (d)	38.6	31-44	10.80

Once again very high CVs are observed as with the CASA system. Please note that a significant degree of unwitting bias may be inherent in this experiment as the operator may subconsciously ‘adjust’ their measurement as they already know previous results!

4.4.5.2 Between-observer variability

The table below shows the results of 4 observers performing manual motility measurements at the same time on 10 samples. Please note that the variability seen here may be a combination of true ‘between-observer’ variability together with sampling error.

Variability observed with 6 observers performing a manual motility assessment on the same sample at the same time (June 2017)

Motility grade (n=40)	Mean CV	Range CV
Progressive	20.71	4.45-62.08
Non-progressive	24.24	11.66-50.00
Immotile	13.71	2.95-25.53

Once again, the CVs are very large.

Points for consideration – the uncertainty associated with manually measuring sperm motility is high.

4.5 Effect of numbers counted when using CASA

The table below shows the difference in CV obtained when estimating sperm concentration and motility by asking the CASA machine to count either 200 or 400 sperm for 5 different samples measured 10 times each.

Motility grade (n= 5x10)	Mean CV for counting 200 sperm	Mean CV for counting 400 sperm
Concentration	11.5	7.75
Rapid (a)	22.55	16.47
Medium (b)	21.89	19.16
Slow (c)	27.98	27.49
Static (d)	10.68	9.16

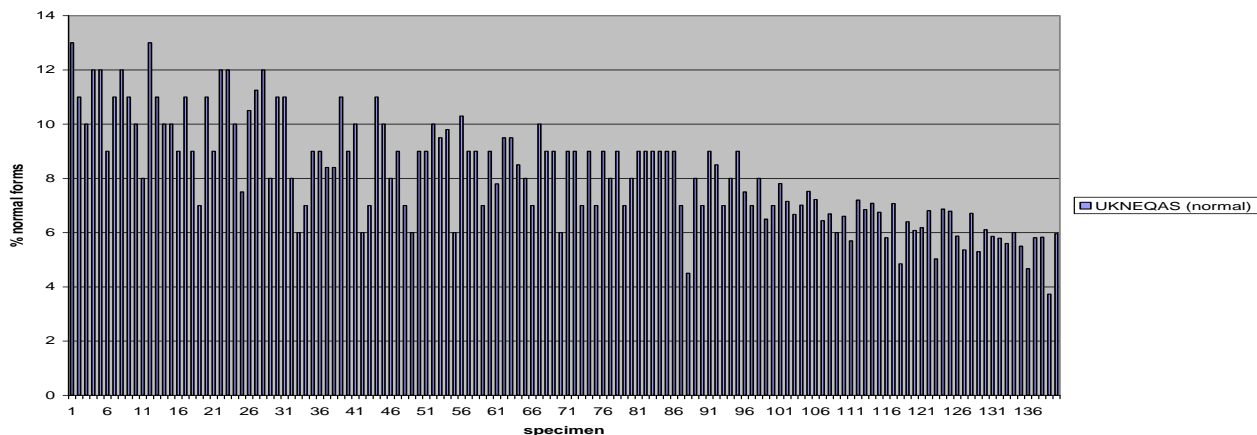
The table above shows the CVs obtained when measuring concentration and motility repeatedly (n=50) on the same sample according to whether 200 or 400 sperm were counted. A slight reduction in CV is observed when 400 sperm are counted compared to 200 (as might be expected). However, the CV observed when 400 sperm are counted remains high and as such there is little benefit in counting 400 rather than 200 sperm as its effect on measurement uncertainty is minimal.

4.6 Morphology

The assessment of sperm morphology is fraught with difficulty for many reasons and significant measurement uncertainty exists. Some examples of these difficulties are given below.

The figure below would suggest that a laboratories' perception of 'a normal sperm' is slowly changing to meet the needs of the new reference ranges, despite using the same sperm shape and size criteria to work to. Figure 1 below shows the target values for % normal forms from EQA samples over the past 8 years. There is a clear relationship showing generally stricter scoring with time in response to a gradual adoption of a lower reference range.

