

**SEMEN ANALYSIS
INSTRUCTIONS FOR SPECIMEN COLLECTION
PLEASE READ CAREFULLY BEFORE COLLECTION**

COREWELL HEALTH EAST (Dearborn & Troy Only): THIS TEST MUST ONLY BE SCHEDULED WITH THE APPOINTMENT CENTER

COREWELL HEALTH SOUTH: NO APPOINTMENT NEEDED

1. Please bring your physician order, ID, and insurance card with you to your appointment.
2. Abstain from ejaculation for at least 2 but not more than 7 days before your semen analysis appointment unless otherwise requested in writing by your physician.
3. Collection is done by manual masturbation into a sterile specimen collection container obtained from any outpatient laboratory or physician office. Do not use a condom.
 - a. If you have difficulty collecting a sample in this manner, please call for information about alternative methods (see table on next page).
4. The sample must be delivered to the laboratory **within 30 minutes** after collection. **Keep the sample as close to body temperature as possible during transportation to the laboratory.** If you live further than 30 minutes away, a sample may be collected on site in a private area.
 - a. **Troy** - proceed directly to the outpatient laboratory in the main Hospital, Area B.
 - b. **Dearborn** – proceed directly to the outpatient laboratory in the Dearborn Corewell Health Care Center (Medical Office Building), Suite 107, in Dearborn Hospital and Medical Center.
 - c. **St. Joseph** – see visitor desk for directions to the laboratory.

SPECIMEN COLLECTION

1. Please wash your hands before collection of specimen.
2. 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.
3. Take care not to lose any portion of the specimen during collection as this will affect accuracy of test results. Collect sample directly into the container and cap tightly. Make note of any collection problems.
4. Please note collection date and time, name, date of birth on the container.
5. Please complete all information on the back of this sheet and bring it, along with your physician order (if available) and specimen to your appointment or laboratory.
6. 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.

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SEMEN ANALYSIS COLLECTION INFORMATION

Patient Name: _____ Birthdate: _____

Collection Date: _____ Collection Time: _____

Daytime Phone Number: _____

Physician Name: _____

1. How long have you abstained from ejaculation (days)? _____

2. Method of Collection (Check One):

Manual Masturbation: _____

Special Condom: _____

3. Was specimen protected from extreme heat or cold (Check One)?

Yes: _____

No: _____

4. Collection or Transport Problems, If Any: _____

5. Is this analysis for (Check One):

Fertility Testing: _____

Post Vasectomy: _____

Corewell Health East: Dearborn Care Center (Medical Office Building)	Corewell Health East: Troy Hospital	Corewell Health South: St. Joseph Hospital
18181 Oakwood Blvd Dearborn, MI 48124 Suite 107	44201 Dequindre Rd. Troy, MI 48085 Main hospital, Area B	1234 Napier Avenue St. Joseph, MI 49085
Appointment Center: 1-800-328- 8542 Outpatient Lab MOB: 313-593- 7949	Appointment Center: 1-800-328- 8542 Outpatient Lab Area B: 248-964- 8066	No appointment needed
Hours: Monday – Friday 7AM – 10:30AM Excluding Holidays	Hours: Monday – Friday 7AM – 10:30AM Excluding Holidays	Hours: Monday – Friday 6AM – 7PM Excluding Holidays

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DATE: 10/18/2024