SEMEN ANALYSIS INSTRUCTIONS FOR SPECIMEN COLLECTION

PLEASE READ CAREFULLY BEFORE COLLECTION

*THIS TEST MUST BE SCHEDULED WITH THE APPOINTMENT CENTER (1-800-328-8542)

1. Please bring your physician order with you to your appointment.

2. Abstain from ejaculation for at least 2 but not more than 7 days (or as requested in writing by your physician) before semen analysis.

3. Collection is done by manual masturbation into the special sterile specimen collection container obtained from our outpatient laboratory.

   NOTE: If you have difficulty collecting a sample in this manner please call the Troy Outpatient Lab (248-964-6123) for information about alternative methods.

4. The sample must be delivered to the outpatient laboratory within 45 minutes after collection.

   For Semen Analysis for Fertility Testing, keep the sample as close to body temperature as possible during transportation to the laboratory.

5. Please note time of collection on the container.

6. Upon arrival to the Beaumont Health campus, proceed directly to the outpatient laboratory (Main Hospital, Troy)

7. If you are unable to keep your appointment, please notify the Appointment Center at 1-800-328-8542.

SPECIMEN COLLECTION

1. Please wash your hands before collection of specimen.

2. Take care not to lose any portion of the specimen during collection as this will affect the outcome of the analysis.

3. If you are unable to collect a specimen at this time, do not become alarmed; this is normal. However, you will need to reschedule your appointment.

4. Please remember that the specimen is to be collected manually by masturbation; no lubricants may be used. Withdrawal during intercourse is not an acceptable means of collection.

5. Please complete all information on the back of this sheet and bring it, along with your physician order and specimen to your appointment.

OVER
SEMEN ANALYSIS COLLECTION INFORMATION

NAME _______________________________________________________________________
BIRTHDATE __________________________________________________________________
DAYTIME PHONE NUMBER ____________________________________________________
PHYSICIAN ________________________________________________________________
PHYSICIAN’S PHONE NUMBER ________________________________________________
DATE _______________________________________________________________________

1. HOW LONG HAVE YOU ABSTAINED FROM EJACULATION?
___________________________________________________________________________

2. METHOD OF COLLECTION (CHECK ONE):
   MANUAL MASTURBATION _______
   SPECIAL CONDOM _______

3. COLLECTION OR TRANSPORT PROBLEMS, IF ANY _____________________________
___________________________________________________________________________

4. IS THIS ANALYSIS FOR (CHECK ONE):
   FERTILITY TESTING _______
   POST VASECTOMY _______
   OTHER _______

___________________________________________________________________________

5. WHAT TIME WAS THE SPECIMEN COLLECTED?

___________________________________________________________________________

OVER