EQA target values for % normal forms from 2005-2011 in the UK NEQAS scheme



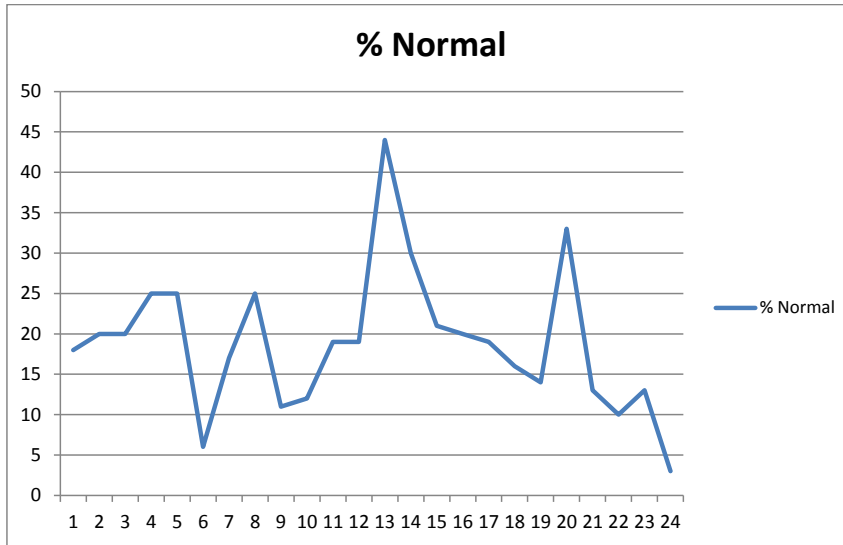
Secondly, Andrologists are routinely trained to follow a philosophy which labels any sperm which does not meet pre-defined size and shape definitions as being abnormal. By definition the group of abnormal forms then includes a significant number of 'unknowns' which could include: borderline forms; artefacts created by slide preparation; or indeed those which become adhered to artefacts such as debris or non-sperm cells. The consequence of adopting this strategy is that the uncertainty surrounding those 'unknowns' (and therefore for the entire measurement) cannot be assessed.

Thirdly, and to compound the difficulties yet further, not only can differences in fixation and staining make a difference to the overall result but individual interpretation of exactly the same sperm images show a remarkable lack of consistency across a range of operators.

A recent small study using a series of clear images sent out by the laboratory at Nottingham University Hospital to a number of centres showed that even in experienced hands, agreement on whether a sperm is normal or abnormal varied considerably. The figure below shows the % normal forms as reported by 24 individuals (fully trained to perform semen analysis) based in six different laboratories. The mean from 160 sperm images was 18.9% normal with a range from 3% to 44%!!!

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Identification of normal forms from the same set of micrographs assessed by 24 staff in six different centres




Clearly there is a very large and unquantifiable uncertainty associated with sperm morphology assessment as currently performed, and it seems that estimating sperm morphology in terms of percentage 'normal forms' is difficult (if not impossible) with subjectivity remaining a significant problem.

However, there are certain situations where the performance of sperm morphology is associated with an extremely low (if not zero) level of uncertainty and these are where the morphological defect applies to every sperm and such conditions are easily recognisable. This might include conditions such as globozoospermia (where the head size is increased and no acrosome is present), pin-head sperm (where the sperm heads are missing) or gross tail defects. Such conditions are often 'sterilising'.

Points for consideration – the high degree of uncertainty around assessing % normal forms raises questions about its clinical value. However, sperm morphology assessment is of considerable value in identifying gross morphological abnormalities.

4.7 Uncertainty Budget.

Uncertainty Budget	
Type A: which are carried out by calculations from a series of repeated observations using statistical methods	Type B: evaluations where measurements are derived from other sources e.g. This could be information from past experience of the measurements, from calibration certificates,
Calculate SD of Intra precision	Temperature Humidity Inter operator variability Pipette uncertainty Values Reagent variability Calibration lot number variability. Inter precision variability

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4.8 How to calculate Uncertainty when using an Uncertainty Budget.

