

---

**SEMEN ANALYSIS COLLECTION INSTRUCTIONS**

***If you have NOT scheduled your appointment you must call 517-371-9500***

**\*\*\*Specimen Submission form is on backside and must be filled out\*\*\***

Your semen collection kit contains:

Sterile plastic specimen cup

Plastic biohazard bag

Specimen submission form

Insulated bag

1. Abstain from any sexual activity for no less than 2 days or more than 5 days.
2. The semen sample must be collected by masturbation. If you are unable to produce a sample by masturbation, please consult your physician. **Do not use any lubricants.**
3. **Do not use any commercial condoms** as they contain substance intended to kill sperm.
4. Collect sample at home. Time the collection so the delivery to the lab can be made at your appointment time. **No more than 45 minutes** should elapse between collection and delivery.
5. Write **NAME (first and last) and DATE OF BIRTH** on specimen cup. Specimen will be **rejected** if cup is unlabeled.
6. Produce entire ejaculate of semen into cup and replace lid. Twist to tighten.
7. **If a 'special condom' from your doctor is used, place the entire condom and all contents into the sample cup, otherwise specimen will be rejected.**
8. Place specimen cup into biohazard bag and seal.
9. Complete the Semen Specimen Submission form (on the backside) and place in envelope. Specimen will be rejected if form is incomplete.
10. Place biohazard bag AND Form into insulated paper bag and seal.
11. Deliver sealed bag with envelope to the inpatient Laboratory area in the **Main Hospital. Park in the Parking Ramp D on N. Holmes St.** (Push the button to enter the ramp and explain to the person you have a drop off for the lab.) Use the double doors to the left of the cancer center; you will also have to push a button to enter. Explain that you have a drop off for the lab. Look for signs that direct you to the lab.
12. Ensure that the specimen is not exposed to temperatures in excess of 98°F or lower than 70°F.

2/15/24dsm

**SEMEN SPECIMEN SUBMISSION FORM**  
***You MUST make an appointment BEFORE collection!***

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Partners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Collection Site:  Home  Sparrow

Physician who ordered/receive results: \_\_\_\_\_

Sample Information: ***Sample MUST arrive to the lab within 45 minutes of collection!***

Days of Abstinence: \_\_\_\_\_

Date of Collection: \_\_\_\_\_

Time of Collection: \_\_\_\_\_ AM / PM

Was entire specimen collected?  Yes  No

*(if NO, specify portion of specimen lost)*

\_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last

Method of Collection:  Masturbation  
 Other (Specify) \_\_\_\_\_

Was specimen exposed to temperature above 98°F or lower than 70°F?

Yes  No

2/15/24dsm

For Lab Use:

Date specimen in Lab: \_\_\_\_\_

Time Specimen in Lab: \_\_\_\_\_

Initials: \_\_\_\_\_