

SEMEN FERTILITY INSTRUCTIONS

Patient Name: _____

Medical Record Number: _____

Account Number: _____

Collection of Seminal Fluid for Semen Analysis

1. Service for this test is available **ONLY** at the Covenant Laboratory located on the 1st floor of 600 Irving Monday – Friday 6:00 a.m. to 4:30 p.m.
2. It is important to refrain from sex or masturbation for at least 3 days prior to the collection of the specimen, but no longer than 7 days when collecting a specimen for fertility.
3. A clean dry sterile container is needed for collection. A glass container is preferred to plastic, but both are acceptable. The Laboratory can provide sterile containers if needed (Urine Cups). Do not open the container until you are ready to produce the sample.
4. Collect the specimen by masturbation, putting the entire specimen directly into the container.
NOTE: Do not collect the specimen in a condom, as it contains chemicals that kill the sperm. Do not use drug containers unless cleaned in boiling water and air-dried. Do not use soaps to clean the collection container. Avoid the use of lubricants.
5. Seal the container immediately afterwards with the lid only. Do not use adhesive tape.
6. Write your name, date of birth, period of abstinence and time of production on the label.
7. **Deliver the specimen to the laboratory within 30 minutes of collection.** (Location for drop off of fertility specimens is 600 Irving, 1st floor Covenant HealthCare laboratory.)
8. **NOTIFY LAB STAFF THAT YOU HAVE A TIME SENSITIVE SPCEIMEN.**
9. Keep the specimen as close to body temperature as possible. This can be done by keeping the specimen container against your body while transporting.
10. Please inform registration of any collection or transport problems, i.e. Exposure to extreme temperature, incomplete collection of specimen, etc.
11. Please call lab customer service at 989-583-6742 with any questions.

Seminal Fluid for fertility collection information:

This document is to be maintained with the Semen Specimen brought to the lab.

This portion to be filled out by patient at time of sample.

1. Method of Collection: (e.g. masturbation) _____
2. Type of Specimen Container: (e.g. glass, plastic) _____
3. Days of Abstinence: _____
4. Time and date of Production: _____
5. Collection or transport problems: _____

(e.g. incomplete specimen, exposure to temperature extremes, none)