Calculate the SD of the intra precision

- SD intra precision = A
- Calculate the SD of the inter precision
- SD inter precision = B

Add the 2 uncertainties, in order to get rid of a - or + Square them, add them and calculate the Square Root

$$u = \sqrt{A^2 + B^2}$$

Expanded uncertainty

Uncertainty is calculated as 1 SD, 1 SD gives 68% confidence on the Gaussian Curve, it is reasonable to multiply the uncertainty by 2 to attain a confidence level of 95%. This is referred to the coverage factor and is represented by K

4.9 Calculating Expanded Uncertainty.

Uncertainty is expressed as $u = \sqrt{A^2 + B^2}$

Expanded uncertainty is expressed as $U = 2xu$

5 INTRODUCTION TO TYPE A & B UNCERTAINTIES AND CONSIDERATIONS

This uncertainty budget seeks to systematically examine and document all sources of measurement uncertainty associated with performing a routine semen analysis. This is done by examining i) readily measurable and statistically describable variability – so called Type A uncertainties, and ii) Type B uncertainties, which are less easily quantified but are known to effect the outcome of the test.

Routine semen analysis is made up of several components (ejaculate volume, sperm concentration, sperm motility and sperm morphology) and such it is prudent to list Type A and Type B uncertainties for each.

Ideally, it should then be possible to mathematically combine all the measurement uncertainties associated with measuring a particular parameter to derive an overall level of uncertainty for measuring that parameter. This document also seeks to examine whether such an approach is applicable to routine semen analysis.

Please note that a fundamental assumption is made at the outset when performing a semen analysis in that the sample being analysed has indeed been provided by the patient. Unlike taking a venous blood sample, the requirement (in all but rare exceptions eg electro-ejaculation or surgical sperm retrieval) for the sample to be produced by masturbation means that its provenance cannot be guaranteed with certainty.

CONSIDERATION OF TYPE A & TYPE B UNCERTAINTIES

5.1 Ejaculate volume (measured by weight)

Type A uncertainties	Type B uncertainties
<p>Volume measurement by weight</p> <p>Imported uncertainty (eg equipment calibration)</p>	<p>Incomplete sample collection - <i>we rely upon the patient to report sample spillage</i></p> <p>Abstinence period - <i>we rely upon the patient to report abstinence period</i></p> <p>Intra-patient variability – <i>it is well recognised that a patient will produce samples of varying volume</i></p> <p>Retrograde ejaculation – <i>the patient may produce an incomplete sample due to partial retrograde ejaculation</i></p>

5.2 Sperm concentration (measured manually)

Type A uncertainties	Type B uncertainties
<p>Intra-sample variability</p> <p>Inter and intra-operator variability</p> <p>Inter and intra-chamber variability</p> <p>Imported uncertainty (eg equipment calibration)</p>	<p>Incomplete sample collection - <i>we rely upon the patient to report sample spillage. The first fraction of the ejaculate contains the majority</i></p> <p>Abstinence period - <i>we rely upon the patient to report abstinence period</i></p> <p>Intra-patient variability – <i>it is well recognised that a patient will produce samples of varying concentration</i></p> <p>Retrograde ejaculation – <i>the patient may produce an incomplete sample due to partial retrograde ejaculation</i></p> <p>Sample heterogeneity – <i>sperm are suspended in seminal fluid which is a viscous, heterogeneous medium. Vigorous sample mixing is not recommended. Furthermore, the sample undergoes an enzymatically driven process of liquefaction which significantly affects sample viscosity and consistency.</i></p>

5.3 Sperm concentration (measured using CASA)

Type A uncertainties	Type B uncertainties
<p>Intra-sample variability</p> <p>Inter and intra-Sperminator variability</p> <p>Manual vs CASA concentration measurement</p> <p>Imported uncertainty (eg equipment calibration)</p>	<p>Incomplete sample collection - <i>we rely upon the patient to report sample spillage. The first fraction of the ejaculate contains the majority</i></p> <p>Abstinence period - <i>we rely upon the patient to report abstinence period</i></p> <p>Intra-patient variability – <i>it is well recognised that a patient will produce samples of varying concentration</i></p> <p>Retrograde ejaculation – <i>the patient may produce an incomplete sample due to partial retrograde ejaculation</i></p> <p>Sample heterogeneity – <i>sperm are suspended in seminal fluid which is a viscous, heterogeneous medium. Vigorous sample mixing is not recommended. Furthermore, the sample undergoes an enzymatically driven process of liquefaction which significantly affects sample viscosity and consistency.</i></p>

