



COLLECTION OF SEMEN SPECIMEN FOR ANALYSIS

The patient (you) must call to schedule a "lab only" appointment, by calling 952.442.7811, extension 36902.

- Specify whether appointment is for a semen analysis or post-vasectomy testing.
- Semen analyses are scheduled Monday through Friday, from 9 a.m. to 2 p.m.
- Bring your physician order(s) to your lab appointment.
 - Ridgeview Clinic orders should be in your electronic health record.
 - Non-Ridgeview clinic orders need to be brought to your appointment on paper.

Sample collection instructions (*on-site collection is preferred*):

1. **Avoid contamination** (no lubricants or other body fluids).
2. Abstinence is required two days (48 hours) to seven days prior to collection.
3. **DO NOT** use any lubricants when collecting the sample.
4. For those who have partners assisting in the semen collection, avoid sexual intercourse and any oral stimulation to the penis.
5. Collect the semen/ejaculate only in the plastic container supplied by your healthcare provider's office or hospital laboratory. **Do not** collect the specimen in a condom.
6. If any ejaculate is lost (example: *entire ejaculate is not in the supplied container*), the specimen cannot be analyzed.
7. A private room is available on request, at the hospital laboratory, where you can collect your specimen without being disturbed.
8. After the ejaculate has been collected, seal the container tightly.
9. **Label the specimen container** with your full name, date of birth, date, and time of collection.
10. Place the specimen in the biohazard bag(s) supplied to you and then seal the bag(s).

Transportation and handling:

1. Registration is required upon arrival prior to specimen drop off at the Laboratory.
2. Specimens collected outside of the hospital **should be received** in the Laboratory **within 30 minutes of collection** (including registration time).
3. The specimen is to be kept near body temperature and not exposed to cold air during transport to the Laboratory.
4. Bring your labeled specimen, provider orders (if you have them) and this form, along with any registration paperwork you were given, with you to the Laboratory.

This Test is being done for (check one): Fertility testing _____ Post-vasectomy _____

Days of Abstinence: _____

Date and Time of Collection: _____ am / pm (circle "am" or "pm")

Time Received in Laboratory: _____ am / pm (circle "am" or "pm")