5.4 Sperm motility (measured manually)

Type A uncertainties	Type B uncertainties
<p>Intra-sample variability</p> <p>Inter and intra observer variability</p> <p>Effect of temperature</p> <p>Imported uncertainty (eg equipment calibration)</p>	<p>Incomplete sample collection - <i>we rely upon the patient to report sample spillage. The first fraction of the ejaculate contains the majority</i></p> <p>Abstinence period - <i>we rely upon the patient to report abstinence period</i></p> <p>Intra-patient variability – <i>it is well recognised that a patient will produce samples of varying motility</i></p> <p>Retrograde ejaculation – <i>the patient may produce an incomplete sample due to partial retrograde ejaculation</i></p> <p>Sample heterogeneity – <i>sperm are suspended in seminal fluid which is a viscous, heterogeneous medium. Vigorous sample mixing is not recommended. Furthermore, the sample undergoes an enzymatically driven process of liquefaction which significantly affects sample viscosity and consistency.</i></p> <p>Sample handling - <i>we rely on the patient to protect the sample from extremes of temperature from production to delivery to the laboratory</i></p> <p>Ejaculation to analysis interval – <i>we rely on the patient to accurately record the time that the sample was produced to facilitate its analysis within 60 mins of ejaculation</i></p> <p>Slide and room temperature - <i>whilst we attempt to control the temperature of the analysis itself by using heated stages the effects of ambient temperature should be recognised</i></p> <p>Presence of antisperm antibodies and associated effects.</p>

5.5 Sperm motility (measured using CASA)

Type A uncertainties	Type B uncertainties
<p>Intra-sample variability</p> <p>Inter and intra-Sperminator variability</p> <p>Manual vs CASA motility measurement</p> <p>Effect of temperature</p> <p>Imported uncertainty (eg equipment calibration)</p>	<p>Incomplete sample collection - <i>we rely upon the patient to report sample spillage. The first fraction of the ejaculate contains the majority</i></p> <p>Abstinence period - <i>we rely upon the patient to report abstinence period</i></p> <p>Intra-patient variability – <i>it is well recognised that a patient will produce samples of varying motility</i></p> <p>Retrograde ejaculation – <i>the patient may produce an incomplete sample due to partial retrograde ejaculation</i></p> <p>Sample heterogeneity – <i>sperm are suspended in seminal fluid which is a viscous, heterogeneous medium. Vigorous sample mixing is not recommended. Furthermore, the sample undergoes an enzymatically driven process of liquefaction which significantly affects sample viscosity and consistency.</i></p> <p>Sample handling - <i>we rely on the patient to protect the sample from extremes of temperature from production to delivery to the laboratory</i></p> <p>Ejaculation to analysis interval – <i>we rely on the patient to accurately record the time that the sample was produced to facilitate its analysis within 60 mins of ejaculation</i></p> <p>Slide and room temperature - <i>whilst we attempt to control the temperature of the analysis itself by using heated stages the effects of ambient temperature should be recognised</i></p> <p>Presence of antisperm antibodies and associated effects.</p>

5.6 Sperm morphology

Type A uncertainties	Type B uncertainties
<p>Intra and inter-sample variability</p> <p>Intra and inter-observer variability</p>	<p>Incomplete sample collection - <i>we rely upon the patient to report sample spillage. The first fraction of the ejaculate contains the majority</i></p> <p>Abstinence period - <i>we rely upon the patient to report abstinence period</i></p> <p>Intra-patient variability – <i>it is well recognised that a patient will produce samples of varying morphology</i></p> <p>Retrograde ejaculation – <i>the patient may produce an incomplete sample due to partial retrograde ejaculation</i></p> <p>Sample heterogeneity – <i>sperm are suspended in seminal fluid which is a viscous, heterogeneous medium. Vigorous sample mixing is not recommended. Furthermore, the sample undergoes an enzymatically driven process of liquefaction which significantly affects sample viscosity and consistency.</i></p> <p>Changing perception of a morphologically 'normal' sperm to meet defined reference ranges.</p> <p>Accepted approach that 'unknown' = 'abnormal'</p> <p>Fixation artefacts.</p>

6 POST VASECTOMY ANALYSIS

Further considerations must be made with regards to post vasectomy semen analysis (PVSA). The numbers of sperm that are detectable in these particular samples are extremely low. Critical levels for the clinician are 100,000 sperm/ ml and no sperm in the ejaculate. Therefore the accuracy of numbers of sperm present should be shown with respect of measurement uncertainty.

The Neubauer haemocytometers are shown to have accuracy above the number of 56,000 sperm per ml and limitations regarding this are discussed above 4.3.3.1.

With regards to the limitations of technicians stating ‘no sperm seen in ejaculate’, tests were performed to determine our actual detection limits. Serial dilutions of Accubeads were formulated. The table below shows the levels whereby Accubeads have been detected and the corresponding concentration for a number of staff in the department. This has determined our limits of detection ie if we say there is no sperm in the ejaculate; it actually means that there are less than 250 sperm /ml, which is acceptable.

Concentration Sperm/ml	Staff member	1	2	3	4
A	≈ 62				
B	≈ 125				
C	≈ 250	X	X		X
D	≈ 500	X	X	X	X
E	≈ 1,000	X	X	X	X
F	≈ 2,000	X	X	X	X
G	≈ 4,000	X	X	X	X
H	≈ 8,000	X	X	X	X
I	≈15,625	X	X	X	X
J	≈ 31,250	X	X	X	X
K	≈62,500	X	X	X	X
L	≈125,000	X	X	X	X
M	≈ 250,000	X	X	X	X
N	≈ 500,000	X	X	X	X
O	≈1M	X	X	X	X

X indicates sperm identified


Therefore, the limits of detection for post vasectomy analysis are less than 250 sperm /ml.

7 CONCLUSIONS

Sections above describe that it is indeed possible to derive some statistical descriptors of some of the parameters routinely measured as part of a semen analysis (ie the Type A uncertainties).

However, what is overwhelmingly clear is that the Type B uncertainties are predominant and of such scale and relevance that the determination of an uncertainty budget for a routine semen analysis (or indeed its individual components) is meaningless.

Nevertheless, a semen analysis remains the only first-line test available to assess male fertility. As such it is incumbent upon those performing semen analyses to provide information to users about

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the overall reliability of the test result and to assist them in their interpretation particularly in relation to the uncertainties that might be associated with the result.

Whilst this document shows that it is not possible to quantify (in conventional terms) the measurement uncertainty associated with a semen analysis it does not lessen the importance of drawing to the attention of service users to where uncertainties in semen analysis arise, and perhaps most importantly, how these might be reduced. The Hewitt Fertility Centre Andrology Laboratories seek to achieve this through the 'Measurement of uncertainty in semen analysis – information for users' document.

As a user of the diagnostic andrology service – what do I need to do?

The simple answer to this question is nothing. The way in which semen analysis testing is performed and the inherent problems and difficulties therein remain unchanged. Similarly, the uncertainty measurement associated with performing a routine semen analysis has, and will always be present to a greater or lesser degree.


As the provider of your semen analysis testing we would simply ask, having taken the time to read this document, that you consider its content when interpreting a semen analysis result within the clinical environment.

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8 SUMMARY OF CONSIDERATIONS & ADVICE

For your convenience, we have provided below a summary which seeks to draw together the main points when considering measurement uncertainty and semen analysis.

- **It is essential that patients be strongly advised to follow instructions regarding sample collection and abstinence to reduce the uncertainty that this can introduce.**
- **An interval of more than an hour between ejaculation and analysis may lead to a reduction in sperm motility – this will be highlighted on the report.**
- **Results from samples which are not fully liquefied may not be truly representative of the sample’s quality – this will be highlighted on the report.**
- **Men will produce samples of very variable quality due to normal biological variation. As such, a diagnosis of sub-normality should not be made on a single semen sample.**
- **The measurement of sperm concentration (either manually or by computer) is associated with a high degree of measurement uncertainty and this should be taken into account when interpreting semen analysis results, particularly at the limits of normality.**
- **The measurement of sperm motility (either manually or by computer) is associated with a very high degree of measurement uncertainty and this should be taken into account when interpreting semen analysis results, particularly at the limits of normality.**
- **The measurement of sperm morphology is associated with a very high degree of measurement uncertainty and this should be taken into account when interpreting semen analysis results. Measurement of sperm morphology is of considerable value in identifying gross morphological abnormalities.**

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9 PERIOD OF REVIEW OF UNCERTAINTY WITHIN ANDROLOGY

Period of review for Uncertainty of measurement to be set to 2 years. However, this period of review may be bought forward by the Quality Manager of the Scientific Director following review of new information pertaining to Uncertainty and its relevance to Andrology.

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